

What can be done by Altar Guild Members to Further Reduce the risks of infection:

Eucharistic vessels should be washed with soap and water following each Eucharistic liturgy, rinsed with hot water and allowed to dry without further wiping.

A 30 -second hand wash will eliminate 95% of all bacteria. Altar guild members and others who handle wafers in preparation for the Eucharist should therefore make sure that they have washed their hands before they handle any wafers which will be used at the Eucharist.

If I have a cold, what should I do to keep others from catching it?

If you have the flu, a cold, or a cold sore, then don't drink from the cup or dip the wafer into it. Receive your communion in the form of the bread alone.

It must be stressed that the present use of the common cup is normal for Anglican churches. It follows the practice of the universal church from its beginning until well into the middle ages, and poses no real hazard to health in normal circumstances.

Eucharistic Practice and the Risk of Infection



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Hygiene and the common cup

Fear of communicable diseases may cause some people to take special measures or even keep them from receiving from the cup altogether. Whether these fears are actually merited depends on a number of factors.

Transmission of infection

At the outset, it is important to recognize that there are a number of general principles that govern the transmission of infection. In no case can exposure to a single virus or bacterium result in infection. For each disease there is a minimum number of the agent (generally in the millions) which must be transmitted from person to person before infection can occur.

Our defenses against stray bacteria are immense and can only be overwhelmed by very large numbers of the infective agents. Each infective agent has its own virulence, and each individual has his/her own "host factors" which determine that person's susceptibility to infection. The interaction of the two determines the risk of infection for the individual.

What is the risk?

Were there any significant risk to the Eucharistic practices of the Anglican Church for so many centuries it would seem likely that insurance actuarial tables would reflect an increased risk for Anglican priests, who have been performing the ablutions for centuries. In fact the opposite is true. Nor do priests appear to have been regularly stricken with any communicable disease that

could be traced to the common cup in all that time. Additionally, no episode of disease attributable to the common cup has ever been reported. Thus for the average communicant it would seem that the risk of drinking from the common cup is probable less than the risk of airborne infection in using a common building.

Will intinction reduce the risk of transmitting infection?

Intinction (dipping the bread in the wine) is in use in many Episcopal Church parishes and is increasingly being suggested in Canadian churches as well. There is, however, real concern that many of the modes of intinction used in parishes do not diminish the threat of infection, and some may actually increase it. Hands – children's and adult's – are at least as likely to be a source of infection (often more so) as are lips.

Receiving the wafer in the hands and then intincting it merely means that the wafer, now contaminated by the hand of the recipient, is then placed in the wine, thus spreading the infection to it. Dipping the wafer into the wine also means that the wafer picks up any bacteria that might be in the wine. So this offers no protection to the communicant.

What about infections or other seriously ill patients in hospital?

Where the illness is infectious the patient would be communicated last, using intinction by the priest. Conversely, when the ill person is debilitated or otherwise

susceptible to infection, normal prudence would dictate that s/he would receive first.

So what do I do to avoid spreading or getting infection?

While Anglicans have asserted since the Reformation that receiving both bread and wine is normal for our church, it must be recognized that many would find themselves able to accept the Doctrine of Concomitance the doctrine that either part of the Sacrament by itself mediates the fullness of the Sacrament. Although the doctrine was promulgated in the thirteenth century, it would also appear to have been accepted in the primitive church, particularly in the case of communion of the dying and of infants.

Therefore it would seem that communion in only one kind (the bread) is the best option for those fearful of the cup, both from the standpoint of preventing the spread of infection, and from a theological perspective.

An action that might be suggested for communicants receiving the bread alone, is to take or touch the base of the cup as they normally would, but simply not sip from it. Some communicants might prefer to cross their hands over their chest as a sign to administrators to pass them by.