

**GUIDELINES FOR USE DURING
H1N1 VIRUS OUTBREAK**

The Episcopal Diocese of
the Central Gulf Coast

(adopted 5 October 2009)



201 N. Baylen Street
Pensacola, Florida 32502
(850) 434-7337

H1N1 Influenza is a major Public Health concern for local communities and for the world. In contrast to seasonal influenza, the emergence of the H1N1 virus is characterized by spread throughout the year. Although the H1N1 virus, in general, results in minor/modest respiratory illness, the virus has demonstrated alarming communicability and particular threat to young populations. Whereas mortality rates for seasonal influenza are greatest in those older than 65 years of age, children and pregnant women appear to be at increased risk of lethal disease with H1N1 infection.

As we learn more about transmissibility, complications from infection, and availability of vaccine, public health agencies and news media regularly provide the public with needed information. Until widespread vaccination becomes available, adherence to recommendations for reducing transmission is crucial. The following are useful means for contacting Public Health officials:

Centers for Disease Control
www.cdc.gov/H1N1FLU
1-800-232-4636
1-800-CDC-INFO

Alabama Department of Public Health
www.adph.org/pandemicflu
1-866-264-4073

Florida Department of Health
www.doh.state.fl.us
1-877-352-3581

In addition to guidelines issued for households, schools, the work-place, and the community, the Episcopal Church congregation needs additional comment. These guidelines for good hygiene in the congregations of The Diocese of the Central Gulf Coast include the following:

1. Any parishioner or clergy person with symptoms of respiratory illness should remain at home. Individuals with such illnesses should not attend worship services or other church gatherings until they have been free of fever for 48 hours.
2. Hand-sanitizer should be used freely. For example, the use of such hand cleansing after the “Exchange of the Peace” may be clinically beneficial; such availability and use, no doubt, will help increase awareness of the ongoing need for disease control.
3. Clergy and assisting lay persons who prepare and serve Holy Communion must wash hands thoroughly before services. They should use hand-sanitizer after the exchange of the peace and prior to setting the table.
4. Fortified wine (greater than 15% alcohol content) should be used in all Communion services. In preparing the chalice for the Prayer of Consecration, the wine should not be significantly diluted with the addition of water. A symbolic amount of water may be added to the wine, if the Celebrant desires.

5. Administration of the Common Cup at Holy Communion and the practice of intinction require particular comments.
 - a. Receiving Communion in-one-kind only (i.e. bread only) is historically and presently acceptable. Those who are known to be ill should not be in the congregation, and therefore should not be receiving Communion in the church. Any communicant who desires to receive the wafer only should have that wafer placed in his/her hand.
 - b. Those who administer the chalice must be well instructed in wiping the rim of the chalice after each person receives wine from the Common Cup. Additional purificators should be available and used as the initial purificator becomes soiled.
 - c. Intinction presents particular risks of transmission of H1N1 disease for several reasons. The following considerations are timely:
 - i. It has often been noted that when the communicant is offered the cup for intinction, the communicant’s finger tips sometimes touch the wine along with the wafer.

- ii Even if the finger tips do not contact the wine, the wafer, which has been placed in the communicant's hand is, in effect, contaminated. Any infectious particles in the communicant's hand may be transferred on the surface of the wafer to the Common Cup.
 - iii Although the practice of having the clergy person dip the wafer directly into the cup from the paten avoids contact with another's hands, this practice is not free of risk for H1N1 disease transmission. Specifically, even though the clergy person is meticulous in placing the intincted wafer directly onto the tip of the recipient's tongue, air-droplets in respiratory secretions may gradually collect on the priest's fingertips.
 - iv An optional method for intinction includes the use of an intinction chalice (e.g. the small chalice that is often available in Home Communion kits). During the administration of Communion, the priest takes the wafer (only wafers should be used for Communion during this period of H1N1 outbreak) from the paten and touches the wafer to the wine in the accompanying intinction chalice. That wafer is then given to the hand of the communicant.
 - v If H1N1 infection spreads to the extent that additional special control measures are advised by Public Health authorities, only Communion in-one-kind will be used temporarily in our Churches.
6. The vessels used in the Holy Communion service must be thoroughly cleaned after each service. Because this cleansing is best done with water heated to boiling, only metal vessels should be used. Specifically, no wooden or pottery vessels should be used during the time of the H1N1 outbreak.

These guidelines should be incorporated with sensitivity and compassion. The possibility of such widespread serious illness is an unfamiliar experience for most of us, but necessitates reasonable changes in our congregational practices. Should illness from the H1N1 virus reach such epidemic proportions that cancellations of public gatherings are advised by Public Health officials, the Diocese as well as the local parishes and missions will need to be prepared to respond to the pastoral and worship needs of the membership.

Prepared by:

The Rt. Rev. Philip M. Duncan, II

The Rev. Betsy J. Powell

The Rev. Albert W. Pruitt

Dr. Salem Saloom

in consultation with local health official.