

Did Jews in the UK die disproportionately from COVID-19? A new look at Jewish mortality over the first year of the pandemic

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Over the course of the COVID-19 pandemic, the **Institute for Jewish Policy Research (JPR)** has been measuring the effects of the virus on Jewish communities in the UK, across Europe and worldwide. This report takes a fresh look at Jewish mortality patterns a year into the pandemic, assessing how coronavirus affected Jews in the UK to provide data to support community planning and wider research.

/ Introduction

Between January 2020 and April 2021, data demonstrate that the COVID-19 pandemic had a particularly strong impact on religious and ethnic minorities across the UK, an issue that received attention early on in the pandemic from British epidemiologists. Between March and May 2020, the Office for National Statistics (ONS) published the results of a key investigation into mortality from COVID-19 in England and Wales, first focusing on ethnic groups¹ and then on religious groups.^{2,3} This revealed what might be termed a 'Jewish penalty' in the first wave of the pandemic (March-May 2020), with mortality from COVID-19 shown to be relatively high among Jews compared to the Christian majority, even when factors such as age, location, household composition, social status and state of health were held equal. This 'Jewish penalty' was an aspect of a broader 'minority penalty', with elevated mortality from coronavirus also observed in other groups (e.g. Muslims, Hindus and Blacks). Across all groups, including Jews, the size of this 'minority penalty' declined after the introduction of the lockdown measures in the United Kingdom, but it never completely disappeared.⁴ The analysis of coronavirus mortality among minorities in the second wave of the pandemic revealed pockets of persistently elevated mortality (e.g. among Muslims and Hindus, when compared to

¹ ONS. 2020a. *Coronavirus (COVID-19) related deaths by ethnic group, England and Wales, 2 March to 10 April 2020*.

² ONS. 2020b. *Coronavirus (COVID-19) related deaths by religious group, England and Wales, 2 March to 15 May 2020*.

³ ONS. 2020c. *Coronavirus (COVID-19) related deaths by ethnic group, religious group and disability, England and Wales Methodology*. Technical appendix for the coronavirus-related deaths by ethnic group, religious group and disability (England and Wales) articles.

⁴ Gaughan, C., Ayoubkhani, D., Nafilyan, V., Goldblatt, P., White, C., Tingay, K., Bannister, N. 2021. Religious affiliation and Covid-19-related mortality: a retrospective cohort study of pre-lockdown and post-lockdown risks in England and Wales, *Journal of Epidemiology and Community Health*, doi:10.1136/jech-2020-215694.

Christians), even after controlling for location and socioeconomic and health status, while for Jews, mortality came to resemble the levels observed among Christians.⁵

This rich crop of findings raises several issues that need to be addressed and poses two major challenges to epidemiologists and indeed, Jewish community leaders. On the one hand, Jews, who are known to enjoy relatively good health and longevity – partly for socioeconomic and partly for cultural reasons⁶ – displayed an unexpected mortality disadvantage in the context of the coronavirus pandemic, at least in its first wave. On the other hand, among socioeconomically disadvantaged minorities, the mortality disadvantage during the pandemic did not disappear when their mortality was compared to that of their socioeconomic equivalents among Christians. Familiar epidemiological tropes appear to have been upended: during the coronavirus pandemic in the United Kingdom, for Jews and other minorities, socioeconomic advantage did not translate into a survival advantage, while socioeconomic disadvantage was not the sole factor responsible for the survival disadvantage.

This perplexing situation creates a type of epidemiological detective story which has not yet been sufficiently addressed. With respect to British Jews, more recent research has confirmed that while Jewish mortality due to COVID-19 was high in the first wave of the pandemic, Jewish mortality from other causes remained low both before and during the pandemic. In other words, the ‘Jewish penalty’ as a result of COVID-19 in the UK is a case of transient elevated mortality in an otherwise low-mortality population. While it was initially hypothesised that strictly Orthodox Jews might suffer disproportionately from coronavirus because they are socioeconomically disadvantaged, live in large households, have lower secular education and may be less ‘compliant’ with government guidelines, further research showed that elevated British Jewish mortality in the first wave of the pandemic could not be explained by developments in the strictly Orthodox segment of British Jews alone. In addition, it became clear that Jewish populations across the globe had a wide range of coronavirus experiences in the first wave of the pandemic at least, with some being significantly affected and others considerably less so.⁷ Thus, what needs to be explained is the specific effect of COVID-19 and why it affected British Jews in a particular way.

In this paper, we begin to document the experience of British Jews across the full course of the pandemic thus far, which has been absent up to now. Although we are still unable to explain the ‘Jewish penalty’ definitively, this analysis takes us one step closer by strengthening the description of the effect of the coronavirus on mortality among Jews. We summarise the mortality of British Jews throughout the duration of the pandemic to-date, covering the first and the second waves, and the period in-between.

