

ADMINISTRATION OF HOLY COMMUNION DURING A FLU PANDEMIC

The Bread

Government advice envisages that during a flu pandemic the distribution of the consecrated bread at Holy Communion will continue, but specifies that communion should not be given on the tongue. Care ought to be taken to ensure that the fingers of the person distributing the sacrament do not come into contact with the communicants' hands. High standards of hand hygiene should be adopted. (Soap and water is an effective means of cleaning hands, and handrubs can be used as an alternative.)

The Cup

In 1987 the then Archbishops of Canterbury and York issued guidance on the use of the chalice at Holy Communion. This indicated, on medical advice, that fears that sharing of the common cup might be a possible means of infection with HIV were groundless, and that the risk of other types of infection being transmitted via the chalice were extremely small and could be reduced even further by the application of normal rules of hygiene. These are set out in Annex A and should be followed at all times.

Scientific advice confirms that the guidance given in 1987 continues to be generally correct. However, it indicates that neither the alcoholic content of wine nor the antiseptic qualities of noble metals will provide any protection against a pandemic flu virus. Government advice is that in the event of pandemic flu affecting centres of population, administration of the common cup ought to be suspended. Studies have suggested that in the context of pandemic flu the practice of intinction¹ may involve a greater risk than the common cup. Further details of the scientific evidence regarding the common cup may be found in Annex B.

The administration of Holy Communion in the Church of England is principally governed by section 8 of the Sacrament Act 1547, which provides that

‘... the... most blessed Sacrament be hereafter commonly delivered and ministered unto the people... under both the kinds, that is to say of bread and wine, except necessity otherwise require...’

It is thought that the permission for administration of the sacrament in one kind only in cases of necessity was included because communicants were unwilling to drink from a common cup in times of plague.²

In the event of pandemic flu affecting centres of population, the bishop of the diocese concerned should advise the clergy that communion should be administered in one kind only in that area (the priest alone receiving in both kinds) until the danger has passed. Bishops are invited to consult the Revd Dr Brendan McCarthy in the Mission and Public Affairs Division at Church House (020 7898 1523 / 07825 854947; brendan.mccarthy@c-of-e.org.uk) before issuing such advice. Should it become necessary to do so, the Archbishops will issue such advice in respect of Holy Communion in the Church of England as a whole.

Where such advice has not been issued, communicants may nevertheless choose to receive Communion in one kind only. The clergy should emphasize that while communion in both kinds is the norm in the Church of England, in faithfulness to Christ's institution, when it is received only in one kind the fullness of the Sacrament is received none the less.

Notes

1. The Legal Advisory Commission has advised that ‘The practice of intinction may be regarded as lawful where a communicant or the congregation as a whole is fearful of contracting or communicating a contagious disease through drinking from the cup.’ (*Legal Opinions Concerning the Church of England* [8th edition: 2007], pp. 345-348). However, if the consecrated wine is administered to communicants they cannot be required to receive it by intinction. The use of individual communion cups is not lawful in the Church of England and would, in any event, also involve hygiene risks in the context of pandemic flu.
2. In accordance with this provision of the Sacrament Act 1547, Note 6 to the Distribution of Holy Communion at Home or in Hospital provides that ‘Communion should normally be received in both kinds separately, but where necessary may be received in one kind, whether of bread or, where the communicant cannot receive solid food, wine’ (*Common Worship: Pastoral Services*, p. 79).

HYGIENE AND THE CHALICE

[GUIDANCE ISSUED IN 1987]

After discussion with the House of Bishops, we have decided to issue to all clergy the following guide about the use of the chalice:

Public concern about AIDS has aroused fears among some people that the sharing of the common cup might be a possible means of infection. The advice given to us by the highest medical authorities is that such fears are groundless. The virus which causes AIDS may occasionally be present in saliva, but recent research has shown that saliva inhibits the activity of the virus and that it has not been transmitted by being swallowed. There is therefore no reason to take special precautions when administering the chalice other than those listed below.

People who are infected by the virus or who have AIDS will be unusually susceptible to other infections and may wish, and should be allowed, to receive communion by intinction or in one kind.

