

**UPDATED AND REVISED  
JULY 2009**



**Diocese of Toronto**  
Anglican Church of Canada

**A SUMMARY REPORT CONCERNING THE RISK OF  
TRANSMISSION OF CONTAGION VIA THE USE OF THE  
COMMON CUP AND OTHER LITURGICAL ACTS**

**THIS REPORT INCLUDES THE APRIL 2009 SUSPENSION OF THE  
PRACTICE OF INTINCTION**

by  
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*In April 2003, the Bishop of Toronto, Archbishop Terence Finlay, undertook the extraordinary action of suspending the use of the common cup and the handshake during the liturgical exchange of peace in response to the fear and anxiety associated with an outbreak of Severe Acute Respiratory Syndrome (SARS).*

Such an action highlighted, once again, concerns regarding the risk of transmission of infectious agents via the liturgical acts of communion and the shaking of hands. Archbishop Finlay established a working group of laity, clergy and health care professionals to examine the implications of this concern and to recommend interventions which would reduce risk and lower levels of anxiety.

A combination of current literature and expert medical advice concluded:

- 1) **sipping** from the common cup represents a **minimal risk** of transmission of contagion;
- 2) sharing a **handshake** in the exchange of the peace presents a **minimal risk** of transmission of contagion.

**Both of these activities fall within the parameters of the normal risks of daily living.**

- 3) **The practice of intinction can be perceived as a higher risk activity.**

Fingertips of intinctors may contaminate the shared wine with pathogens other than those found in saliva.

None of these activities is totally risk free. Therefore, we need to be able to recognize those risks that need to be accepted and those which need to be avoided. For when the fear of risk grows out of bounds, it becomes a prison that constrains our lives and a barrier to relationships with others and with God.

Eliminating all risk is impossible. Our witness of faith is one which embraces risk. Jesus risked his life in loving God, teaching us that when we live as a community of faith, we can embrace fully the risk of living within our world. Our faith in God allows us to move forward with the understanding that while we as a community cannot escape risk, we possess those virtues required to face risk: wisdom, compassion, generosity, courage, love and faith.

Our liturgy of faithful remembering must not make the avoidance of all risk the primary criterion – which would mean avoiding any authentic celebration of the Eucharist. After all, this gathering at table is of no practical use whatever (a morsel of bread, a sip of wine do nothing to fill the belly). But at the symbolic level, the bread and wine are food for life, a meal of hope, a banquet “rich in delights and suited to every taste.” (*Wisdom 16:20*) Whenever we forget the symbolic nature of the Eucharist and are tempted to be merely practical (even for the sake of avoiding risk), we run the greater risk of losing the symbol altogether and slipping into a narrowly pragmatic response to fear and anxiety.

**Our devotion to the sharing of the common cup is central to our liturgy. Nevertheless, we are obligated not to be careless in our worship practice. Having sought expert advice, we are prepared to propose the following:**

- 1) We must thoughtfully incorporate medical advice into our liturgical practice (*see Appendix A for a summary of current scientific and medical research*).
- 2) We must respect our faith tradition and current liturgical practices, unless science reveals them to be unsafe.
- 3) Public and even ritualized sanitizing of the hands of all leaders and worshippers is a reasonable expectation as we continue to obey Christ's command to "do this in memory of me."
- 4) We must pay close attention to the information based upon current infectious disease principles and public health practice that suggests that disease transmission risks would decrease if we discontinued the practice of intinction altogether.
- 5) We must continue to follow Christ's command to partake of the Cup of Blessing as an act and statement of unifying faith.

Such principles can be shaped into the interventions listed below.

**REGARDING THE COMMON CUP:**

Effective interventions, concerning the sharing of the communion cup, are those which would reduce or eliminate residual pathogens on the rim or other surfaces of the chalice. The traditional wiping of the chalice with a purificator can remove significant amounts of these residual pathogens. However, changes can be made to current practice, which will increase the amount of pathogen eliminated, thereby reducing risk of transmission.

