

Stockholm, 2025-05-24

To: European Centre for Disease Prevention and Control (ECDC)

Subject: Concerns Regarding Hand Hygiene Messaging and Recommendations in LTCFs

Dear ECDC Team,

On behalf of the Swedish Industry Association for Green Hygiene and Cleaning (Branschorganisationen för Grön Hygien och Rengöring – BGHR), we would like to express our sincere appreciation for your continued efforts to promote health and prevent infections across Europe's healthcare systems.

We welcome your recent focus on hand hygiene in long-term care facilities (LTCFs), as seen in your latest campaign materials. It is encouraging to see that hand hygiene is being clearly recognized as a critical component of infection prevention and that it is now consistently featured in all prevention messaging. This marks a meaningful improvement compared to previous campaigns that primarily focused on vaccination, such as the tuberculosis campaign. We are pleased that our past dialogue on this matter has had a positive impact.

However, we would like to raise a few important concerns regarding the messaging and recommendations included in the current campaign.

1. The Disappearing “P” in ECDC

It has not gone unnoticed – and we say this with a smile – that the “P” in Prevention is often left out when shortening the name of your agency. After all, it's the European Centre for Disease Prevention and Control, not just for control alone.

We believe it's time to give prevention the spotlight it deserves. Prevention remains the smartest and most cost-effective solution to many of the complex challenges in public health, from antimicrobial resistance (AMR) to healthcare-associated infections (HAIs).

Let's outsmart the microbes. They only have one cell. We have 63 trillion.

2. Soap and Water Is Not a Fallback — It Is the Foundation

The statement that "82% rely on alcohol-based solutions, 18% still use soap and water" gives the impression that soap and water are somehow outdated or inferior. In reality, soap and water

remain more effective than alcohol-based hand rubs for removing visible soil, organic matter, and certain microorganisms.

Handwashing with soap and clean water should never be positioned as a lesser option. Alcohol-based hand rubs should be regarded as a complement when soap and water are not available. It is also essential to address broader hygiene infrastructure, such as clean sinks, hands-free taps, and safe wastewater management, to ensure that handwashing is both effective and risk-free.

Interestingly, even on the packaging of Apoteket's own alcohol-based hand sanitizer, it clearly states: "For best results, wash hands with soap and water before use." This instruction highlights a critical truth: alcohol-based products are not optimally effective on soiled hands. Yet, outside of clinical settings, very few people actually follow this two-step process. In practice, alcohol rubs are often used as a substitute rather than a supplement to proper handwashing, which raises both efficacy and behavioral concerns in public health messaging.

With this type of messaging in a public campaign, we risk reinforcing a behavioral shift, even within healthcare settings, where fewer people may actually wash their hands with soap and water. When alcohol-based rubs are presented as a one-size-fits-all solution, they can unintentionally replace proper handwashing practices rather than complement them. This is especially concerning, given the well-established fact that soap and water are more effective than alcohol-based sanitizers in removing a broad spectrum of pathogens, particularly when hands are visibly soiled.

3. Ethanol-Based Products: Efficiency, Health Risks, and Sustainability

We would also like to question ECDC's strong endorsement of ethanol-based hand sanitizers for the following reasons:

Effectiveness: Multiple peer-reviewed studies show that certain alcohol-free disinfectants offer broader or equal antimicrobial protection, including against non-enveloped viruses.

Health risks for staff: Repeated exposure to ethanol-based solutions contributes to skin dryness, dermatitis, and occupational discomfort. This negatively affects both staff wellbeing and compliance.

Toxicology and classification: Ethanol is currently under review by the European Chemicals Agency (ECHA) for possible classification as a CMR substance (Carcinogenic, Mutagenic, or Reprotoxic). The International Agency for Research on Cancer (IARC) has long classified ethanol (when consumed) as a Group 1 carcinogen, alongside tobacco. While dermal

absorption is limited, the inhalation of volatile organic compounds (VOCs) from frequent hand sanitizer use raises legitimate long-term exposure concerns.

Sustainability: From an environmental perspective, VOCs contribute to air pollution and indoor air quality problems. Alternatives with a lower environmental impact should be prioritized wherever possible.

