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## Additional Information for Disinfectant Fogging

As COVID-19 continues to disrupt businesses and society at large, those in charge of communal facilities are scrambling to mitigate the spread of infection, especially those that must remain open during this uncertain time. If you, like so many others, are seeking [disinfecting services](#) for your facility, you might come across the terms “misting,” “micro-misting,” or “fogging.” Many cleaning companies are heavily advertising this service amidst the current pandemic.

And yet, upon further research, you might realize that no EPA-registered disinfectant product deems fogging an approved application method for killing COVID-19 and other harmful microbes. So, you might wonder why people seek fogging as a means of disinfecting their spaces, or why [commercial cleaning](#) companies offer this service at all. In order to clear the air (so to speak) on disinfectant fogging, we must first describe what this process entails.

### **What is Disinfectant Fogging?**

As its name implies, disinfectant fogging refers to a process by which a fine mist of disinfectant is dispersed throughout an interior space via automated and/or manually operated pressurized fogging devices. Some fogging methods are electrostatically charged to aid in the dispersion and adherence of disinfectant droplets on targeted surfaces. Simply put, this method aims to coat the most surfaces possible with a given disinfectant in the shortest amount of time. With that in mind, it’s no wonder so many [office cleaning](#) companies boast this service offering. However, there’s more to the story.

### **Is Fogging Effective at Disinfecting Facilities?**

While fogging certainly disperses a large number of disinfectant droplets in a short span of time, there is a reason that this method is not recommended by the CDC or EPA for killing COVID-19 (or effectively disinfecting facilities in general) on its own. The key factor here is “dwell time,” or the necessary amount of time a surface must remain wet with disinfectant before wiping down in order to kill the targeted microbes.


For the most part, merely fogging an interior space doesn’t yield the dwell time that’s required to eliminate COVID-19 and other harmful pathogens. Due to proximity issues, automated fogging devices have an especially difficult time saturating all surfaces inside a room, meaning plenty of areas don’t receive enough droplets to become disinfected, and many droplets evaporate before reaching a surface at all. In order to properly disinfect a surface, then, the fogging or misting device must be within two feet of said surface. So, several foggers must be set up inside a room (especially if it’s large) to effectively disinfect its surfaces.

Additionally, on its own, fogging does nothing to clean surfaces. And when surfaces are coated in dirt, dust, and other contaminants, disinfectants cannot properly adhere to or penetrate them and do their job as intended. In other words, fogging is barely effective at all unless a space has been adequately cleaned beforehand. And even then, it’s best to perform standard spraying and wiping techniques in conjunction with fogging to ensure a facility is thoroughly disinfected.

### **Should You Focus On Or Forget About Fogging?**

The bottom line on disinfectant fogging is this: it can be a useful method when performed in conjunction with standard spray and wipe methods -- at the very least, fogging a facility after disinfecting it by wiping

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down surfaces and adhering to instructed dwell times can deliver additional peace of mind to you, your employees, and your customers. You can think of fogging as a sort of encore. Just know that if your [office cleaning services](#) offer fogging, this process is not the end-all-be-all to disinfecting. Make sure they also deliver spray and wipe methods and use EPA-registered products at every step.

Do not perform disinfectant fogging for routine purposes in patient-care areas.

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.