This complements recent ONS research⁸ documenting the second wave of the pandemic in religious groups in England and provides two distinctive contributions. First, we provide a detailed monthly picture of mortality following a novel methodology adopted by JPR during the pandemic. We rely on excess mortality as our measure of the pandemic’s strength, rather than using mortality identified explicitly as COVID-19-related on death certificates, thereby re-testing the ONS results. Second, we use data received from orthodox and progressive Jewish burial societies and synagogues, and, by using

⁵ ONS. 2021. *Deaths involving COVID-19 by religious group, England: 24 January 2020 to 28 February 2021*.

⁶ Staetsky, L.D. and Hinde, A. 2015. Jewish mortality reconsidered, *Journal of Biosocial Science* 47 (3).

⁷ See (1) Staetsky, L. Daniel. 2021. Elevated mortality from coronavirus in England and Wales: an epidemiological and demographic detective story, *Contemporary Jewry*, online first, published 23 April 2021. (2) Staetsky, L. Daniel and A. Paltiel. 2020. *COVID-19 mortality and Jews: a global overview of the first wave of the coronavirus pandemic, March to May 2020*. London: Institute for Jewish Policy Research.

⁸ Ibid. ONS 2021.

these as a proxy for religiosity, we are able to examine variations in mortality among sub-communities within the Jewish population.^{9,10}

This short paper is organised as follows. First, we present our sources and metrics. Second, we outline the fundamental features of the coronavirus pandemic in the United Kingdom and, against this background, we describe the situation among British Jews. Finally, in the last section, we re-consider the issue of a ‘Jewish penalty’ in light of the new data.

1 / Our sources and metrics

Jewish deaths cannot be identified through death certificates. In the absence of these data, we approached British Jewish burial societies (*Hevrot Kadisha*) with a request for counts of deaths overseen by them.¹¹ Jewish burial societies bury Jews who hold membership of a synagogue or burial society, as well as non-members where this is requested. This mode of operation makes *Hevrot Kadisha* a unique source of statistics on Jewish deaths. We requested the distribution of all deaths by month for all months of the coronavirus pandemic in the United Kingdom, up to and including March 2021, without reference to the cause of death. We also requested a history of deaths overseen by these societies, going back to 2016, so we could compare the total volume of deaths during the months of the pandemic to the normal volume of deaths in each month of the year to account for seasonality. The data we received cover 73% of all Jewish deaths in the United Kingdom.¹²

We use two metrics to quantify the impact of the pandemic: percentage change relative to normal levels of mortality, and excess ratio calculated as the ratio of the number of deaths during the pandemic to the number of deaths during normal times. An excess ratio of 1 means that the observed level of mortality is identical to the normal (expected) level. When the ratio is above 1, it means that there is an excess of deaths relative to the normal situation. In expressing the impact of the pandemic in this way we follow the method of ‘excess mortality’ that has been widely used by the epidemiological community as the method of quantifying the effect of the pandemic. The method is independent of the presence and quality of COVID-19 diagnosis, which may vary across time and space, and simply describes the elevation in mortality from all causes during the time of the pandemic. The assumption is that the effect of a serious new factor operating to inflate mortality should be observable at the level of the total number of deaths.

⁹ To clarify, not all deaths overseen by the Orthodox burial societies are deaths of people who adhere to an orthodox Jewish lifestyle and, more generally, not all deaths overseen by any denomination are necessarily of those strongly affiliated with that denomination. This is because people who are unaffiliated or only marginally affiliated nevertheless often wish to be buried following Jewish custom, or their family or community arrange for such a burial. Those who organise the burial of a Jewish person are fulfilling a religious commandment and are likely to be either religiously or culturally motivated to do so, irrespective of the religiosity of the individual. Caveats aside, it is reasonable to assume that, on average, people whose burials are overseen by the Orthodox burial societies are relatively more religious in terms of faith and ritualistic behaviours than those where the burial (or cremation) is overseen by the Progressive burial societies. Furthermore, over 70% of burials defined as Orthodox are overseen by the burial societies of the United Synagogue and the Spanish and Portuguese Sephardi Community, which are both seen as central Orthodox.

¹⁰ The Strictly Orthodox component within the Orthodox category is very small and is estimated as between 1% and 2%. The full scope of Strictly Orthodox mortality remains unknown at present. To-date, the main Strictly Orthodox burial society has not made its data available to us.

¹¹ Burial societies contributing the data are listed in the Acknowledgements section of this paper.

¹² This estimation of the coverage is based on the total number of Jewish deaths recorded by different burial societies and synagogues in the UK in 2016, see: Casale Mashiah, D. 2018. *Vital statistics of the UK Jewish population: births and deaths*. London: Institute for Jewish Policy Research.