Given the rise in healthcare-associated infections (HAIs), it is indeed alarming. But it is equally concerning that more effective, less harmful, and more sustainable disinfection solutions are not yet given proper recognition or space in preventive strategies.

4. The problem with replacing soap and water with chemical solutions of limited effectiveness

As healthcare systems continue to face increasing patient numbers, it is more important than ever to focus on prevention to protect public health. Hygiene plays a central role in this prevention, and proper hand hygiene—such as handwashing with soap and water—is one of the most effective ways to reduce the spread of infections.

However, it becomes a significant problem when healthcare systems replace soap and water—a well-established and highly effective hygiene practice—with chemical disinfectants that may have limited efficacy, particularly in healthcare settings. Many chemical-based hand sanitizers, while effective in some cases, do not have the same broad-spectrum impact as soap and water, especially when it comes to removing dirt, grease, or certain pathogens. Moreover, these products can sometimes irritate the skin or cause long-term dermatological issues for healthcare workers, further complicating the situation.

If soap and water are to be replaced, it's important that the alternative product at least meets the **EN 1499** standard for hand hygiene effectiveness. This standard ensures the product is at least as effective, if not more, than soap and water in removing a wide range of pathogens, including those resistant to alcohol-based solutions. Using products that don't meet this standard could weaken infection prevention efforts and put both patient and staff safety at risk.

When healthcare institutions adopt products with limited or less proven efficacy, they inadvertently undermine the very prevention efforts that are crucial for public health. This not only poses a risk to patients but also sends the wrong message to the public, as people often mimic the hygiene practices they observe in healthcare settings. If healthcare settings prioritize chemical sanitizers over traditional, proven methods like soap and water, it may lead to a misunderstanding of the importance of thorough and effective hygiene practices in preventing infection.

In this context, relying on products that lack proven effectiveness or are not as comprehensive in their ability to clean and protect undermines public health initiatives and places an even greater strain on an already overwhelmed healthcare system.

5. Call for a more inclusive and evidence-based hygiene policy

We urge the ECDC to:

- Clearly communicate that handwashing with soap and water is the first line of defense when facilities permit.
- Avoid framing soap use as an outdated or inadequate method.
- Reassess the broad recommendation for ethanol-based products, while considering innovations that have clinically proven efficacy beyond the effects of ethanol-based solutions.

We would welcome a continued dialogue on these points and are happy to share data and field experience that can contribute to a broader understanding of hygiene systems beyond the alcohol-based golden standard.

Thank you for your attention and for your important work in public health.

Sincerely,

Anders Karlsson

Chairman

BGHR

Staff in long-term care facilities (LTCFs)



1 in 5

do not have a medical doctor in charge of coordination of practices and policies in the facility



1 in 5

do not have any staff with infection prevention and control (IPC) training



1 in 7

do not have access to external expert advice on IPC



3 in 5

do not have an IPC committee

Recommendations



Ensuring availability of personnel with IPC training



Ensuring core competencies for IPC professionals



Ensuring availability of IPC expert advice, allocating adequate resources to IPC training and promoting awareness



Prioritising alcohol-based hand disinfection, implementing quality control and surveillance systems, regular monitoring and feedback



European Centre for Disease Prevention and Control (E... ...

81,040 followers

14h · 🌐

📣 Did you know that healthcare-associated infections (HAIs) are still a major threat in long-term care facilities across Europe?

📰 New findings from the ECDC show that:

🦠 3.1% of LTCF residents have at least one healthcare-associated infection.

🚽 86% of these are urinary tract, respiratory, or skin infections.

🔬 Only 20% of these cases are confirmed through microbiological testing.

And when it comes to hand hygiene, the situation isn't much better:

🧼 30% of facilities do not monitor or give feedback on hand hygiene.

👤 39% didn't conduct any training in the past year.

💧 While 82% rely on alcohol-based solutions, 18% still use soap and water.

👉 Bottom line?

Long-term care residents are vulnerable — and infection prevention practices must improve.

📊 Let's raise awareness, demand better hygiene systems, and protect those who need it most.

🔗 Read more: <https://bit.ly/3Yu6njl>

[#InfectionPrevention](#) [#LTCF](#) [#PatientSafety](#) [#ECDC](#) [#HandHygiene](#) [#HAIs](#)
[#PublicHealth](#) [#ECDC4PublicHealth](#)