Sharing the Common Cup

The flu season always brings a few worries about whether we might or might not catch the dreaded lurgy by going to church or by taking the chalice at communion. Its also an issue which has been raised with more sinister implications when particularly virulent and life-threatening diseases like HIV/AIDS or TB raise their heads. So, I've done a little digging and found a number of articles which look , in greater or lesser depth and complexity at the issue. The websites are posted here for those with computers, and there's also an offprint at the back of the church:

http://www.poynter.org/dg.lts/id.2/aid.74393/column.htm

is a column article which looks at how flu might be passed around. The bad news for those who think intincting makes them safer is – it doesn't. The good news for everyone is that even sharing the cup has a negligible risk of catching anything. He quotes from a 1998 article by the US Centre for Disease Control:

> 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….
>
> 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).

Or, from the UK 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.

A more theological, and less medical reflection, on the history of the common cup comes from the Anglican Church of Canada. Frustratingly this mentions a study made by a Canadian doctor which has apparently now gone from their website:

> http://www.anglican.ca/search/faq/004.htm

An article by Anne LaGrange Loving, originally from *Convalescence* 1:1 (1998) shows that taking communion does not include the chances of catching more bugs than those who don't go to church. Her research looks at transmission as "passing microbes", and whilst suggesting that intinction might be marginally safer than sipping (provided everyone who intincts has really clean hands – and that also means everyone else whose hands they might have touched : should we ask folk if they've washed before sharing the peace?), concludes that:

> Although numerous studies (including my own on intinction) have demonstrated that microbes are transferred during Holy Communion, and that the potential for spread of disease

> during this ritual does exist, the survey study clearly illustrated that receiving Holy Communion as often as daily does not increase one's illness rate.

Last but by no means least is a 1943 article by William Burrows and Elizabeth S. Hemmens from Chicago.

http://rechurch.org/recus/IDf4b7ba66a7110f/?MIval=/recus/bacteria.pdf

Whilst it shows some delightful non-scientific assumptions:

> ...ordained clergymen are highly educated persons whose administration of the sacraments would appear hardly comparable to the activities of the usual soda fountain employee, restaurant dishwasher or bar keeper (p. 181)

which others might call the triumph of hope over experience, their practical research showed no transmissions of test organisms (bacilli of various types) using silver chalices which were wiped on the rim. They note their research does not have enough data to comment on tubercule bacilli. They cite another article which mentions the chalice as a potential vehicle of its transmission, but point out that attendance at choir practice or social functions are both as likely causes of transmission (p.186). Breathing the same air and shaking hands are more likely to pass on bugs than sharing the cup (p. 187).

Fergus King
Newcastle
August 2007