The risk of transmission can be reduced by:

- 1) ensuring that chalices are cleaned properly, (hot water and soap is sufficient, the use of a dishwasher is even more effective) and stored within sealed containers between use;
- 2) ensuring that purificators are washed in hot water and stored in sealed containers between use;
- 3) replacing purificators frequently during communion (possibly every 4 to 5 communicants);
- 4) changing the chalice half way through communion (if a parish has more than one chalice) thereby reducing the number of communicants who share any one chalice;
- 5) having communion ministers exercise extreme care when wiping the chalice to ensure effective cleansing;
- 6) having all communion ministers wash their hands thoroughly with a hand sanitizer (anti-microbial rinse) immediately before commencing administration. This can be accomplished discreetly at the side of the sanctuary during the use of the lavabo.

### **REGARDING THE EXCHANGING OF THE PEACE:**

The handshake is the most common form of recognition and greeting within our society today. It is unrealistic to discourage or discontinue the act of shaking hands both within the parish in general and within the practice of worship.

The risk of transmission can be reduced by:

- 1) encouraging ill or ailing parishioners to refrain from attending public worship;
- 2) encouraging parishioners to use a hand sanitizer (anti-microbial hand rinse) before attending worship; hand sanitizers may be made available in the narthex of the church;
- 3) requiring all clergy, lay readers, greeters or any person who has a role within the worship service to use a hand sanitizer (anti-microbial hand rinse) before worship services begin. **Such interventions will not eliminate the transmission of pathogens; however, they can reduce significantly the risk of contagion.**

### **REGARDING THE PRACTICE OF INTINCTION:**

Intinction remains a viable practice as relates to the private administration of the sacraments to those who are ill or infirm and unable to attend public worship.

**As of April 30<sup>th</sup>, 2009, within the context of public worship, the practice of intinction is discontinued since it involves the unavoidable additional risk brought about by the unpredictable potential contact of fingers with the shared wine.**

**Where the practice of intinction is currently not observed within the context of public worship, such a practice should not be introduced or encouraged.**

However, where intinction is part of the practice or culture of a parish, the following guidelines shall be followed:

- 1) There shall be no intinction of baked bread, when it is used (rather than wafers) for communion.
- 2) For those who wish to intinct, a separate chalice, or intinction cup, and paten shall be used. This can be administered by additional lay assistants. The communicant shall take a consecrated wafer from the paten and dip the wafer into the intinction cup while the lay assistant shall recite, **“The body and blood of Christ, given for you.”**

While this may seem cumbersome, the intent is to eliminate the potential for contact of fingertips with wine shared with other communicants. A separate paten for wafers allows the communicant to dip individually reducing the risk of contagion from the cleric or lay assistant “touching” each wafer.

While intinction is viewed by many to be a more hygienic means of administering communion, in reality, it introduces the potential of multiple contacts instead of the reduced contact of the cleric with the wafer and the chalice wiped between each communicant ... hence the understanding that intinction is not a practice suitable to public worship.

## **Appendix A: CONTAGION AND THE COMMON CUP**

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**In 1998, the CDC, (The Center for Disease Control, USA) included this statement in the American Journal of Infection Control:** For more than two decades, the Centers for Disease Control and Prevention (CDC) has stated an official position to inquirers (e.g., lay public, physicians, nurses, and other health care professionals) about the risk of infectious disease transmission from a common communion cup. Although no documented transmission of any infectious disease has ever been traced to the use of a common communion cup, a great deal of controversy surrounds this issue; the CDC still continues to receive inquiries about this topic. In this letter, the CDC strives to achieve a balance of adherence to scientific principles and respect for religious beliefs.

