



Developing household hygiene to meet 21st century needs:
Launch of collaborative industry/academia report on cleaning and disinfection in homes & learnings from COVID-19 among EU citizens
LIVE WEBINAR > 7 April 2021 · 10:00 > 11:00 (CET)

Questions raised during the webinar.

NOTA BENE:

The questions below are an overview of main topics that have been raised during the webinar organised by A.I.S.E./IFH on 7 April 2021 to launch the joint report. Some of those were answered live during the webinar and are in the [recording of the event](#) (marked “see webinar” below).

For the questions that could not be answered during the live event due to lack of time, please find our answers below. A.I.S.E. has retained the questions of direct relevance to the project.

It is also worth highlighting that some of these questions were posed PRIOR to people having read the report.

Many of the questions are answered in detail in the actual report. We therefore invite all readers to read the first report, as it has precisely been drafted to carefully address many of these points. Thank you very much.

ON CLEANING AND HYGIENE

1. *Do consumers understand the difference between hygiene and disinfection?*

Valérie Séjourné (VS) (see “webinar”): A.I.S.E.’s recent pan-European consumer research ([read the research highlights](#)) confirms that people do not correctly understand the difference between, or indeed the meaning of the terms cleaning, hygiene and disinfection (see also details in pages 34-35 of the report). In the [opening pages of the Hygiene Report](#), we clarify those terms with the following definitions:

- **Cleaning** is the mechanical or chemical removal of dirt and soil from the human body, an inanimate object or an area. Normally, cleaning with soap or detergent followed by rinsing with water is adequate to remove visible dirt and allergens. Cleaning, especially cleaning followed by rinsing also reduces the number of microbes on hands, surfaces and fabrics.
- **Disinfection** is the targeted use of a disinfectant to help prevent the spread of infection in situations where there is high risk of transmission of harmful microbes (e.g. when someone is infected or is vulnerable to infection). These products prevent the spread of infection by deactivating or killing harmful organisms.
- **Hygiene** is the practice through which people maintain or promote good health by breaking the chain of infection. Practices to make themselves and their surroundings (e.g. surfaces, hands, surroundings and items of personal use) clean by cleaning and – when needed – disinfecting all contribute to hygiene.



- **Targeted Hygiene** means focusing hygiene practices at the times (moments) and in the places that matter to break the chain of infection and reduce the risk of exposure to harmful microbes.

Sally Bloomfield (SB): Hygiene is the term we use for preventing the spread of infectious diseases. To achieve this, hygiene practices should be targeted at the times (moments) when there is risk of spread of harmful microbes from an infected source (e.g when handling raw food, or using the toilet). At these moments hygiene practices should be targeted at just those surfaces (e.g hands, hand and food contact surfaces etc) which are likely to spread the microbes so that someone becomes exposed and infected. The aim is to get rid of the microbes and prevent further spread. This can be done either by a process which remove the microbes (e.g wiping with detergent and rinsing) or by using a disinfectant which inactivates them. So - hygiene differs from disinfection in that disinfection is one of the measures we can use to achieve hygiene.

At home, practicing hygiene is about reducing the level of microbes to a low enough level not to be infectious, at the times and in the places that matter ([read more about the 9 key moment and critical contact points in the Hygiene Report](#)). In the healthcare environment, the situation is different to at home. People in vulnerable groups are susceptible to lower infectious doses, and therefore disinfection is more often needed in addition to cleaning to protect that person.

See also IFH Fact Sheets:

[What is home hygiene? – terms and definitions, use and misuse.](#)

[Why is home hygiene important? – Hygiene-related disease in the home and community](#)

[Hygiene in the home: good bugs, bad bugs and superbugs](#)

2. *It's highly confused in your presentation what is CLEANING... with or without disinfection? done in private homes, healthcare areas (hygiene issues are very different)*

SB: I agree that this is confusing. In common language this word “cleaning” is used in 2 ways which is frustrating. Firstly it is used to describe the process of removal of dirt and soil etc to make the environment visibly clean. Secondly it is also used (both in relation to the home and health care settings) to describe the processes we use to achieve hygiene i.e prevent the spread of infection. As stated in Q1, this latter can be done either by a process which removes the microbes (e.g wiping with detergent and rinsing) or by use of a disinfectant (or by cleaning followed by disinfection).

To try and avoid this confusion in our report we used the term the term ‘ “IP cleaning” (ie Infection Prevention cleaning) in the report, when we were talking about preventing the spread of infection and “cleaning” when we were referring to removal of visible dirt.

The report that was launched by A.I.S.E. and IFH on 7 April refers to home hygiene. Not professional hygiene. Whilst it is clear that professional cleaning & hygiene solutions are key in places outside the home, these are indeed subject to specific and different standards as compared with consumer products (please see A.I.S.E. specific section on [PCH activities here](#)).

