

## **Episcopal Diocese of Rhode Island Guidelines for Flu season 2009-2010**

As we are all aware, this flu season brings the additional complication of the H1N1 flu. According to the CDC and Rhode Island Department of Health, H1N1 is very similar in its symptoms and severity to the seasonal flu. The general precautions against transmission of H1N1 are the same as for seasonal flu and will be reviewed below. The concerns regarding H1N1 will follow, as will a section on particular concerns of worship communities.

### **Healthy Habits for flu season.<sup>1</sup>**

- Cover your cough or sneeze. Use a tissue if available or cough or sneeze in to your elbow or shoulder.
- Wash your hands often with soap and water for at least 20 seconds, especially after you sneeze or use an alcohol-based hand sanitizer.
- Avoid touching your eyes, nose, or mouth.
- Avoid close contact with sick people.
- Get the seasonal flu vaccine.
- If you have flu-like symptoms (fever with cough *or* sore throat), stay home for at least 24 hours after you are free of fever without the use of fever reducing medications.

### **Who should get the H1N1 vaccine?<sup>1</sup>**

- Pregnant women
- Household contacts and caregivers for children younger than 6 months old
- Healthcare and emergency medical services personnel
- All people from 6 months through 24 years of age
- People aged 25 through 64 years with chronic health conditions (including asthma, heart disease, diabetes, HIV, and other disorders)

### **Who is at high risk for medical complications from flu?<sup>1</sup>**

Anyone can get flu and can have serious problems from flu, though some groups are at higher risk for complications from seasonal or 2009 H1N1 flu. These include children younger than 5 years of age, pregnant women, people of any age with chronic health conditions, and people 65 years of age and older.

Medical conditions associated with a higher risk of flu-related complications include: chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, cognitive, neurologic/neuromuscular, hematologic, or metabolic disorders

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<sup>1</sup> H1N1 FLU: A Guide for Community and Faith Based Organizations: September 2009  
<http://www.flu.gov/professional/community/cfboguidance.html>

(including diabetes mellitus) and immunosuppression (including HIV and immunosuppression caused by medications).

Individuals should talk with their healthcare provider to determine whether they are at higher risk for flu complications, especially if they have been in close contact with others who are sick with flu or flu-like illness.

If people in these groups get flu-like symptoms, they should seek treatment—including antiviral treatment—from a healthcare provider within 48 hours.

## **Particulars for Parishes**

Although H1N1 is not expected to be any more severe than the seasonal flu, because it is a novel virus the Rhode Island Department of Health is forecasting an infection rate of 30-50% over the six-month course of the flu season. This makes the mitigation of transmission particularly important. The most important thing that we as communities can do is to help each other comply with the “Healthy Habits” recommendations above. Perhaps the single most important step we can take is to reinforce Health Habit number 6;

**If you have flu-like symptoms (fever with cough *or* sore throat), stay home for at least 24 hours after you are free of fever without the use of fever reducing medications.**

This applies equally to clergy, staff, volunteers, and congregants.

Other helpful measures might include bulletin inserts with the Healthy Habits and liberal placement of alcohol based hand sanitizer throughout the nave, chancel, and other meeting spaces.

## **Physical contact**

The Department of Health recommended “social distance” during flu season is six feet. This is a bit impractical for our liturgical spaces and practices, but there are modifications to our usual customs that can help mitigate transmission. As most transmission occurs through sneezes and coughs, or through unwashed hands, it would seem prudent to minimize hugging, kissing, or even handshaking, especially during the liturgical peace, when some might feel pressured in to contact that they are not comfortable with.

## **Liturgical Ministers**

Once again, the practice of staying home if sick is the most important consideration. Immediately prior to handling communion vessels hand sanitizer should be used, and for ministers of communion it should be used again immediately before the distribution of communion.

## **Communion**

### **The common cup**

Receiving the wine by drinking from the common cup is the traditional and normative practice. While there is some risk of transmission of pathogens with the common cup, the risk can be substantially minimized through the observation of the “Healthy Habits”, exclusive use of a fortified wine, and the exercise of close attention when wiping the chalice on the inside and outside of the rim with a clean part of the purificator between communicants to ensure effective cleaning. In larger gatherings it may be useful to have multiple purificators available.

### **Intinction**

Currently, the most common practice in the Diocese is intinction by the communicant. This practice is specifically *not* recommended, especially during flu season. Again, hands are one of the biggest culprits in transmission. This method of intinction risks the direct contact of multiple hands with the inside of the chalice and/or the wine itself, and hence is perhaps the least sanitary method of administering the chalice.

A marginally better practice is for the chalice bearer to intinct the bread and place it back in the recipient’s hand. This practice is still less than optimal, as transmission from each recipient’s hand to the common cup is still possible.

The best practice for intinction is for the priest to take the host directly from the paten, intinct it, and place the intincted host in the recipient’s hands. This is the recommended practice for those congregations for whom intinction is the preferred form of reception.

Receiving in one kind (bread only), is an acceptable, though not normative, practice and should be available to those who wish to do so.

## **Conclusion**

Again, the H1N1 flu is not expected to be any more severe than the normal seasonal flu. As a novel flu strain, H1N1 will be more communicable and the most important thing we can do is minimize transmission. Again, the single most important thing we can do is to stay home if sick.

If you have additional questions please contact one of us at Diocesan House.

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## **Resources**

<http://www.er-d.org/pandemicfluresourcesfaith/>

<http://www.health.ri.gov/news/flu/>

<http://www.flu.gov/>