

Jewish Orthodox Women's
Medical Association

March 27th 2020
2 Nissan 5780

Email
info@jowma.org

Follow us @
[jowma_org](https://www.facebook.com/jowma_org)

Eliana Fine
MD Candidate 2021
Founder & CEO

Miriam A. Knoll MD
Radiation Oncology
President

Bat-Sheva Lerner Maslow MD
Reproductive Endocrinology
Chief Marketing Officer

Sherrie Neustein Orzel MD
Pediatrics
Vice President

Chana Weinstock Neuberger MD
Medical Oncology
Vice President

Ilana Margulies
MD Candidate 2020
Treasurer

Mira Hellmann-Ostrov MD
Gynecologic Oncology
Secretary

Guidance for communities and women regarding mikvah use during the COVID-19 pandemic

As Orthodox female physicians, we are acutely aware of the painful tension between a deep commitment to the *mitzva* of *Taharat ha Mishpacha* (Family Purity) and the need to protect ourselves and our communities from the spread of COVID-19.

Generations of women before us have gone to great lengths, often at great personal risk, to perform the *mitzva* of immersing in the *mikvah* (ritual bath). However, we are experiencing unprecedented modifications to our religious practices in order to slow the spread of the potentially deadly novel coronavirus. As many religious leaders have proclaimed, the *mitzva* to safeguard life supersedes all other *mitzvot* ([see link](#)) and we firmly believe that mitigating the spread of this virus falls within that directive.

The objective of this document is to provide guidance both to communities (Sections I and II) about how to provide a safe *mikvah* experience for their constituents and to individual women (Section III) about how to best maintain safety while utilizing the *mikvah*.

I) Background

The novel coronavirus (SARS-CoV-2) which leads to the disease COVID-19 is rapidly spreading around the world, leading to concerns regarding the safety of communal spaces, such as the Mikvah.

- i. SARS-CoV-2 is a highly contagious pathogen that is spread from person to person via a “droplet.” Typically, this occurs when an infected person coughs or sneezes, the viral particles in droplets (called a fomite) are shed onto other individuals or surfaces. If an uninfected person touches the viral particles and then touches their mouth, eyes, nose or other orifice, they had introduced the virus into their body and could potentially become infected.
- ii. Viruses cannot survive indefinitely without a host (in this case, humans). However, the SARS-CoV-2 virus is known to survive on surfaces for some time. Viral particles can be wiped and washed away. This is why handwashing and avoiding touch to the face are critical modalities in preventing the spread of the virus. Additionally, bleach and other cleaning agents have been shown to effectively deactivate (kill) the viral proteins needed to infect humans (See Link).
- iii. Based on the current available evidence, SARS-CoV-2 does not spread via water, especially those treated with chlorine or bromine. **According to the CDC: “There is no evidence that COVID-19 can be spread to humans through the use of pools and hot tubs. Proper operation, maintenance, and disinfection (e.g., with chlorine and bromine) of pools and hot tubs should remove or inactivate the virus that causes COVID-19.”**

Jewish Orthodox Women's
Medical Association

Email
info@jowma.org

Follow us @
[jowma_org](https://www.facebook.com/jowma_org)

Eliana Fine
MD Candidate 2021
Founder & CEO

Miriam A. Knoll MD
Radiation Oncology
President

Bat-Sheva Lerner Maslow MD
Reproductive Endocrinology
Chief Marketing Officer

Sherrie Neustein Orzel MD
Pediatrics
Vice President

Chana Weinstock Neuberger MD
Medical Oncology
Vice President

Ilana Margulies
MD Candidate 2020
Treasurer

Mira Hellmann-Ostrov MD
Gynecologic Oncology
Secretary

II) SARS-CoV-2 and the *Mikvah*

There are three elements of *mikvah* use that must be considered with respect to viral transmission -

- i. **Contact with the water:** As mentioned above, there is strong evidence to suggest that chlorinated/brominated water will inactivate the SARS-CoV-2 virus and therefore, as long as the mikvah water is appropriately treated, there should be very minimal risk of contracting the virus through the mikvah water itself.
- ii. **Person to person contact:** The virus can be transmitted via direct contact from one, even if someone is without symptoms, via direct contact. Therefore, for the *mikvah* to function safely efforts need to be taken to minimize or eliminate contact between users as well as exclude those at highest risk for being infectious.
- iii. **Contact with surfaces:** The virus can survive on surfaces touched by an infected person, which could then indirectly infect another person. Therefore, for the *mikvah* to function safely efforts need to be made to significantly minimize the surfaces that users come in contact with and aggressively clean the ones that they do.