The report provides precisely specific guidance on the areas where special care is needed, and potentially where disinfection is needed, when simple cleaning is not sufficient. (see notably page 14).

3. *Most people use disinfectants at home. But we know that less read the instructions for a correct use. Has your study asked about this behaviour?*

VS (see “webinar”) : A.I.S.E. has done extensive quantitative and qualitative research on how consumer read labels (read the results of this [Better Regulation and safe use of products research](#)). In summary, consumers indeed rarely read labels; they also prefer simpler labels, have a short attention span, tend to notice safe use icons and precautionary pictograms better than text, and appreciate the presence of useful information on the labels (notably for their safe and efficient use of the product). As an industry, ensuring consumers understand key safe use information on detergent and cleaning product labels is a top priority for us, and we continue to work with the authorities to reduce overlap and duplication of information, and explore the opportunities provided by digitalisation for simpler labels and better safe use communication.

SB: I agree that this is a very important issue – and it is something we should follow up. In this instance we were trying to get an understanding of where and why people were using disinfectants

4. *If thorough regular cleaning is done at home, is there a need for disinfection (when there are no sick people present)?*

SB: In many situations cleaning with a detergent is sufficient to reduce contamination on critical surfaces to a safe level, but this is only effective if the surface can be thoroughly rinsed under clean running water (as when we wash our hands). The detergent or soap loosens the microbes, but it is the water that removes them from the surface. This means that – in situations where risk surfaces cannot be rinsed, there is a need for a disinfectant (e.g using hand sanitizers when we have no access to a wash basin, or decontamination of hand contact surfaces such as door handles and tap handles etc). There are also other situations where a disinfectant may be needed at home which are outlined in the report.

Also – “regular cleaning” is not recommended as the way to prevent spread of infections, Hygiene i.e cleaning (or cleaning and disinfection) needs to be targeted at the key moments when there is risk of spread of infection (e.g when handling raw food or using the toilet) We advise against use of disinfectants for routine/regular cleaning

5. *Will A.I.S.E. invest in information on disinfection use? Can you explain better the difference between detergents (hygiene) and biocides (disinfect for household or hotel, restaurant and catering sector).*

VS: Here again, the scope of the report launched on 7 April is household related. There are indeed much different disinfectants needed for professional settings and those are not covered by this report.

Disinfectants come with relevant usage instructions and those should be carefully followed. What we are committed to do with this report as A.I.S.E. is more promotion of the principles of Targeted Hygiene so as to ensure that consumers use the appropriate product at the right moment, so as to ensure that disinfectants are only used when needed.

We are keen to relay this message together with any stakeholder in the hygiene promotion, including ECHA, European Commission and National Competent Authorities.

6. *The biocides product regulation clearly distinguishes between detergents/cleaning and biocides/disinfection. Does A.I.S.E. want to promote it?*

VS: Indeed, disinfectants placed on the market in Europe have to be compliant with the Biocidal Products regulation and undergo very specific legal requirements.

One of the recommendations in the report is identifying the need to better explain the differences between “simple” detergents/cleaners versus disinfectants and educate consumers on those differences. Another recommendation relates to the opportunities that exist for more consistent and coherent approaches in Europe regarding terminology, product claims and usage advice. A.I.S.E. will then indeed follow up on these recommendations, in close discussion with all relevant stakeholders, in line with the objectives of the report.

7. *Do you think Europeans are likely to sustain elevated hygiene habits going into the future?*

VS (see “webinar”): A.I.S.E. monitors consumer habits and perceptions on hygiene and cleaning habits at home every three years through pan-European research. (REF) We will certainly continue to monitor these trends, as well as working with all stakeholders to reinforce the key messages about the need for Targeted Hygiene. We know that changing behaviours takes time, so as an industry we take a long-term view of this approach and will continue to pursue our educational efforts.

On hygiene in the public space

8. *Do you think public bathroom spaces will have to change in order to support 21st century hygiene ambitions when consumers are out of the home?*

VS: Possibly indeed. But this is not in the scope of this report so we will refer the questions to the A.I.S.E. colleagues in the Professional cleaning area.

On sustainability

9. *You mentioned the role that Targeted Hygiene plays in sustainable use of cleaning products and biocides. Can you expand on why this is important?*

SB: Every hygiene procedure consumes resources, e.g. water, electricity, chemicals etc. By applying Targeted Hygiene, we focus the use of these resources and products in the places and at the times needed to prevent the spread of infection. For example, in the laundry industry, the amount of energy used is vastly reduced by washing at lower temperature, but this is compensated for in other ways, to ensure hygiene efficacy is not compromised (reference to Professor Bockmühl’s research). By using resources in a more precise i.e. targeted manner only at the moment at which they are needed for hygiene, we are more efficient, and thus more sustainable in our use of resources. This will impact not only the environment, but also the consumer’s budget (less water, less heat, less product). [Read about the 9 key moments for targeted hygiene in the report.](#)

COVID-RELATED

10. *To what extent should we be concerned about consumers overusing disinfectants in response to the pandemic and why?*

SB: The report released on 7 April is not a report advising on the behaviour that consumers should adopt related to the COVID-19 case in particular. This is more related to general

guidance and principles to help prevent the spread of infectious diseases also as the questions were posed in the research were identified prior to the COVID-19 outbreak in Europe.