2 / The fundamental features of the coronavirus pandemic in the United Kingdom

In 2020, the COVID-19 pandemic caused a stark elevation in mortality among the general population of the United Kingdom. In England and Wales, the number of deaths in 2020 was 14% higher compared to normal levels, using the average number of deaths observed in 2016-2019 as a benchmark. In Scotland, the number of deaths in 2020 was 11% higher than normal. The impact of COVID-19 on mortality in England was not homogeneous geographically. London and the surrounding areas, where the majority of British Jews live, suffered particularly badly. In 2020, the number of deaths in these areas was 20% higher than normal. A different way of expressing this numerically is to say that the ratio of the total number of deaths to the benchmark was 1.14 in England and Wales, 1.11 in Scotland and 1.20 in London and its surrounding areas.

An annual elevation at the level of 11%-14% may not appear to be very significant, yet it ought to be remembered that the COVID-19 pandemic in the United Kingdom developed in two waves. The first wave was in spring 2020 (March-May) and the second in winter 2020/21 (December 2020 – February 2021). There was approximately a four-month lull in the pandemic during summer 2020 (June-September 2020).¹³ The elevation of mortality at the peaks of the waves was much higher than the annual levels stated above. In April 2020, the peak of the first wave of pandemic, there were twice as many deaths as expected (an excess ratio of 2.0, equivalent to an elevation of 100%) in England and Wales. In January 2021, the peak month