Research on the chalice as a possible means of transmitting other types of infection has shown that the risk is extremely small. This can be reduced even further by the application of the normal rules of hygiene:

1. A chalice of gold, silver or other metal is to be preferred to pottery, particularly unglazed pottery.
2. The rim of the chalice should be firmly wiped with a purificator after it has left the lips of each communicant. The same part of the purificator should not be used repeatedly, nor should it be allowed to become sodden.
3. Anyone with cuts, sores or abrasions on their lips should receive communion by intinction or in one kind.
4. In addition to ritual ablutions, the chalice should be thoroughly cleaned after use.

We suggest that this notice is displayed in the vestry or in some other suitable place within your church.

Robert Cantuar:

John Ebor:

April 1987

Pandemic Flu and the Common Cup in Communion Services

Context

According to the World Health Organisation, ‘a disease epidemic occurs when there are more cases of that disease than normal. A pandemic is a worldwide epidemic of a disease. An influenza pandemic may occur when a new influenza virus appears against which the human population has no immunity. Pandemics can be either mild or severe in the illness and death they cause, and the severity of a pandemic can change over the course of that pandemic.’¹ The WHO employs a six-level flu alert system. Level 5 is ‘characterized by human-to-human spread of the virus into at least two countries in one WHO region. The pandemic phase (level 6), is characterized by community level outbreaks in at least one other country in a different WHO region in addition to the criteria defined in Phase 5. Designation of this phase will indicate that a global pandemic is under way.’² A pandemic is an indication of the world-wide spread of the virus; it is neither an indication of the severity of the infection nor the extent of its spread in a particular region or country.

In planning for a flu pandemic the UK government viewed a ‘worst-case scenario’. Planning assumptions are that up to 50% of the population may contract the illness with a possible mortality rate of 2.5% of those infected.³ A pandemic may, of course be more limited in both its scope and its severity.

UK planning indicates four alert levels once the WHO announces that a pandemic is underway.⁴ Levels 1 and 2 call for individuals and communities to be prepared in the event of the virus reaching epidemic proportions in the UK and for good personal and respiratory hygiene to be encouraged and observed. Level 3 indicates outbreaks of the virus in population centres in the UK and advocates the full use of counter-measures by individuals and organizations, as well as the employment of any restrictions that the government finds necessary to counter the spread of the virus. In these circumstances, government advice is that administration of the common cup ought to be suspended until the pandemic wave has passed.⁵ As subsequent waves in the same pandemic may occur it may be necessary to reconsider suspension of the common cup should this happen. Government advice regarding suspension of the common cup refers only to pandemic flu; it does not refer to seasonal flu or to other infectious diseases.

The Common Cup

The role, if any, of the common cup in the transmission of disease has been the subject of debate and scientific enquiry for many years. The ‘Spanish Influenza’ pandemic in the wake of the First World War and the emergence of HIV/AIDS in the 1980s gave rise to periods of particular interest in the common cup. Correctly, it has been advised that the common cup is a minimal risk factor in the transmission of HIV⁶ and other infections such as seasonal flu and the common cold.⁷ While zero risk is virtually impossible to achieve unless all direct and indirect human contact is stopped, the risk of infection from the common cup is very low and there are no known recorded incidences of illness caused by transmission of viruses or bacteria in this way⁸. No notable differences in health have been observed between communicants and non-communicants.⁹ Nonetheless, it has been established that some bacteria can be transferred to a common cup and survive on its surface for a significant period.¹⁰ A note of caution has also been sounded, suggesting that while the common cup represents a minimal risk for healthy adults it may present a greater risk for those whose immune systems have been compromised.¹¹ The evidence regarding the link between the

common cup and transmission of disease is therefore mixed, suggesting that under normal circumstances the common cup represents a very low risk but that in certain circumstances a notable risk may be present. The current UK government advice regarding pandemic flu ought to be read in this light, with due note being taken of the nature of pandemic flu.

Pandemic Flu

The flu virus is present in saliva and in droplets coughed or sneezed by an infected person.¹² The virus is able to survive for up to 48 hours on hard surfaces, up to 12 hours on soft surfaces and up to 10 minutes on hands.¹³ This means that a person who coughs into his or her hand and then touches another person or an inanimate surface may transfer the virus. Anyone who touches such surfaces and then touches his or her eyes, mouth or nose may be susceptible to infection. Similarly anyone within a metre of an infected person who coughs or sneezes is at risk of inhaling infected droplets.