To maintain both the sanctity and safety of the *mikvah*, we encourage all community *mikvaot* to work together with their local *halachik* authorities and physicians to create clear and thoughtful guidelines for *mikvah* use and *stringently* enforce them, without exception. Any concern on the part of users that exceptions are being made to the community's *mikvah* guidelines will undermine the integrity and trust that women place in their *mikvah* leadership.

The primary goal of each community's guidelines should be to mitigate transmission from a user who may be unknowingly infected to another patron of the *mikvah* or to the *mikvah* attendant. *Mikvah* leadership should carefully evaluate all the ways in which patrons at their *mikvah* may come in contact, directly or indirectly, with one another and with the *mikvah* attendant. Nevertheless, it may not be possible to eliminate all risk. Therefore, women with an underlying medical condition or who are immunocompromised, may want to discuss the possibility of deferring *mikvah* use until safer times with their medical and *halachik* authorities.

To assist with this monumental task, we created a summary of recommendations to consider. We also included several excellent resources from other communities. Each community should ensure that their guidelines are in line with local and regional health departments and *halachik* authorities. While we have made every attempt to be thorough, this document cannot be considered comprehensive, especially in light of the rapidly changing landscape. We have and will continue to produce updated versions based on feedback we receive and the changing environment.

Should a community feel that it is not possible to maintain safe standards at the *mikvah*, they may want to strongly consider closing the *mikvah* for the duration of the pandemic. This should be discussed extensively with the local medical and *halachik* authorities. It is important to recognize that withdrawal of *mikvah* services may lead

Jewish Orthodox Women's
Medical Association

Email
info@jowma.org

Follow us @
[jowma_org](https://www.facebook.com/jowma_org)

Eliana Fine
MD Candidate 2021
Founder & CEO

Miriam A. Knoll MD
Radiation Oncology
President

Bat-Sheva Lerner Maslow MD
Reproductive Endocrinology
Chief Marketing Officer

Sherrie Neustein Orzel MD
Pediatrics
Vice President

Chana Weinstock Neuberger MD
Medical Oncology
Vice President

Ilana Margulies
MD Candidate 2020
Treasurer

Mira Hellmann-Ostrov MD
Gynecologic Oncology
Secretary

to couples finding a less safe alternative for immersion, abstaining from marital relations entirely, or violating of the *mitzvah* of *Taharat ha Mishpacha*.

A word about transparency

In our discussions with women from around the country, a trend of insecurity has emerged. Some women are unsure who makes the decisions for their community's mikvah or how those decisions are made. As a result, they feel reluctant to utilize the *mikvah* in these uncertain times.

Now, more than ever, women are looking for strong transparent leadership from their *mikvaot*. We suggest that communities freely and openly communicate with their constituents who the decision makers are at the *mikvah*, what steps they are taking to ensure the safety of the *mikvah*, and make the community's guidelines readily available to all. To the best of their abilities, communities may want to have an appointed liaison who is able and available to field questions related to the safety protocols in place at the mikvah. These meaningful steps may be an opportunity to strengthen the relationship between the community and the mikvah that will endure well beyond the end of the pandemic.

Our sages teach us

בשכר נשים צדקניות שהיו באותו הדור נגאלו ישראל (Sotah 11b)
that it was in the merit of righteous women that saved the Jewish people from Egypt.

It is our sincere hope the righteous women of this generation, and our diligence to protect the health of our communities and loved ones, will merit healing for those infected and resolution of the pandemic around the world.

Board of Directors
The Jewish Orthodox Women's Medical Association (JOWMA)

Jewish Orthodox Women's
Medical Association

Email
info@jowma.org

Follow us @
[jowma_org](https://www.facebook.com/jowma_org)

Eliana Fine
MD Candidate 2021
Founder & CEO

Miriam A. Knoll MD
Radiation Oncology
President

Bat-Sheva Lerner Maslow MD
Reproductive Endocrinology
Chief Marketing Officer

Sherrie Neustein Orzel MD
Pediatrics
Vice President

Chana Weinstock Neuberger MD
Medical Oncology
Vice President

Ilana Margulies
MD Candidate 2020
Treasurer

Mira Hellmann-Ostrov MD
Gynecologic Oncology
Secretary

I) WHEN TO LIMIT MIKVAH ACCESS

Based on the recommendations of relevant health organizations (CDC, WHO, etc) *mikvaot* should prohibit the following women from entering the *mikvah* facilities.