of the second wave in England and Wales, an elevation of about 32% above the normal level was observed (an excess ratio of 1.32). For London and the surrounding areas, the elevation was at a level of 188% at the first peak and 77% at the second peak (corresponding to excess ratios of 2.88 and 1.77 respectively). Seen from an international perspective, the UK has been one of the countries of the West which has been worst affected by the pandemic, alongside USA, Spain and Italy.¹⁴ Against this background, it is possible to assess the scale of the coronavirus pandemic among Jews.

/ The Jewish situation

Among Jews in England, 70% of whom reside in and around London,¹⁵ the number of deaths in 2020 was 28% higher compared to normal levels (an excess ratio of 1.28). During the first peak (April 2020) the number of deaths was elevated by 280% (an excess ratio of 3.8) and during the second peak (January 2021) it was elevated by 69% (an excess ratio of 1.69). Figure 1 provides a comparison to the national and London-specific metrics for the general population.

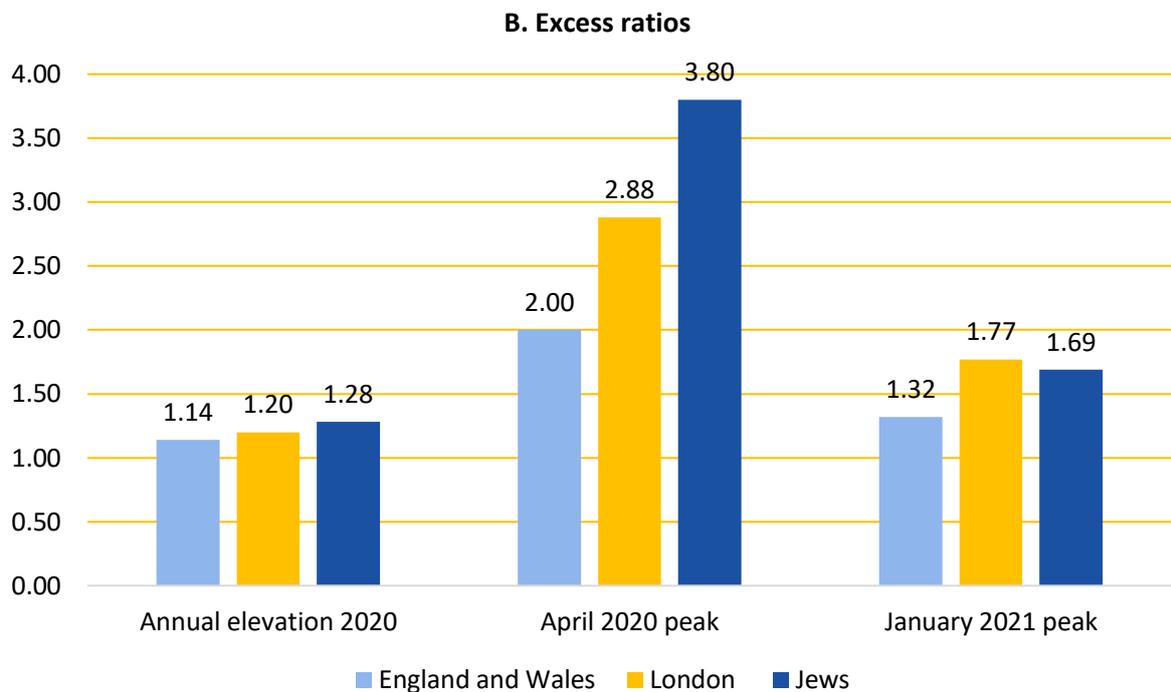
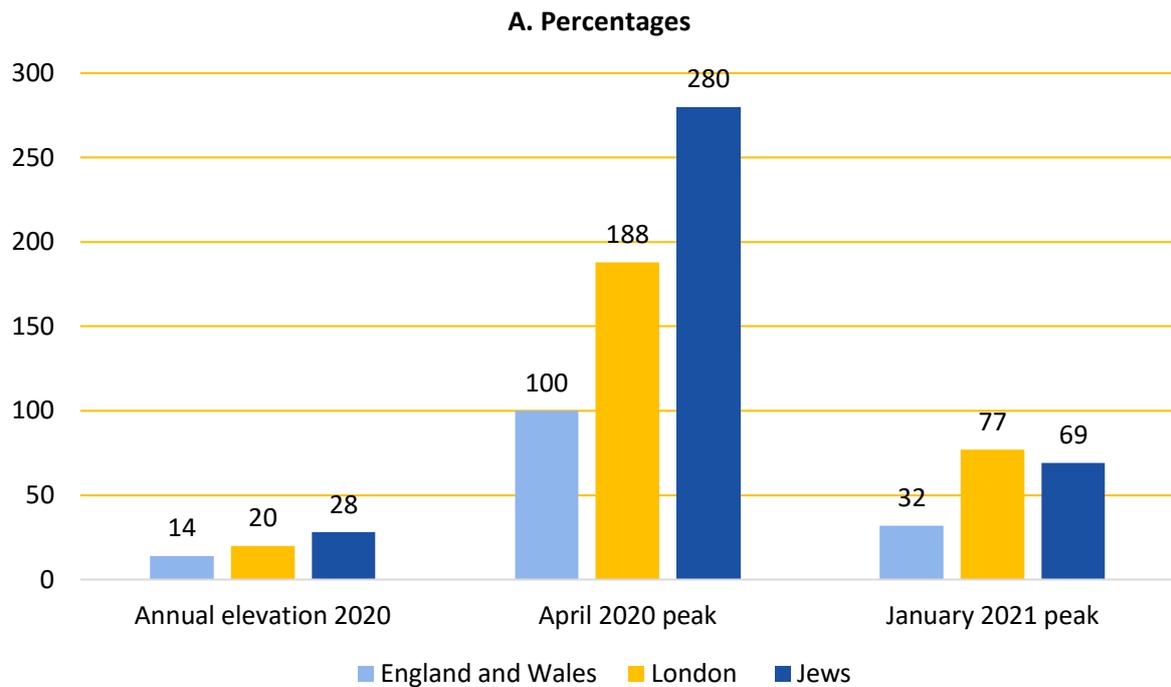
Based on data for the full year, the elevation in mortality of Jews is somewhat higher than the elevation exhibited by the total population of London and surrounding areas, but – by and large – is on a similar scale. The impact of the pandemic on Jews in the first wave is dramatically different from the second wave. In the first wave, the Jewish excess is very high and higher than the peak figure for London, while in the second wave, it is a little lower than in London.