In fact the poll carried out before the pandemic (Feb 2020) showed that in some cases consumers were already using disinfectants in some situations where they were not needed (but in some cases they were not using them in risk situations where there was need for disinfection). This suggests that there is a real need to better educate consumers on where and when disinfectants are needed, and where not

The data did show (with the repeat of the research in June 2020) that use of disinfectants rose slightly during the early part of the pandemic. Pages 43 and 44 of the report give more analysis on the impact of COVID-19 on consumer's hygiene behaviours. But it also shows that apparently, more disinfectants were used in situations that may be considered least risky as per the principles of Targeted Hygiene.

11. Due to COVID there is an increase in the hygiene needs in HoReCa (hotel, restaurant and catering sector) and this segment was / still is strongly impacted by restrictions. Do you have data on trends in this sector?

VS: A.I.S.E. will be releasing in June 2021 the market data of the year 2020. This will then give us a better understanding on how the HoreCa sector notably has been impacted by the crisis, looking at it from our sector perspective. Our members will also make sure that any relevant measure is put in place so that, when the HoreCa finally re-opens in Europe, consumers can feel safe and have the relevant products at hand and hygiene measures in place in these places.

12. To what extent is the 'decontaminating' of groceries and mail/package deliveries using alcohol wipes or disinfectant achieving anything? Or is it a waste of effort?

VS: As mentioned in question 12, the report released on 7 April is not a report advising on the behaviour that consumers should adopt related to the COVID-19 case in particular. This is more related to general guidance and principles to help prevent the spread of infectious diseases also as the questions were posed in the research were identified prior to the COVID-19 outbreak in Europe.

The practices that are mentioned in the question are therefore not detailed in this report.

SB: We know that there is risk of spread of infection from one surface to another via surfaces which are frequently being touched by many people. Thus when we visit the supermarket we will be handling packaging which may have been recently handled by other customers or shelf stackers who might be infected. This risk is very small, but may be considered worthwhile for people living in urban communities, at time when there are "high" levels of infections.

ON INSECTS

13. Do you have any data on relation by pests (e.g. cockroaches, ants, flies) as vectors of bacteria and virus contamination?

VS: The report does not include such specific data. But we have indeed seen over the last years and decades some increase on infectious diseases of such origins.

A.I.S.E. has been releasing in July 2019 a fact sheet on the topic of insecticides and infections from insects. Please have a look at this A.I.S.E. on our site ([A.I.S.E. factsheet](#) on insects).

OTHERS

14. Systematic disinfection in at private homes will increase autoimmunity, allergies, and most important anti-microbial resistance

SB (see "webinar"): There is no good evidence that cleaning and disinfection of our homes is linked to rising allergies and autoimmune diseases. The evidence now strongly indicates that increased risk of these diseases is due to lifestyle changes such as smaller family sizes, less time spent outdoors in contact with environmental microbes. This gives us exposure to essential microbes which is required for proper immune regulation. Excessive antibiotic use can also upset out interaction with these essential microbes. If home cleaning exerts any effect it is likely to be small relative to that of lifestyle factors, but targeted hygiene works to ensure that we are protected against harmful microbes whilst disturbing the microbial worlds around us to the least extent

Although there is evidence to show that exposure to disinfectant could increase resistance to antimicrobials. after 30 years research there is actually no good evidence that disinfectant use actually does cause antimicrobial resistance in clinical practice despite what is said. But, because it is possible, this means it is important that disinfectants are used "prudently" i.e they should only be used in targeted risk situations, for example for risk surfaces which cannot be decontaminated by detergent cleaning followed by rinsing. One angle that is never mentioned is that NOT using a disinfectant in situations where it is needed may actually increase the risk of infection and the need for antibiotic prescribing – which is a proven cause of development of AMR.

See also IFH fact sheet:

Use of disinfectants and antibacterials in the home: concerns about antibiotic resistance. <http://www.ifh-homehygiene.org/factsheet/use-disinfectants-and-antibacterials-home-concerns-about-antibiotic-resistance>

Rising Allergies and Being Clean - Some Frequently Asked Q and As <https://www.ifh-homehygiene.org/factsheet/rising-allergies-and-being-clean-some-frequently-asked-q-and>