

PANDEMIC FLU PLANNING

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PANDEMIC FLU PLANNING: SUMMARY OF GOVERNMENT ADVICE

The government, in consultation with Faith Groups, has recently published an important document, 'Faith Communities and Pandemic Flu'. This may be accessed at www.communities.gov.uk/publications/communities/influenzapandemic. This brief paper summarises the advice contained in this document. It refers only to pandemic flu as defined by the World Health Organisation; it does not refer to seasonal flu or to outbreaks of other communicable diseases. While churches and other faith bodies ought to have plans in place in the event of a flu pandemic occurring, this paper does not call for any other action at present. If, in the future, a flu pandemic occurs, the government will communicate this clearly and effectively at a national level.

A flu pandemic could result in high infection rates within the population, increased fatalities and disruption to community life. The seriousness and duration of a pandemic would depend on a range of factors including the virulence of the virus, the degree of immunity within the population and the effectiveness of counter-measures. In addition to the administration of anti-viral medicines these counter-measures centre on three areas of action: preventing the spread of the virus, protecting those who contract the illness and preserving core services during a pandemic. Churches and other Faith Communities would have an important role to play in effecting these counter-measures. Good planning and implementation would contribute significantly to restricting fatalities, alleviating suffering and maintaining services.

PREVENTING: The flu virus is contained in droplets released when an infected person coughs or sneezes. These droplets may be inhaled by others close by, transferred by person to person contact or by contact with contaminated surfaces. Prevention includes good personal hygiene, especially the single-use and disposal of tissues when coughing or sneezing and frequent hand-washing. To protect others, anyone with symptoms should stay at home and minimise contact with others until symptoms have resolved.

To help to prevent the spread of the virus, churches need to ensure that bins for the disposal of tissues are available at all public gatherings, that surfaces are frequently cleaned and that hand-washing facilities, including disposable towels, are well maintained. Churches should also consider supplying tissues at services and other meetings as well as providing hand-washing gel. Information regarding pandemic flu should be effectively disseminated to congregations.

Government advice is that, during a true pandemic, the common cup ought not to be used during communion services and priests ought not to administer communion on the tongue. Hand-shaking is inadvisable. 'Laying on of hands' and visitation of the sick ought to be carefully managed with hand washing after every contact, minimal carrying of objects such as mobile phones, pens, etc from visit to visit and cleaning of any such objects and changing of clothes as frequently as is practicable. The government is unlikely to recommend a blanket ban on religious or other gatherings but plans to accommodate this ought to be put in place in case of this eventuality.

PROTECTING: In spite of the best preventative measures many people may still contract the virus. To protect themselves and others from the worst effects of the illness they ought to remain at home and contact the National Flu Line Service for information and advice. If they require anti-viral medicine it is essential that a 'Flu-friend' is contacted who will be given instructions on how to pick up the medication and deliver it to them. Churches could greatly assist this process by organising a flu-friend network among their congregations. Arranging flu-friends for the elderly, the vulnerable and for those living alone, would be particularly important. Churches may also be most effective in contacting those 'marginalised' within our society.

PRESERVING: In a pandemic, many core services would be put under strain. Funeral and bereavement services would require careful planning in order to cope with increased demand and in the event of restrictions on public gatherings. Food distribution to those who are ill and living alone may be necessary. Hospitals and other essential services may require volunteers to enable them to keep functioning. By planning now, alongside their Local Resilience Forums, churches can make a significant contribution to preserving core services in society during a pandemic.

ADMINISTRATION OF HOLY COMMUNION DURING A FLU PANDEMIC

The Bread

Government advice envisages that during a flu pandemic the distribution of the consecrated bread at Holy Communion will continue, but specifies that communion should not be given on the tongue. Care ought to be taken to ensure that the fingers of the person distributing the sacrament do not come into contact with the communicants' hands. High standards of hand hygiene should be adopted. (Soap and water is an effective means of cleaning hands, and handrubs can be used as an alternative.)

The Cup

In 1987 the then Archbishops of Canterbury and York issued guidance on the use of the chalice at Holy Communion. This indicated, on medical advice, that fears that sharing of the common cup might be a possible means of infection with HIV were groundless, and that the risk of other types of infection being transmitted via the chalice were extremely small and could be reduced even further by the application of normal rules of hygiene. These are set out in Annex A and should be followed at all times.

Scientific advice confirms that the guidance given in 1987 continues to be generally correct. However, it indicates that neither the alcoholic content of wine nor the antiseptic qualities of noble metals will provide any protection against a pandemic flu virus. Government advice is that in the event of pandemic flu affecting centres of population, administration of the common cup ought to be suspended. Studies have suggested that in the context of pandemic flu the practice of intinction¹ may involve a greater risk than the common cup. Further details of the scientific evidence regarding the common cup may be found in Annex B.

The administration of Holy Communion in the Church of England is principally governed by section 8 of the Sacrament Act 1547, which provides that

'... the... most blessed Sacrament be hereafter commonly delivered and ministered unto the people... under both the kinds, that is to say of bread and wine, except necessity otherwise require...'

It is thought that the permission for administration of the sacrament in one kind only in cases of necessity was included because communicants were unwilling to drink from a common cup in times of plague.²

In the event of pandemic flu affecting centres of population, the bishop of the diocese concerned should advise the clergy that communion should be administered in one kind only in that area (the priest alone

receiving in both kinds) until the danger has passed. Bishops are invited to consult the Revd Dr Brendan McCarthy in the Mission and Public Affairs Division at Church House (020 7898 1523 / 07825 854947; brendan.mccarthy@c-of-e.org.uk) before issuing such advice. Should it become necessary to do so, the Archbishops will issue such advice in respect of Holy Communion in the Church of England as a whole.

Where such advice has not been issued, communicants may nevertheless choose to receive Communion in one kind only. The clergy should emphasize that while communion in both kinds is the norm in the Church of England, in faithfulness to Christ's institution, when it is received only in one kind the fullness of the Sacrament is received none the less.