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Dear Valued Customer:

The first diagnosed Ebola patient in the United States died in a Dallas, Texas Hospital as of the morning of October 8, 2014. As of October 15, 2014, two healthcare providers caring for the patient have now CDC confirmed diagnoses of Ebola Virus and are being isolated. One healthcare provider is being transferred to the federal biocontainment unit at Emory University Hospital in Atlanta, Georgia for intensive treatment and close monitoring.

Background Information:

CDC has released **updated Infection Prevention and Control Recommendations for Hospitalized Patients with Known or Suspected Ebola Hemorrhagic Fever in U.S. Hospitals**. Standard, contact, and droplet precautions are recommended for any patients with known or suspected Ebola hemorrhagic fever. Though these recommendations focus on the hospital setting, the recommendations for personal protective equipment (PPE) and environmental infection control measures are applicable to any healthcare setting. This guidance is not intended to apply to persons outside of healthcare settings. As additional information becomes available, these recommendations will be re-evaluated and updated as needed¹.

The natural reservoir host of ebolaviruses, and the manner in which transmission of the virus to humans occurs, remain unknown. This makes risk assessment in endemic areas difficult. During outbreaks of Ebola HF, those at highest risk include health care workers and the family and friends of an infected individual. Medical professionals in the United States should consult the CDC Infection Prevention and Control Recommendations for Hospitalized Patients with Known or Suspected Ebola Hemorrhagic Fever in U.S.

Because the natural reservoir of ebolaviruses has not yet been proven, the manner in which the virus first appears in a human at the start of an outbreak is unknown. However, researchers have hypothesized that the first patient becomes infected through contact with an infected animal. When an infection does occur in humans,

¹ Infection Prevention and Control Recommendations for Hospitalized Patients with Known or Suspected Ebola Hemorrhagic Fever in U.S. Hospitals, Electronically Accessed on August 20, 2014 from <http://www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html>, US Centers for Disease Control and Prevention.



there are several ways in which the virus can be transmitted to others. These include:

- direct contact with the blood or secretions of an infected person
- exposure to objects (such as needles) that have been contaminated with infected secretions

The viruses that cause Ebola HF are often spread through families and friends because they come in close contact with infectious secretions when caring for ill persons. During outbreaks of Ebola HF, the disease can spread quickly within health care settings (such as a clinic or hospital). Exposure to ebolaviruses can occur in health care settings where hospital staff are not wearing appropriate protective equipment, such as masks, gowns, and gloves. Proper cleaning and disposal of instruments, such as needles and syringes, is also important. If instruments are not disposable, they must be sterilized before being used again. Without adequate sterilization of the instruments, virus transmission can continue and amplify an outbreak.

Infection Prevention Guidance from the US Centers for Disease Control and Prevention:

The Centers for Disease Control and Prevention offers the following additional guidance:

- **Medical Equipment:** All non-dedicated, non-disposable medical equipment used for patient care should be cleaned and disinfected according to manufacturer's instructions and hospital policies. Dedicated medical equipment should be used for the provision of patient care²
- **Environmental Cleaning and Disinfection:** Use a U.S. Environmental Protection Agency (EPA)-registered hospital disinfectant with a label claim for a non-enveloped virus (e.g., norovirus, rotavirus, adenovirus, poliovirus) to disinfect environmental surfaces in rooms of patients with suspected or confirmed Ebola virus infection. Although there are no products with specific label claims against the Ebola virus, enveloped viruses such as Ebola are susceptible to a broad range of hospital disinfectants used to disinfect hard, non-porous surfaces. In contrast, non-enveloped viruses are more resistant to disinfectants. As a precaution, selection of a

² Interim Guidance for Environmental Infection Control in Hospitals for Ebola Virus, Electronically Accessed August 20, 2014 from <http://www.cdc.gov/vhf/ebola/hcp/environmental-infection-control-in-hospitals.html>, US Centers for Disease Control and Prevention.

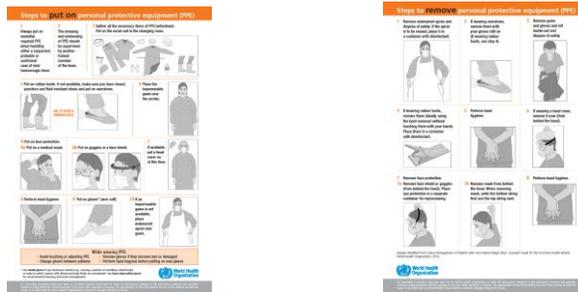


disinfectant product with a higher potency than what is normally required for an enveloped virus is being recommended at this time. EPA-registered hospital disinfectants with label claims against non-enveloped viruses (e.g., Norovirus, Rotavirus, Adenovirus, Poliovirus) are broadly antiviral and capable of inactivating both enveloped and non-enveloped viruses.

- **Proper Use of Healthcare-Grade Disinfectants for Ebola Virus:** Disinfectant products should be used in accordance with the manufacturer's instructions for the specific label claim and in a manner consistent with environmental infection control recommendations. The Sani-Cloth® products listed below have current efficacy claims against both non-enveloped viruses and enveloped viruses, and therefore are **compliant with the current CDC evidence-based recommendations for environmental cleaning and disinfection:**
 - **Sani-Cloth® Bleach (1:10 Dilution of Bleach), EPA Registration Number: 9480-8**
 - **Item SKU's: P54072, U26595, P25784, H58195, P7007P, P700RF**
 - **Super Sani-Cloth®, EPA Registration Number: 9480-4**
 - **Item SKU's: Q55172, Q86984, H04082, U87295**
 - **Sani-Cloth® AF3, EPA Registration Number: 9480-9**
 - **Item SKU's: P63884, H59200, U27500, P13872, M928S80, P1450P, P2450P**
- **Hand Hygiene:** in healthcare settings can be performed by washing with soap and water or using alcohol-based hand rubs. If hands are visibly soiled, use soap and water, not alcohol-based hand rubs.
- **Disinfection of PPE prior to taking off:** CDC recommends disinfecting **visibly contaminated PPE using an EPA-registered disinfectant wipe prior to taking off equipment.** Additionally, CDC recommends **disinfection of gloved hands using either an EPA-registered disinfectant wipe or alcohol-based hand rub between steps of taking off PPE.**
- **Step-by-step PPE removal instructions** that include: Disinfecting visibly contaminated PPE using an **EPA-registered disinfectant wipe prior to taking off equipment.**
- **Disinfection of gloved hands:** using either an **EPA-registered disinfectant wipe or alcohol-based hand rub** between steps of taking off PPE.



Also, the World Health Organization (WHO) has released a detailed report on proper handling of Ebola virus patients by Healthcare Providers, as well as proper steps for



Handling Personal Protective Equipment (PPE). For specific information on the WHO recommendations, please visit their dedicated website to Ebola Virus: http://www.who.int/csr/resources/publications/ebola/filovirus_infection_control/en/. Additional PPE recommendations are also available from the University of Nebraska Medical Center Biocontainment Center website via: <http://app1.unmc.edu/nursing/heroes/pdf/vhfppe/doffingBiologicalPPE-EbolaPatients-8.5x11-CC-v1.01.pdf>.

Please note that there are not specific claims for Ebola viruses for hand hygiene or environmental disinfection products available to date. For additional clinical information related to Ebola, please contact your PDI Regional Medical Science Liaison. PDI is committed to the prevention of Healthcare Associated Infections.

Source: Ebola Hemorrhagic Fever, Electronically Accessed from <http://www.cdc.gov/vhf/ebola/hcp/index.html>, October 2014, US Centers for Disease Control and Prevention.

Yours Truly,

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