



**City of Seattle**  
Charles Royer, *Mayor*



**King County**  
Randy Revelle, *Executive*

**Seattle-King County Department of Public Health**  
R.M. Nicola, M.D., M.H.S.A., *Director*

September 16, 1985

Dear [REDACTED]

First let me appologize for the delay in responding to your letter of August 22, 1985. As the new Director of the Seattle-King County Department of Public Health, I have been very busy the last few weeks learning about Seattle and the public health issues facing this community.

I will attempt to address the concerns that you raise in your letter, but please understand that the scientific information is incomplete and knowledge is evolving continuously. The extent to which exposure to saliva from sharing the common chalice constitutes a risk of AIDS virus transmission depends on several factors. These include the proportion of the congregation potentially infected with the AIDS virus (which is related in turn to the proportion of the congregation belonging to groups at high risk for AIDS), the frequency with which such persons have AIDS virus in saliva (which is unknown, but probably low), cleansing of the cup between communicants, the susceptibility of various individuals to AIDS virus infection (which may vary widely), and perhaps other factors. Despite the occasional documentation of AIDS virus in saliva of infected persons, salivary exchange is believed to be an uncommon mode of transmission even among individuals belonging to high-risk groups. This is not an absolute statement, and I suspect with the risk of disease transmission from saliva is very low, but not zero.

I can suggest a few recommendations that, if followed, would reduce the risk of transmitting several communicable diseases in addition to AIDS. They do not represent an official opinion of the Seattle-King County Department of Public Health, but rather some common sense precautions that might be explored with your congregation. First, regardless of the composition of the congregation, the cup could be briefly but carefully wiped between users, and the cup could be rotated sufficiently so that several users pass before the same spot is contacted again. The cleansing cloth might be dampened with any of several disinfecting solutions; for example, household bleach diluted at 1:10 rapidly kills the AIDS virus. Second, in the event of overt contamination of the wine with saliva, the cup could be emptied, wiped, and refilled with fresh wine. Additionally, intinction may be a reasonable alternative.

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In summary, even in congregations with large numbers of high-risk group members, I believe that the risk of AIDS virus transmission through this route is extremely low. The risk of developing AIDS appears to be extremely low for people who do not have intimate sexual contact with persons infected with the AIDS virus. Even health care workers who care for persons with AIDS are at low risk when reasonable infection control precautions are taken.

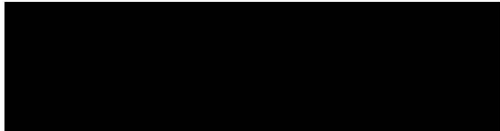
I hope this answers the questions you raised in your letter. For your information I have included the Health Department's "Q&A About AIDS." If you have additional concerns, please feel free to call Dr. Hunter Handsfield, the director of our AIDS Project at 223-4760.

Sincerely,

*Bud Nicola MD*

Bud Nicola, MD  
Director of Public Health

BN:PC:mho



August 22, 1985

Dr. R.M. Nicola  
Seattle-King County Health Department  
610- 3rd Avenue  
Seattle, Washington 98101

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Office of Community Health  
Seattle-King County Health Department

Dear Dr. Nicola,

Can you advise me what public health dangers are posed to individuals who share a "common cup" at communion in church?

I recently listened to The Reverend Carol Ludden, who has an Episcopal church at the Pike Place Market, preach from the pulpit about one of her parishioners who is dying from AIDS. Mrs. Ludden has taken this man into her home because he did not wish to die in a hospice and his family has refused him. What dangers are posed to my family by using the common chalice at a service where infected persons are also receiving? Other diseases such as tuberculosis and Epstein-Barr must also present some degree of contagious passing even in today's world of sophisticated medicine. I have been lulled by the thought that faith makes me immune, and the shibboleth the the alcohol in the wine will kill these virus and bacteria. My intellect tells me this is nonsense.

I am urging our church to provide a communion cup for intinction for those who do not wish to share saliva. Can your staff provide me with any information which would further this goal?

Sincerely,