Within the CDC, the consensus of the National Center for Infectious Diseases and the National Center for Human Immunodeficiency Virus, Sexually Transmitted Diseases, and Tuberculosis is that a theoretic risk of transmitting infectious diseases by using a common communion cup exists, but that the risk is so small that it is undetectable. The CDC has not been called on to investigate any episodes or outbreaks of infectious diseases that have been allegedly linked to the use of a common communion cup. However, outbreaks or clusters of infection might be difficult to detect if: (1) a high prevalence of disease (e.g., infectious mononucleosis, influenza, herpes, strep throat, common cold) exists in the community, (2) diseases with oral routes of transmission have other modes of transmission (i.e., fecal-oral, hand-to-mouth/nose, airborne), (3) the length of the incubation period for the disease is such that other opportunities for exposure cannot be ruled out unequivocally, and (4) no incidence data exist for comparison purposes (i.e., the disease is not on the reportable disease list and therefore is not under public health surveillance).

Experimental studies have shown that bacteria and viruses can contaminate a common communion cup and survive despite the alcohol content of the wine. Therefore, an ill person or asymptomatic carrier drinking from the common cup could potentially expose other members of the congregation to pathogens present in saliva. Were any diseases transmitted by this practice, they most likely would be common viral illnesses, such as the common cold. However, a recent study of 681 persons found that people who receive Communion as often as daily are not at higher risk of infection compared with persons who do not receive communion or persons who do not attend Christian church services at all.

In summary, the risk for infectious disease transmission by a common communion cup is very low, and appropriate safeguards -- that is, wiping the interior and exterior rim between communicants, use of care to rotate the cloth during use, and use of a clean cloth for each service -- would further diminish this risk. In addition, churches may wish to consider advising their congregations that sharing the communion cup is discouraged if a person has an active respiratory infection (i.e., cold or flu) or moist or open sores on their lips (e.g., herpes).

[As a United Kingdom health journal put simply and clearly in 1988:](#) No episode of disease attributable to the shared communion cup has ever been reported. Currently available data do not provide any support for suggesting that the practice of sharing a common communion cup should be abandoned because it might spread infection.

**As noted in the November 2003 Report Concerning the Risk of Transmission of Contagion via the Common Cup and other Liturgical Acts, Diocese of Toronto;** a controlled study in 1995 found that the practice of intinction did not increase the risk of transmission when the individual communicant intincted. It was noted that the risk did increase if the communion minister intincted for communicants. This 1995 report however, focused concern (substantiated by evidence) that the inadvertent contact of the intinctor's finger tips with the shared wine heightened the risk of transmission because of the possible presence of microscopic fecal matter and other pathogens. Such risk could be offset if proper hand cleansing and sanitization occurred before administration.

Anecdotal evidence, as we are often reminded, is not scientific evidence, but the experience of Diocesan clergy is included here as a worthwhile observation. Clergy report that some communicants do dip their finger tips into the wine during intinction.

*Intinction therefore involves a significant risk of contagion for two reasons: firstly, the communicant's exact actions are almost impossible to predict or prevent, and secondly; no cleansing option is available before the next communicant participants.*

**Handshakes are safe but intinction is not.** The Doctrine and Worship Committee of the Diocese of Toronto, writing in December 2003 observed; *many pathogens' can live on the surface of the skin for hours, if not days. And yet the skin is a remarkably effective barrier to infection if the skin is relatively intact. Therefore, handshakes are safer than intinction simply because the skin is an effective barrier. The act of intinction involves **the potential for a finger tip contaminated with bacteria or virus coming into contact with the wine, which is then sipped by another communicant. This then becomes a route for transmission.***

An analogy would be shaking hands with a person who has a cold and then immediately rubbing your eye – hence you get the cold – unless you washed your hands immediately afterwards.

*The Diocese concludes that the practice of intinction can be perceived as a higher risk activity as the finger tips of intinctors may contaminate the wine with pathogens other than those found in saliva.*

***Therefore, as of April 2009, intinction within the Diocese of Toronto is not permitted.***

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