



The Anglican Church of Canada

Faith & Worship

Eucharistic practice and the risk of infection

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Introduction

With the discovery of AIDS a number of fears have arisen regarding the risk of the infection being spread by the use of the "common cup" at the Eucharist. This in turn has led to a re-examination of Eucharistic practices and their potential for transmission of infection. This is not the first instance of such a concern being raised. The influenza epidemic in 1917 raised similar concerns, and the controversy has surfaced periodically since the sixteenth century.

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) that 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.

AIDS

It is important to note that the breakdown of all AIDS cases in the USA by risk groups has not significantly changed since the illness was first described, showing that the disease has very limited modes of spread. Not a single family member of a person with AIDS has contacted the disease, even though occasional sharing of drinking cups, eating utensils and on occasion, toothbrushes has occurred. -

Despite there now being many millions of cases of AIDS reported throughout the world, there remains no evidence of transmission by saliva, let alone any evidence of transmission by using common drinking utensils. (1) Furthermore, experimental evidence shows that wiping the chalice with the purificator reduces the bacterial count by 90%.

It should also be pointed out that the AIDS virus is destroyed by exposure to air, soap, and virtually any disinfectant (including alcohol) and therefore that normal cleaning procedures if performed carefully ensure protection. This should be remembered not only in the context of the Eucharist, but also in reference to those who minister to AIDS patients

In an atmosphere increasingly dominated by litigation, no one in the medical profession is going to give any **absolute** reassurance even when scientific data indicates that strong reassurance can be provided.

The present use of the common cup is normative for Anglican churches, and

poses no real hazard to health in normal circumstances.

Other infections

It must be admitted that it is difficult to be as reassuring in regards to the use of the common cup in the case of other infectious agents as is in the case of AIDS. But in the case of Hepatitis B virus - also of concern to health care workers because it too has been isolated from saliva of persons with hepatitis - it is possible to be reassuring. There is no evidence of any transmission by the oral administration of hepatitis-positive saliva. (4) The same is equally true of bacterial Meningitis.

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 the evidence 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 chalice 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 probably less than the risk of air-borne infection in using a common building.

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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.

Nevertheless, eucharistic ministers should be instructed in the proper way to wipe the chalice between communicants. Some procedures that are helpful include: (1) wiping the chalice on the inside of the rim as well as on the outside, (2) opening the purificator to its full size so that a clean part of the purificator is used for each communicant (it may be necessary for the minister to use more than one purificator) and (3) wiping the chalice so that the next communicant does not drink out of the same place on the cup. Similarly, chalices should be washed with soap and water following each Eucharistic liturgy. It must be pointed out that while the relative risk is low, it is not impossible that infection could be transmitted. This is particularly true of communicants with low resistance to infection, i.e. cancer patients on immunosuppressant therapy, and persons with AIDS. Further examination of alternate Eucharistic practices is therefore warranted.

Intinction

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 lips. Retention of the wafer in the hand of the recipient then intincting it means that the wafer, now contaminated by the hand of the recipient, is placed in the wine?thus spreading the infection to it. The use of an intinction chalice would make no difference in this instance.

If a priest retains the wafer, intincts it, and places it on the tongue of the communicant there is the possibility of his/her hand coming in contact with the tongue, and thereafter spreading the contamination. Meticulous technique would avoid this however, and it would seem better to trust in the technique of one individual (the priest) than in the individual techniques of the communicants should they do the intinction themselves. Therefore, this is the only method of intinction permitted in Roman Catholic parishes.(8) A separate chalice used only for intinction by the priest would be effective in this instance. For parishes using communion "stations", the priest might intinct wafers at one, while others administer the elements in the customary fashion at another.

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A further consideration with the practice of intinction is that it is only feasible when wafers are used. More and more churches are starting to recognize the sacramental value of the one loaf of bread that is then divided for distribution. Intinction would not be a tenable option in these circumstances.

Other dangers

Indeed, from the foregoing it seems obvious that another risk of infection occurs when the priest breaks the bread should his/her hands be contaminated. The ritual of the washing of the priest's hands at the offertory is therefore more than symbolic. It has been suggested that the lavabo basin be large, contain some liquid soap in addition to an adequate quantity of water, and that a proper towel be provided so that a more thorough hand washing can occur. A 30-second hand wash will eliminate 95% of all bacteria. Any other administrators of the bread should also be included, and altar guild members and others who handle wafers in preparation for the Eucharist should take similar precautions.

When communicating the ill in hospital many of these considerations would not apply. Wafers would ordinarily be used, and where the illness is infectious the patient would be communicated last using intinction by the priest (as per the BCP rubric, p. 583). Conversely, when the ill person is debilitated or otherwise susceptible to infection, normal prudence would dictate that he/she receive first.

Communion in only one kind (the bread) is the best option for those fearful of the cup

Conclusion

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 the theological perspective. Nor should there be any discouragement directed to those who choose to do so. In fact, priests should periodically instruct the people "If you have the 'flu, a cold, or a cold sore, please don't drink from the cup or dip the wafer into it." This should be done either through the bulletin or verbally at regular intervals. An action, which might be suggested for communicants receiving the bread only, is to take or touch the base of the chalice as they normally would, but simply not sip from it. The words of administration should be used, even when wine is not consumed. Some communicants might prefer to cross their hands over their chest as a sign to administrators to pass them by.

It must be stressed however that the present use of the common cup is normative for

Anglican churches, follows the practice of the universal church from its beginnings until well into the middle ages, and poses no real hazard to health in normal circumstances.

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2. B.C. Hobbs, J.A. Knowlton & A. White. "Experiments on the Communion Cup." *Journal of Hygiene*, Vol. 65 (1967): 37-48.
3. Some have trusted in the fact that the silver or gold in chalices has a weak antiseptic quality, however studies have shown that the effect is too minor to significantly reduce bacterial counts in the wine. Similarly, the concentration of alcohol in wine used at communion has an inadequate antiseptic effect.
4. Glaser & Nadler, *Archives of Internal Medicine* Vol. 145:1653, 1985.
5. O. Noel Gill. "The Hazard of Infection from the Shared Communion Cup [Review]." *Journal of Infection*, Vol. 16, No 1 (January 1988): 3-23.
6. Anne LaGrange Loving. "Holy Communion and Health-is there a Risk?" *Journal of Environmental Health*, July-August 1997.
7. Bishop of Huron, Report to the Primate and House of Bishops regarding Cross Contamination via the Common Cup.
(a report on proceedings of a multidisciplinary consultation in the Diocese of Huron).
8. CCCB Paper
"Communion From The Cup": 1996.
9. See the rubrics to the Communion of the Sick.
BCP page 584. This doctrine can be traced to the Patristic period and St Augustine's words, *Crede et manducasti*, 'Believe and thou hast eaten' (In Joann. xxv.22).

Caring for the well-being of communicants

- Wash hands before handling wafers or bread for the Eucharist.
- Wash the chalice in soap and hot water after the Eucharist.
- Advise communicants not to intinct if they have any infection.
- Eucharistic Assistants should wipe inside and outside the rim and rotate the chalice between communicants.
- For those at special risk, the use of the bread alone is safest.

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