¹³ The timing of the waves, as delineated here, may be different from the timing used by the Office for National Statistics. We define ‘waves’ strictly on the basis of the presence of elevated mortality, relative to seasonal mortality, observed during the four years preceding the coronavirus pandemic.

¹⁴ International comparisons of excess mortality are available from: (1) [EUROMOMO](#), European mortality monitoring activity, (2) Financial Times Coronavirus Tracker, [Coronavirus tracker: the latest figures as countries fight the Covid-19 resurgence | Free to read | Financial Times \(ft.com\)](#), (3) The Economist Coronavirus Tracker, [Tracking covid-19 excess deaths across countries | The Economist](#).

¹⁵ 2011 Census of England and Wales, Table DC2107EW. Nomis Official Labour Market Statistics.

Figure 1. Excess mortality during the COVID-19 pandemic in England and Wales: Jews versus non-Jews

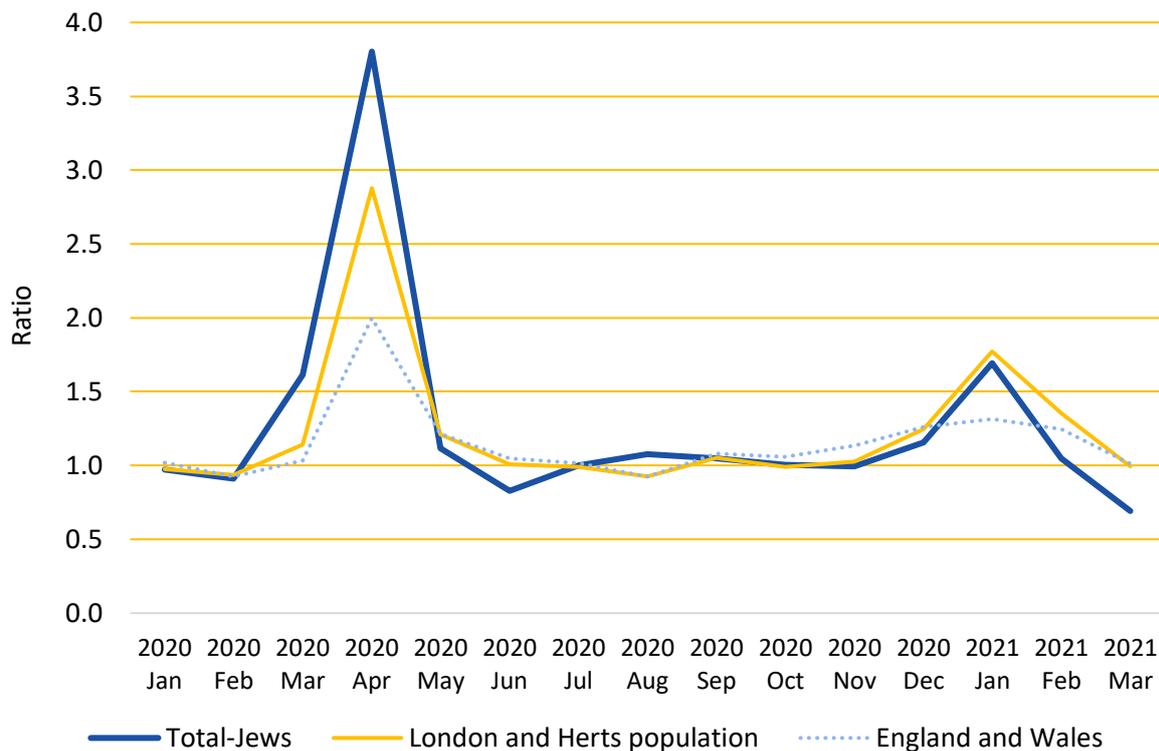


Note: (1) 'London' relates in fact to mortality in London and Hertfordshire. Excess ratios are calculated as ratios of the number of deaths observed in 2020 to the average number observed in 2016-2019. Data for Jews cover 72% of deaths in England and Wales: on average, across years 2016-2019, Jewish burial societies supplying the data handled about 1,700 deaths; in 2020 the number of deaths was about 2,200. (2) An excess ratio of 1 means that the observed level of mortality is identical to the normal (expected) level. When the ratio is above 1, it means that there is an excess of deaths relative to the normal situation.

Jewish mortality in Scotland was also elevated during the pandemic and more so than among non-Jews. There, the number of Jewish deaths in 2020 was 51% higher compared to the normal levels (an excess ratio of 1.51). Among non-Jews in Scotland living in the area of Glasgow, where most Scottish Jews reside, the number of deaths in 2020 was 15% higher than normal.

Figure 2 documents the course of the COVID-19 pandemic in England and Wales up to the end of March 2021. Both waves of the pandemic are clearly visible among Jews and non-Jews. The excess mortality curve forms two humps with a depression between them. The first hump is strongly pronounced and higher among Jews than among non-Jews, while during the lull in the pandemic (between May and November 2020) the patterns among Jews and non-Jews are similar. The second hump is lower than the first, and the elevation in mortality of Jews is lower compared to the elevation among non-Jews for the entire duration of the second wave, not just at its peak. At the very end of the period measured (March 2021) the number of deaths among Jews is considerably (almost 30%) lower than what might be expected in that season.

Figure 2. Excess mortality during the COVID-19 pandemic in England and Wales: the whole picture