A flu pandemic is associated with a viral strain against which the population has little or no immunity. Because of this, contact with saliva or with droplets from the lips or the fingers of an infected person which have been transferred to the surface of the common cup, is viewed with concern. Experiments have shown that some viruses and bacteria survive such transmission and neither the alcoholic content of wine¹⁴ nor the antiseptic qualities of noble metals¹⁵ will provide any protection against the flu virus. It is because of low immunity against pandemic flu in the community and the flu virus's ability to survive for a significant period outside a host body that government advice is to refrain from the administration of the common cup in the circumstances described above.

Some have suggested that intinction is an acceptable alternative to the common cup. Studies have, however, suggested that intinction may, in fact, present a greater risk factor than the common cup.¹⁶ Fingers, generally, carry a higher level of contamination than lips, so bread handled by an infected person and then dipped into a common cup will carry a risk of contaminating the wine. Similarly, fingers may dip into the wine. Where only celebrants or servers dip the wafer and then place it on a recipient's tongue or in his or her hands, there is a risk of the servers' fingers becoming contaminated if the recipient is carrying the virus.

The overall situation is exacerbated by the fact that approximately 50% of all influenza infections are asymptomatic and infected people (typically adults) can shed the influenza virus yet have no evidence of respiratory symptoms. However, the importance of transmission from those with asymptomatic infection is uncertain but appears to be substantially less than from symptomatic people.¹⁷

Government advice remains that in the event of pandemic flu affecting centres of population, administration of the common cup ought to be suspended.

¹ <http://www.who.int/csr/disease/influenza/pandemic/en/>

² http://www.who.int/csr/disease/avian_influenza/phase/en/index.html

³ 'Pandemic Flu: A National Framework for Responding to an Influenza Pandemic', Cabinet Office/Department of Health, 2007, section 3.1.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_080734
Ibid., section 6.2.

⁵ 'Faith Communities and Pandemic Flu: Guidance for Faith Communities and Local Influenza Pandemic Committees', Department of Communities and Local Government, 2009, section 4.1.

www.communities.gov.uk/publications/communities/influenzapandemic

⁶ Kingston, D., 'Memorandum on the Infectious Hazards of the Common Communion Cup with Especial Reference to AIDS', *European Journal of Epidemiology*, Vol. 4:2, June 1988

⁷ 'A Report Concerning the Risk of Transmission of Contagion via the Common Cup and Other Liturgical Acts' Diocese of Toronto, Anglican Church of Canada, 2003

⁸ Gould, David H., 'Eucharistic Practice and the Risk of Infection', The Anglican Church of Canada, 2000, para 5.

⁹ LaGrange Loving, A., 'The Effects of Receiving Holy Communion on Health', Journal of Environmental Health, Vol. 60, July 1997.

¹⁰ Furlow, Terrance, C., & Dougherty, Mark, J., 'Bacteria on the Common Communion Cup', Annals of Internal Medicine, 1993, Vol. 18: 7, pp 572, 573

¹¹ Fiedler, K., Lindner, M., Edel, B. & Wallbrecht, F., 'Danger of Infection from Communion Cups-an Underestimated Risk? (translation)', Zentralbl Hyg Umweltmed, Vol. 201: 2, June 1998, pp167-168

¹² Sullivan John, B. & Krieger, Gary, R (Ed.), 'Clinical Environmental Health and Toxic Exposures, Second Edition', Lippincott, Williams and Wilkins, 2001, p522.

¹³ 'The Prevention and Treatment of Viral Respiratory Disorders', British Medical Association, 2nd October 2007. http://www.bma.org.uk/health_promotion_ethics/diseases/viralrespiratorydisorders.jsp?page=3

¹⁴ La Grange Loving, A., op. cit.

¹⁵ Furlow Terrance, C. & Dougherty, Mark, J., op. cit.

¹⁶ Gould, David, H., Op. cit.

¹⁷ Letter on behalf of UK Scientific Pandemic Influenza Advisory Committee, June 2009