The health risks of drinking from a common communion chalice are negligible, according to recent comments in the Journal of the American Medical Association by an Atlanta doctor.

Writing in the publication’s question-answer section, Dr. Edward P. Dancewicz, of the Center for Disease Control, said the risk of contracting infectious disease by use of the common chalice was very small. One reason, Dr. Dancewicz explained, was that the number of bacteria on a person’s lips is small, and the chance that there are pathogens (disease-bearing bacteria) among them is not great.

“Even if pathogens are present,” he said, “the risk of ingesting them is small. Also, the body can deal effectively with small numbers of pathogens.” The organisms that infect by the mouth, such as typhoid and dysentery bacilli, are not usually found on the lips, the doctor added.

In his response to the question of a doctor from New York, Dr. Dancewicz cited a study made in England by a Betty Hobbs and colleagues which determined that the number of organisms deposited on the rim of the chalice differed from person to person but was usually less than 100. Dr. Dancewicz added that even if some pathogens are among these, the next communicant will pick up few of them and swallow even fewer.

Suggested method of reducing potential infection from the use of common chalices includes wiping the chalice with a clean cloth after each use, the use of individual communion cups, and the practice of intinction in which the wine is absorbed by individual hosts and then ingested. Wiping the chalice with a dry cloth will remove about 90 percent of the bacteria, Dr. Dancewicz said.

The British Hobbs study of the topic involved the possibility of rotating the chalice so that each person drank from a different place on the cup itself. The results indicated that this procedure did not result in a decrease of organisms on the chalice but rather accounted for more bacteria being deposited. This was explained by the fact that “when each person took the wine from the same region, some bacteria were removed and some others were deposited ... when the cup was rotated, all organisms deposited by the preceding participants remained so that each person added a complement to the total.”

The possibility of the alcohol content of wine serving as a disinfectant against bacteria was found improbable. The short time elapsing between use of the chalice by different individuals, usually five seconds, precluded the 14.5 percent alcohol in sacramental wine from having any chemical disinfectant effect whatsoever.

Dr. Dancewicz is a graduate of Creighton University School of Medicine. He served his mixed medicine internship at St. Elizabeth’s Hospital in Boston and a dermatology residency at the VA Hospital in Wood,
Wisconsin. He is currently assistant to the chief of the venereal disease branch of the CDC. He attends St. Thomas More Church in Decatur.

The Hobbs study, which Dr. Dancewicz cites, notes that a 1943 U.S. study by Burrows and Hemmens found that “under the most favorable conditions for transference only about 0.001 percent of organisms were transmitted from the saliva of one person to the mouth of another.” It was the general conclusion of the Burrows and Hemmens study that “the communion cup cannot be regarded as an important vector of disease.”

The possible spread of infectious disease by the use of a common chalice has been under discussion for many years and attention to the topic was given in the United States by the observations of Forbes in 1894 and Anders in 1897. The combined effect of the observations, which are included in the Hobbs report, promoted a lively interest in the use of individual cups for communion. Anders pressed strongly for their adoption and is said to have expressed doubts whether at the Last Supper only one cup was used and whether it was, in fact, passed around. According to statements in the Hobbs report, there is no explicit statement in the gospels to this effect, and among Jews at the time of Christ individual cups are said to have been the rule.

The fear of infection according to the Hobbs study, is quite small and the report states: “The risk of transmission is very small, and probably much smaller than that of contrasting infection of other methods in any gathering of people.”

Dr. Dancewicz, in the AMA commentary, notes that use of the moist cup, passed from person to person, could be dangerous. He stated that tuberculous infection usually follows inhalation of tubercle bacilli and while transmission may occur by mouth, it is thought that the bacilli must be present in large numbers and ingested over a long period of time.

The potential risks of using a common chalice could be eliminated almost completely, Dr. Dancewicz said, if a purificator was used to wipe the cup after each communicant, if individual cups were used or if celebrants used the method of intinction, thus giving both elements of the sacrament simultaneously.