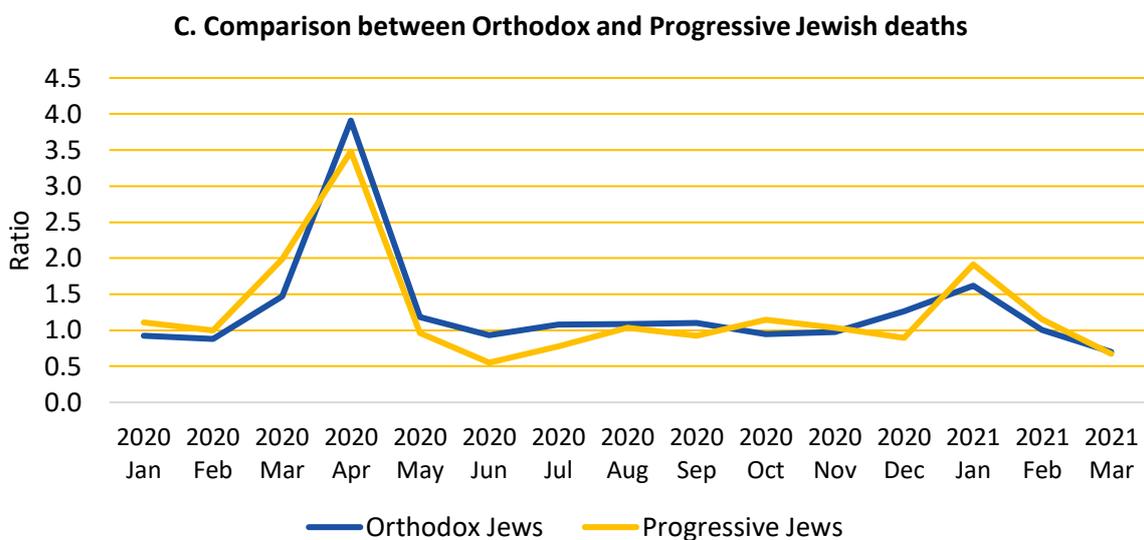
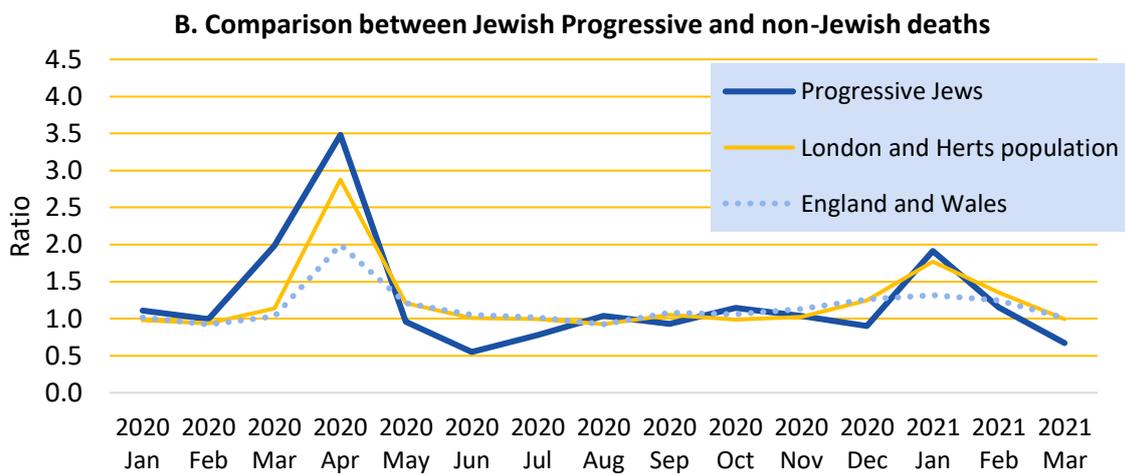
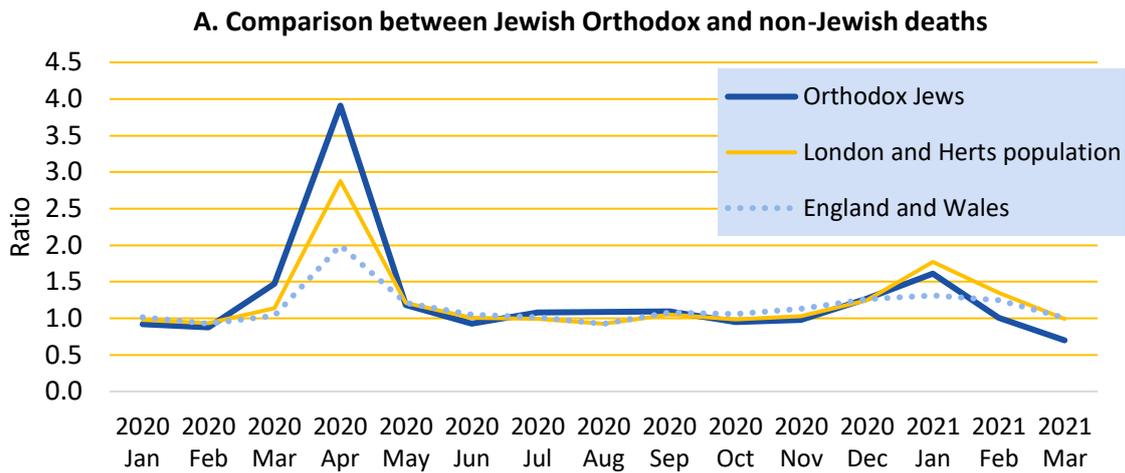


Note: (1) The curve for London describes mortality in London and Hertfordshire. (2) An excess ratio of 1 means that the observed level of mortality is identical to the normal (expected) level. When the ratio is above 1, it means that there is an excess of deaths relative to the normal situation.

/ Differences among Jews by religiosity

Orthodox and Progressive Jews had similar ‘pandemic experiences.’ In Figure 3 we plot the excess mortality of each group separately comparing it to the excess mortality of the non-Jewish population in England and Wales (Panels A and B); in addition, Panel C sets the two Jewish groups in comparison to each other. For both groups, the picture described previously – the principal differences between Jews and non-Jews – remains: in the first wave excess mortality was very high in both absolute and relative terms; in the second wave it was either no different or lower than in London and surrounding areas.

Figure 3. Excess mortality during the COVID-19 pandemic in England and Wales: Jews by religiosity



Note: (1) The curve for London describes mortality in London and Hertfordshire. Progressive deaths are deaths handled by West London Synagogue, Liberal Judaism and the Jewish Joint Burial Society (in combination, about 500 deaths annually in 2016-2019 and about 600 in 2020). Orthodox deaths are the remainder: about 1,250 deaths on average in 2016-2019 and 1,600 in 2020. (2) An excess ratio of 1 means that the observed level of mortality is identical to the normal (expected) level. When the ratio is above 1, it means that there is an excess of deaths relative to the normal situation.

