



Updates

ENVIRONMENTAL INFECTION CONTROL GUIDELINES
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Guidelines for Environmental Infection Control in Health-Care Facilities (2003)

WHAT TO KNOW

Below are updates that have been made to these guidelines.

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[Interim Measles Infection Control Recommendations \[July 2019\]](#)

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Guidelines for Environmental Infection Control in Health-Care Facilities [April 2023]

Minor formatting change to improve clarity.

[Guidelines for Environmental Infection Control in Health-Care Facilities](#)

Interim Measles Infection Control Recommendations [July 2019]

Interim Measles Infection Control Recommendations [July 2019]

See [Interim Infection Prevention and Control Recommendations for Measles in Healthcare Settings](#)

C. difficile update [April 2019]

Update: Recommendations E.VI.G. and E.VI.H. and the supporting text were updated to reflect changes in Federal regulatory approvals: [LIST K: EPA's Registered Antimicrobial Products Effective against Clostridium difficile Spores](#) [↗](#)

New Categorization Scheme for Recommendations [November 2018]

In November 2018, HICPAC voted to approve an updated recommendation scheme. The category **Recommendation** means that CDC and HICPAC are confident that the benefits of the recommended approach clearly exceed the harms (or, in the case of a negative recommendation, that the harms clearly exceed the benefits). In general, Recommendations should be supported by high- to moderate-quality evidence. In some circumstances, however, Recommendations may be made based on lesser evidence or even expert opinion when high-quality evidence is impossible to obtain and the anticipated benefits strongly outweigh the harms or when then Recommendation is required by federal law. For more information, see [November 2018 HICPAC Meeting Minutes \[PDF – 126 pages\]](#) [PDF](#).

Edits and Changes [February 2017]

Changes to this guideline:

- Minor content edits were made to improve clarity.
- Spelling and punctuation were corrected.
- Tables were formatted to be easily read by screen readers in compliance with the Americans with Disabilities Act (ADA).
- Numbered or itemized items in paragraph format were converted to vertical numbered or bulleted lists in compliance with ADA.
- Link text was changed to comply with ADA.
- Live links were updated; dead links are indicated.

Ebola Virus Disease [August 2014]

Update: The recommendations in this guideline for Ebola has been superseded by these CDC documents:

- [Infection Prevention and Control Recommendations for Hospitalized Patients with Known or Suspected Ebola Virus Disease in U.S. Hospitals](#)
- [Interim Guidance for Environmental Infection Control in Hospitals for Ebola Virus](#)

See CDC's [Ebola Virus Disease website](#) for current information on how Ebola virus is transmitted.

Environmental Fogging [December 2009]

Clarification Statement: CDC and HICPAC have recommendations in both *2003 Guidelines for Environmental Infection Control in Health-Care Facilities* and the *2008 Guideline for Disinfection and Sterilization in Healthcare Facilities* that state that the CDC does not support disinfectant fogging. Specifically, the 2003 and 2008 Guidelines state:

- 2003: "Do not perform disinfectant fogging for routine purposes in patient-care areas. Category IB"
- 2008: "Do not perform disinfectant fogging in patient-care areas. Category II"

These recommendations refer to the spraying or fogging of chemicals (e.g., formaldehyde, phenol-based agents, or quaternary ammonium compounds) as a way to decontaminate environmental surfaces or disinfect the air in patient rooms. The recommendation against fogging was based on studies in the 1970's that reported a lack of microbicidal efficacy (e.g., use of quaternary ammonium compounds in mist applications) but also adverse effects on healthcare workers and others in facilities where these methods were utilized. Furthermore, some of these chemicals are not EPA-registered for use in fogging-type applications.

These recommendations do not apply to newer technologies involving fogging for room decontamination (e.g., ozone mists, vaporized hydrogen peroxide) that have become available since the 2003 and 2008 recommendations were made. These newer technologies were assessed by CDC and HICPAC in the 2011 Guideline for the Prevention and Control of Norovirus Gastroenteritis Outbreaks in Healthcare Settings, which makes the recommendation:

"More research is required to clarify the effectiveness and reliability of fogging, UV irradiation, and ozone mists to reduce norovirus environmental contamination. (No recommendation/unresolved issue)"

The 2003 and 2008 recommendations still apply; however, CDC does not yet make a recommendation regarding these newer technologies. This issue will be revisited as additional evidence becomes available.

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CONTENT SOURCE:

National Center for Emerging and Zoonotic Infectious Diseases (NCEZID)

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Partly

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