1. Women with **any** potential symptoms of COVID-19, or who have a family member who may have any of the potential symptoms of COVID-19, even if they are mild.
 - These include fever (>100.0F), cough, shortness of breath, sore throat, diarrhea, or vomiting.
 - Women who have had symptoms should be asked to avoid the *mikvah* for at least 7 days after symptoms began **and** for at least 72 hours after all symptoms have resolved (whichever is longer), even if they have not been tested or have had negative COVID-19 testing ([NYC DOH recommendations](#))
2. **Women who have been exposed to a person with known or suspected COVID-19 should be asked not to utilize the *mikvah* for 14 days following the last exposure.**
3. Women who have traveled in the past 14 days to one of the CDC designated Level 3 Travel Restriction areas ([CDC Travel Guidelines](#))
4. **Women instructed to be in voluntary or precautionary quarantine by their physician or local department of health should not utilize the *mikvah* until they have completed their quarantine.**
5. Women who test positive for COVID-19 should delay *mikvah* use until cleared by their physician or the local department of health to leave isolation.

We recognize that deferring *mikvah* immersion is not a simple request. Couples who may need to defer *mikvah* use should consult with a *halachik* authority. Deferring *mikvah* immersion may pose a significant burden to couples and comes with a considerable personal and emotional toll. This represents a tremendous *mesirat nefesh* (personal sacrifice) for the benefit of others in their communities. We suggest that communities be sensitive to the difficulties couples may face in light of potential COVID-19 infection, compounded with the need to delay *mikvah* immersion, and consider ways to provide them with religious and emotional support.

II) SUGGESTIONS FOR COMMUNITY MIKVAH PRECAUTIONS

While no amount of precautions will eliminate all risk, based on these recommendations, the *mikvah* can be used safely, with appropriate precautions.

Considerations regarding the *mikvah* water

- a. As above, there is strong [evidence](#) to suggest that chlorinated/brominated water will inactivate the SARS-CoV-2 virus and therefore, as long as the *mikvah* water is appropriately treated, there should be very minimal risk of contracting the virus through the *mikvah* water itself.
- b. *Mikvaot* that are not adhering to this minimum standard should evaluate ways that they can increase or initiate chlorination, bromination, and filtration of their *mikvaot* as soon as possible.

Jewish Orthodox Women's
Medical Association

Email
info@jowma.org

Follow us @
[jowma_org](https://www.facebook.com/jowma_org)

Eliana Fine
MD Candidate 2021
Founder & CEO

Miriam A. Knoll MD
Radiation Oncology
President

Bat-Sheva Lerner Maslow MD
Reproductive Endocrinology
Chief Marketing Officer

Sherrie Neustein Orzel MD
Pediatrics
Vice President

Chana Weinstock Neuberger MD
Medical Oncology
Vice President

Ilana Margulies
MD Candidate 2020
Treasurer

Mira Hellmann-Ostrov MD
Gynecologic Oncology
Secretary

Considerations regarding patrons of the *mikvah*

- a. *Mikvah* attendants should be empowered to screen women prior to entry into the *mikvah*. Screening questions should occur before arrival and should inquire for any of the above symptoms or exposure history. We strongly recommend that those with potential symptoms or exposures not be allowed in the *mikvah*.
 - Example screening questionnaires
 1. In the past 14 days have you traveled to Europe, China, or South Korea?
 2. In the past 14 days have you been in contact with someone who has been confirmed or suspected to have COVID-19?
 3. In the past 7 days, have you or any of your family members, had any of the following symptoms: fever (>100.0), shortness of breath, cough, diarrhea, or vomiting?
- b. According to current guidelines, women with asymptomatic family members who are in precautionary quarantine, but who themselves are not in quarantine, may be permitted to use the *mikvah* ([NYC DOH recommendations](#)).
- c. *Mikvaot* should strongly consider switching to appointments only in order to decrease and regulate the number of women in the facility at a time.
- d. Ideally, the appointments should be limited so that only one patron is in the facility at a time. Otherwise, the number of simultaneous patrons should be kept low enough so that women can practice "social distancing" - maintaining a space of 6 feet (2 meters) between one another at all times. Ideally, only one patron should be present in any one space at any given time.
- e. Appointments should be spaced to allow time for cleaning of surfaces and circulation of the water between patrons and to prevent congregating in the waiting room.
- f. Upon completion of immersion, *Mikvah* users should be instructed to leave immediately without congregating and should not remain to do any additional activities (including hair drying) at the facility following their immersion.