Looking at 2020 as a whole, the annual number of Orthodox deaths was 30% higher than expected on the basis of the 2016-2019 average (an excess ratio of 1.30). The annual number of Progressive deaths was 22% higher than expected on the basis of the 2016-2019 average (an excess ratio of 1.22). The difference between the Orthodox and the Progressive findings is modest. While those categorised as Orthodox were affected somewhat more in the first wave, the Progressive were affected a little more in the second wave.

Among non-Jews in 2020, the number of deaths in London and its surrounding areas was 20% higher than normal, as previously indicated. Both the Orthodox and the Progressives experienced greater elevation than this, with deaths overseen by the progressive burial societies and synagogues very slightly higher (22%), and deaths overseen by central and strictly orthodox burial societies more significantly higher (30%).

3 / Summary and reflections: reconsidering the 'Jewish penalty' issue

This paper has presented a full picture of the development of the coronavirus pandemic in the UK and among British Jews in particular. It complements the research produced by ONS based on an alternative methodology and extends the analysis by geography and with an indicator of religiosity. On the whole, British Jews experienced higher mortality during the coronavirus pandemic than the total population in England and Wales, where the great majority of UK Jews live. Jews experienced somewhat higher mortality than the equivalent population in London and the surrounding areas, which is the most appropriate comparator, although not on a scale that differs substantially from the wider population.

This outcome was critically shaped by the developments during the first wave of the pandemic. At that time, Jewish mortality was elevated way above the normal level and considerably more so compared to non-Jews. In strong contrast, during the second wave, Jews experienced excess mortality on a more modest scale compared to non-Jews living in the same location.

When it comes to the death toll, less religiously observant Jews (approximated by the progressive burial societies and synagogues who provided data) had a slightly different experience of the pandemic compared to more religiously observant Jews (approximated by the central and strictly orthodox), but not dramatically so. Among both Orthodox and Progressive sectors, mortality was visibly elevated in both waves of the pandemic, though in the first wave, the impact was greater on the Orthodox, whilst in the second wave the impact was greater on the Progressive.

Previous research showed that neither age nor place of residence accounted for the 'Jewish penalty' in the context of the first wave of the coronavirus pandemic in England and Wales. Jews fared worse despite evidence from several sources which demonstrates that they generally experience relatively good health and lower mortality. By a process of elimination, this suggests a hypothesis that the 'Jewish penalty' was related to a greater prevalence of coronavirus infection among Jews, and that this could be a result of earlier exposure to the virus relative to the date of national lockdown and/or to the relative sociability and cohesiveness of Jews, or both.¹⁶

¹⁶ A relatively high prevalence of coronavirus infection in ethnic minorities compared to those identifying as White British has been documented among the Black, Asian and Mixed populations. At the same time, infection-fatality rates among these minorities are identical to the ratios of the White British population. These findings in combination have been interpreted by researchers as an indication that the high mortality of ethnic minorities was linked to a high prevalence of infection rather than to differences in the experience of coronavirus or care. See: Ward, H., Atchinson, C., Whitaker, M., Ainslie, K., Elliott, J., Okell, L., Redd, R., Ashby,

This sociability hypothesis has been expressed in recent research on the subject of Jewish mortality in the pandemic in the following way. "Jews with formal and informal links to Jewish communal life attend communal events and celebrations – for example, bar/bat mitzvah parties, or festival activities such as those that occurred during the holiday of Purim in mid-March [2020] – and they pray regularly in groups (a 'minyan' – a quorum of ten adults – is required for key parts of Jewish prayer)... Close contact in the context of communal activities, both ritual and social, could lead to a greater prevalence of infection in the Jewish community."¹⁷ In this paper, there are three newly found facts that do not confirm the sociability hypothesis decisively, but provide important supporting evidence.

First, the Orthodox appear to be more affected by the pandemic compared to the Progressive; the difference between the two groups is somewhat marginal but it nevertheless aligns with the greater social-religious involvement of the Orthodox. Second, for both Orthodox and Progressive Jews the impact of the pandemic (the first wave) was 'heavier' than it was for their non-Jewish counterparts. Previous research has shown that the level of involvement in ritual activities that are inherently social (e.g. synagogue attendance) is higher across both Orthodox and Progressive swathes of the Jewish community compared both to unaffiliated Jews and to the total population of the United Kingdom. About 80% of Orthodox Jews and 20% of Progressive Jews report attending a synagogue weekly or more often (in pre-pandemic life); in the overall British population only about 8% attend a place of worship with the same frequency.¹⁸ Third, the 'Jewish penalty' disappeared in the second wave of the pandemic following the introduction of significant measures aimed at the prevention of the spread of infection in places of worship.

