Congress of the United States Washington, DC 20515

October 23, 2020

Robert R. Redfield, M.D. Director Centers for Disease Control and Prevention 1600 Clifton Road NE Atlanta, GA 30329

Dear Dr. Redfield:

We are writing to express our concern about the apparent shortage of antimicrobial sprays, wipes, and other surface disinfectants approved for use in health care settings—and to ask your agency to develop guidance to help clinicians know what to do when these products are not readily available. One approach we encourage you to explore is the viability of <u>using surface disinfectants that the Environmental Protection Agency is allowing for temporary emergency use</u>.

As dentists, we know firsthand how critical surface disinfectants are in preventing the spread of viruses and bacteria in health care settings. During the coronavirus pandemic, our front-line health care workers have done a tremendous job of preventing its spread by enhancing their infection control protocols. This includes additional cleaning and disinfecting of operatories and check-in and check-out stations using both hospital and consumer grade disinfectants, all in accordance with CDC guidelines.

Unfortunately, there is a growing scarcity of surface disinfectants recommended for use in health care settings. The coronavirus pandemic has caused sales of aerosol disinfectants to surge 520 percent over the same time last year, according to the research firm Nielson. Sales of multipurpose cleaners are up almost 250 percent. Manufacturers and retailers are struggling to meet demand, and most are now rationing sales.

The National Supply Chain Task Force anticipates surface disinfectants will remain in short supply until at least January 1, 2021. Until then, the country will have to prioritize how these products are allocated and, hopefully, find innovative ways to boost the supply chain. The CDC is ideally positioned to help with both.

The EPA is continuing to explore how its temporary emergency authorities can be applied to safely and effectively alleviate the scarcity of surface disinfectants. The agency has already granted temporary emergency approval for registered manufacturers to develop and sell new surface disinfectants without waiting for EPA approval, provided the agency is notified.

The CDC can build on those efforts by developing guidance about whether and how those temporarily approved products can be used in health care settings.

Again, we urge the CDC to develop guidance to help clinicians know what to do when surface disinfectants are not readily available. And we hope such guidance will address whether and how surface disinfectants that the EPA is allowing for temporary emergency use can be leveraged in health care settings.

Rationing surface disinfectants in health care settings could mean rationing access to essential health care services. We cannot allow that to happen. If you have any questions, please contact Lauren Ziegler in Congressman Babin's office at 202-631-4875 or Lauren.Ziegler@mail.house.gov.

Sincerely,

Brian Babin, D.D.S. Member of Congress

Michael K. Simpson, DMD Member of Congress

A. Drew Ferguson, IV, DMD Member of Congress Paul A. Gosar, D.D.S. Member of Congress

Jeff Van Drew, DMD Member of Congress