Considerations regarding the *mikvah* attendant

- a. The *mikvah* attendant is arguably the most critical point of contact for all *mikvah* facilities. Communities should do their very best to protect her and should carefully consider all the ways in which she comes in contact, directly and indirectly, with patrons.
- b. For the protection of the *mikvah* attendant, communities may want to consider not utilizing attendants who are in a COVID-19 high risk category, particularly those who are older than 50 or have underlying medical conditions such as diabetes, heart disease, lung disease, or immunocompromised states.
- c. Since the *mikvah* attendant may interact with many women on a given night, she may want to consider wearing a mask and/or gloves, if available. Gloves should be changed between patrons. If gloves cannot be changed between patrons, handwashing between patrons would be preferable to wearing the same gloves all night.
- d. All precautions should be taken so that the *mikvah* attendant can avoid direct contact with patrons and with surfaces they have touched (door knobs, bells, countertops, etc)

**Jewish Orthodox Women's
Medical Association**

Email
info@jowma.org

Follow us @
[jowma_org](https://www.facebook.com/jowma_org)

Eliana Fine
MD Candidate 2021
Founder & CEO

Miriam A. Knoll MD
Radiation Oncology
President

Bat-Sheva Lerner Maslow MD
Reproductive Endocrinology
Chief Marketing Officer

Sherrie Neustein Orzel MD
Pediatrics
Vice President

Chana Weinstock Neuberger MD
Medical Oncology
Vice President

Ilana Margulies
MD Candidate 2020
Treasurer

Mira Hellmann-Ostrov MD
Gynecologic Oncology
Secretary

- e. *Mikvah* attendants should maintain social distancing, keeping at least 6 feet from patrons at all times.
- f. *Mikvah* attendants should do whatever possible to facilitate having patrons come in and out of the *mikvah* facility as quickly as possible.
- g. The *mikvah* attendant should be exceptionally stringent about social distancing both in her professional and personal life.
- h. A substitute *mikvah* attendant should be available immediately should the *mikvah* attendant develop any concerning symptoms or potential exposure.
- i. Should the *mikvah* attendant exhibit any potential signs of COVID-19 (these include fever >100.0F, cough, shortness of breath, sore throat, diarrhea, or vomiting) even if they are mild, she should excuse herself and a substitute should replace her immediately.
- j. Communities may want to consider having a *mikvah* committee member screen the *mikvah* attendant/s nightly with respect to any new symptoms, exposures, and reinforcing social distancing practices at the *mikvah* and at home.

Considerations regarding surfaces at the *mikvah* facility

- a. *Mikvaot* should prioritize limiting the amount of time that women spend in the *mikvah* facility, particularly in the preparation rooms.
- b. For as much as feasible, women should do as little preparation and spend as little time at the *mikvah* itself as possible.
- c. Facilities with more than one *mikvah* should consider staggered appointments and alternating which pool is used, to decrease contact between patrons and increase time between uses of each pool.
- d. Whenever possible, in accordance with local *halachik* authorities, the preparation rooms should be utilized for changing only and all bathing/showering both before and after immersion should take place at home.
- e. *Mikvaot* should consider removing all shared supplies, towels, and robes from their preparation rooms and encourage patrons to bring and use their own.
- f. *Mikvaot* should consider ways to limit, if not eliminate, the surfaces touched by patrons. Patrons can be handed towels to open doors or *mikvah* attendants could open all doors in advance.
- g. *Mikvaot* should consider placing a towel on the floor in front of the stairs to the *mikvah* for each patron so that water does not drip on to the floor.
- h. All surfaces in the preparation rooms should be wiped down after each use, ideally with appropriate disinfecting wipes, if available.
- i. Common surfaces (door handles, countertops, etc) should be wiped down frequently, ideally with disinfecting wipes.
- j. Hand soap and sanitizer should be readily available and their frequent use encouraged.

Friday Night

Mikvaot should consider the ways in which these guidelines may need to be modified for immersion on Friday night. If the appropriate cleaning cannot be performed between patrons, the *mikvah* may want to consider limiting Friday night appointments to the number of preparation rooms available (again, only using these to change

Jewish Orthodox Women's
Medical Association

Email
info@jowma.org

Follow us @
[jowma_org](#)

Eliana Fine
MD Candidate 2021
Founder & CEO

Miriam A. Knoll MD
Radiation Oncology
President

Bat-Sheva Lerner Maslow MD
Reproductive Endocrinology
Chief Marketing Officer

Sherrie Neustein Orzel MD
Pediatrics
Vice President

Chana Weinstock Neuberger MD
Medical Oncology
Vice President

Ilana Margulies
MD Candidate 2020
Treasurer

Mira Hellmann-Ostrov MD
Gynecologic Oncology
Secretary

rather than to prepare), or in discussion with local *halachik* authorities consider only allowing immersions to the times when appropriate cleaning is available.

