ic
INFECTION CONTROL

EDITORIAL

Caveat Emptor
Do Your Disinfectants Work?

Infection control personnel and other health care workers responsible for disinfection and sterilization of patient care areas and medical instruments should be aware of a recent unpublicized program change in the Office of Pesticide Programs of the Environmental Protection Agency (EPA). Since 1946 the federal government, first under the Department of Agriculture and now under EPA, has tested the efficacy of disinfectants available on the commercial market. The EPA has discontinued efficacy testing of disinfectants after registration with the Agency. Chemical sterilizers which were pretested by the EPA before granting registration are no longer subject to testing. This policy has been in effect since the summer of 1982. EPA registration of disinfectants, sporicides, virucides, fungicides, and sterilizers is now based solely on efficacy data submitted by the manufacturer. There is no federal government enforcement testing of commercially available products after registration is granted. The EPA believes such testing is redundant and that personnel who did the testing should be reassigned to higher priority needs.

Congress has given the EPA, through the Federal Insecticide, Fungicide and Rodenticide Act, the means to assure the public that EPA registered disinfectants/sterilizers are effective when used as directed on the label. Now this is being ignored, apparently for budgetary reasons. For years we were advised, and reminded ourselves, that efficacy testing by the laboratories of the EPA gave assurance that the directions for use and claims of effectiveness of an EPA-registered germicide were valid. It appears that the government has silently abandoned its responsibilities for the sake of cost reduction, while professing continued interest in protecting the public's health. Since we, the users of disinfectants and sterilizers, rely on the effectiveness of commercial products in many areas of our medical institutions—operating rooms, intensive care units, nurseries, isolation rooms—we are forced to find other means to guarantee the efficacy of disinfectants. The federal government believes that the final users of disinfectants, like any other pesticide in the marketplace, should determine whether or not a product is effective. The government also believes that the states should assume enforcement duties; this at a time when state budgets are severely strained. If the states assume the burden of disinfectant testing, will we then have redundant testing in the 48 contiguous states? Only Florida, North Carolina and Virginia currently do disinfectant testing. Or, should the individual clinical microbiologist test all disinfectants considered for purchase by their hospitals? That seems to be the government's idea.

The choices before us are these: we can do testing in our clinical microbiology laboratories; we can contract with a commercial laboratory to do testing; we can appeal to our states to begin testing; or, we can tell our representatives and senators that the EPA has abrogated its statutory responsibility to the public without any publicity. And all this, mind you, during a time when hospital laboratories are faced with reduced budgets and hospitals look forward to impending changes in reimbursements. Not only that, increasing reports are in the literature about disinfectants that are contaminated with organisms. Our actions and choices on this issue in the immediate future will directly affect the health of the patients under our care.

DIETER H.M. GROSCHEL, M.D.
Departments of Pathology and Medicine
University of Virginia
Charlottesville, Virginia

https://doi.org/10.1017/S0195941700058045 Published online by Cambridge University Press