In the context of the first wave of the coronavirus pandemic, we argued that the elevated levels of mortality resulting from COVID-19 among British Jews could not be explained by the experience or behaviours of strictly Orthodox Jews.¹⁹ Although the prevalence of coronavirus infection was shown to be very high among British Haredim,²⁰ they do not contribute strongly to the overall toll of British Jewish mortality because of the relatively small population size and youthful age structure of that community. The evidence presented in this analysis allows us to expand this position and say that neither the strictly Orthodox, nor indeed the mainstream Orthodox, were specifically responsible for the elevation or 'Jewish penalty' in terms of mortality – those more closely identified with the Progressive community were also affected. This conclusion now applies to both waves of the pandemic.

The connection between social and religious involvement and a greater exposure to coronavirus has been debated in the context of certain European societies, not just among Jews.²¹ Sociability is

D., Donnelly, C., Barclay, W., Darzi, A., Cooke, G., Riley, S. and P. Elliott. 2021. SARS-CoV-2 antibody prevalence in England following the first peak of the pandemic, *Nature Communications* 12 (905), <https://doi.org/10.1038/s41467-021-21237-w>.

¹⁷ A direct quotation from: Staetsky, L. Daniel. 2021. Elevated mortality from coronavirus in England and Wales: an epidemiological and demographic detective story, *Contemporary Jewry*, online first, published 23 April 2021.

¹⁸ Data on synagogue attendance of Jews in the UK come from the European Union Agency for Fundamental Rights (FRA) 2018 survey of Jews in Europe. Data for the total British population come from the Pew Research surveys of religious belief in Western and Eastern Europe, conducted in 2015-2017

¹⁹ Staetsky 2021. Ibid.

²⁰ Gaskell, K., M. Johnson, V. Gould, A. Hunt, N. Stone, W. Waites, B. Kasstan, T. Chantler, S. Lal, C. Roberts, D. Goldblatt, R. Eggo and M. Marks. 2021. *Extremely high SARS-CoV-2 seroprevalence in a strictly-Orthodox Jewish community in the UK*. Preprint from medRxiv, 03 Feb 2021
DOI: 10.1101/2021.02.01.21250839, PPR: PPR277515.

²¹ See (1) Albertini, M., L. Sage and S. Scherer. 2020. *Intergenerational contacts and Covid-19 spread: Omnipresent grannies or bowling together?* Working Paper. Bologna: University of Bologna. (2) Laliotis, I. and

considered a great asset under normal circumstances and in the context of non-communicable diseases. It is a source of emotional and practical support and, as such, is thought to contribute to longevity. Coronavirus-related research suggests an important corrective, or perhaps reminder. There may be another side to sociability: when it comes to communicable diseases – in this instance COVID-19 – the tables are turned. With respect to communicable diseases, sociability has the power to spread the disease. In the past, societies which are more likely to spread disease have been associated with poverty, overcrowding and – as a proposed correlate – with large ethnic minority populations. COVID-19 and the experience of Jews suggests that sociability *per se*, independent of the poverty often associated with minority (or rather migrant) communities should be considered independently. Further evidence of this is the observation in the ONS results that Hindu communities, as well as Jewish ones, experienced worse impacts, even though Hindus are also relatively socioeconomically advantaged compared to other minority communities.

The knowledge that certain illnesses are contagious, and may pass from person to person, is several hundred years old. Indeed, measures designed to limit human contact in order to stop the spread of illnesses (i.e. quarantines) were imposed in England by the government as early as the seventeenth century.²² In the context of contemporary society, however, the potentially adverse impact of sociability, and in particular of religious sociability, on mortality at a societal level has rarely been so strikingly illustrated. The scientific and policy debates on ethnic differences in coronavirus mortality may over-emphasise socioeconomic factors even though the analyses show that they play a complementary, perhaps even secondary role. The impact of sociability, even when discussed, continues to be overshadowed by socioeconomic factors. This situation ought to change, and the debate around the impact of sociability ought to be brought into the centre of policy discussions. The significance of this emerging realisation cannot be underestimated. It may inform, and indeed transform, our understanding of the epidemiology of communicable diseases in modern society in general, well beyond the coronavirus pandemic.

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D. Minos, D. 2020. *Spreading the Disease: The Role of Culture* (20/12). Discussion Paper Series. London, UK: Department of Economics, City, University of London. (3) Oksanen, A., M. Kaakinen, R. Latikka, L. Savolainen, L. Savela and A. Koivula. 2020. Regulation and trust: 3-month follow-up study on COVID-19 mortality in 25 European countries. *JMIR Public Health & Surveillance* 6(2): e19218.

²² Slack, P. 1981. The disappearance of plague: an alternative view, *Economic History Review* 34: 469-476.

/ About the Institute for Jewish Policy Research (JPR)

The **Institute for Jewish Policy Research (JPR)** is a London-based research organisation, consultancy and think-tank. It aims to advance the prospects of Jewish communities in the United Kingdom and across Europe by conducting research and informing policy development in dialogue with those best placed to positively influence Jewish life. Web: www.jpr.org.uk.

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