Mandatory curfews

There have been discussions of mandatory curfews by local authorities to contain the spread of COVID-19. Should this become a reality, nighttime mikvah use should be discontinued in accordance with local government regulations. Local *halachik* authorities may need to consider opportunities for women who are not quarantined, exposed, or symptomatic, to utilize the *mikvah* during daytime hours.

III) RECOMMENDATIONS FOR WOMEN UTILIZING THE MIKVAH

Based on [current CDC recommendations](#) the *mikvah* can be used safely, with appropriate precautions.

We encourage all women to ask their community *mikvaot* about what precautions are being taken and seek *halachik* guidance as to whether leniencies may be relied upon to ensure safe *mikvah* use.

- As above, we recommend utilizing *mikvaot* that have policies prohibiting those in quarantine or with symptoms associated with COVID-19.
- Women should limit their time spent at the *mikvah* to the absolute bare minimum. Where ever possible and to whatever extent possible in accordance with local *halachik* guidance, we recommend *mikvah* preparations be performed entirely at home.
- Women should practice social distancing while at the *mikvah*, maintaining at least 6 feet of space between themselves and anyone else at the *mikvah* (including the attendant).
- Avoid the use of shared supplies from the *mikvah* and bring towels/robe from home.
- Wash or sanitize hands after coming in contact with common surfaces (door knobs, countertops, etc)
- Women may want to consider showering or changing their clothing and washing their towel when they return home.
- Women may want to consider bringing a bag to place their belongings and their clothing in while they immerse
- Women with underlying medical conditions who are at high risk for severe illness with COVID-19, especially those who may be immunocompromised, may want to consider deferring *mikvah* until resolution of the pandemic. Women in this circumstance should discuss their options with their physician and *halachik* authority.

Using hormonal birth control methods to extend cycles

Extending cycles with combined hormonal contraception (like birth control pills or ring) may be a safe and effective method to delay *mikvah* use for some women. This may decrease the communal burden of use on the *mikvah*, as well as decrease potential exposures within the community. Extending cycles may also be an effective way to delay the need for *mikvah* in women who are quarantined, exposed, or have

Jewish Orthodox Women's
Medical Association

Email
info@jowma.org

Follow us @
[jowma_org](https://www.facebook.com/jowma_org)

Eliana Fine
MD Candidate 2021
Founder & CEO

Miriam A. Knoll MD
Radiation Oncology
President

Bat-Sheva Lerner Maslow MD
Reproductive Endocrinology
Chief Marketing Officer

Sherrie Neustein Orzel MD
Pediatrics
Vice President

Chana Weinstock Neuberger MD
Medical Oncology
Vice President

Ilana Margulies
MD Candidate 2020
Treasurer

Mira Hellmann-Ostrov MD
Gynecologic Oncology
Secretary

symptoms of COVID-19 and therefore may not be able to utilize the community *mikvah*.

The interval associated with birth control pills or rings is arbitrary. Extending the use of active pills/ring beyond the three weeks in the pack is typically considered safe for woman who do not otherwise have a contraindication to the use of combined hormonal contraception. Women wishing to explore this option should discuss it with their physician and *halachik* authority.

Occasionally, women extending their cycles in this way may experience breakthrough bleeding. All cases of breakthrough bleeding should be discussed with a *halachik* authority before determining if *mikvah* use is necessary.

Please see these resources below with additional information regarding *mikvaot* guidelines:

[Nishmat Yoetzet Halacha - Coronavirus and Taharat ha Mishpacha Website](#)
[RCA Guidelines](#)
[Statement from the Rabbanut Ha'Reishit](#)
[Teaneck Mikvah Letter](#)
[Riverdale Mikvah Letter](#)

Addendum: The *Keilim Mikvah*

With Pesach approaching and many families finding themselves home, there may be increased demand to use the *keilim mikvah*. *Keilim mikvaot* do not always have the same level of chlorination/bromination/filtration as the main *mikvah*. Communities are strongly encouraged to consider whether use of the *keilim mikvah* will pose a safety concern to their community and consider ways to decrease contact, direct and indirect, between users of the *keilim mikvah*. Where this is not feasible, under direction of their local medical and *halachik* authorities, communities may want to consider closing the *keilim mikvah* and address *halachikally* appropriate alternatives.