

President PHILIP RUMORE

btf



BUFFALO TEACHERS
FEDERATION, INC

271 PORTER AVENUE
BUFFALO, N.Y. 14201
(716) 881-5400
FAX (716) 881-6678

August 21, 2009

MEMO TO: Dr. James A. Williams, Superintendent
Members, Buffalo Board of Education

FROM: Philip Rumore, President, BTF

RE: H1N1 Virus

Although you may believe that you have had enough letters from the BTF relating to H1N1, we continue because we remain concerned that every possible action be taken to ensure that no stone is left unturned to prevent the possible spread of the H1N1 virus and that no further deaths occur as a result of contracting H1N1. We are sure that you share our concern.

We have received the enclosed document from Ms. Ventresca, relating to InstantFOAM, the hand sanitizer being used in schools. We have attached a copy of the label from one of the refills from a school. (Doc. 1 a – d)

Please note:

- a) It is an Anti-bacterial. H1N1 is a virus.
- b) Although the organisms on Page one have a reduction percent of 99.99%, H1N1 has no such percentage. It just states "The product showed virucidal efficacy".

I called BioScience Laboratory in an attempt to obtain the reduction percentage. They advised me that only the company they did the testing for, Deb USA, could release the data.

I e-mailed a request for same but received the enclosed. (Doc. 5 – Note: Two other companies claim to be effective against H1N1)

- Enclosed please find information from two (2) companies who claim that their product is 99.99% effective against H1N1. Whether either product can easily be dispensed in classrooms is unknown. (Doc. 2 & 3)
- Although the above claim to be effective, there is some belief that unless there is an alcohol content of at least 62% the virus won't be killed. (Doc. 4)
The problem with alcohol is that it dries skin, irritates eyes, and kills "good" bacteria. Some professionals I have spoken with prefer "Purell". How effective it is for H1N1, I don't know.

Dr. James Williams, Superintendent
Members, Board of Education

- 2 -

August 21, 2009

- There seems to be the belief that H1N1 is particularly dangerous for African-Americans. Whether it's a function of poverty, race or both is unknown.

We will be advising teachers to model good practices i.e. coughing, sneezing into a tissue or elbow, using the hand sanitizer, etc. However, we need to know that the hand sanitizers are really effective in killing the virus.

Please advise us as to how we can assist to ensure that our students, staff and our students' parents remain healthy and H1N1 free.

PR:ls

Encls: 4

F:\shared\MEMOS AND LETTERS\Board Corr\2009\H1N1virus8-20.doc

Deb USA, Inc. Products

Efficacy Data:

InstantFOAM™ Non-alcohol Hand Sanitizer

(Update August 2009)

In-Vitro Antimicrobial Test Procedures and Protocols:

1. Each test organism was grown overnight on Trypticase-soy agar slants at 35°C. Cell suspensions were prepared by adding 10-mL sterile saline (0.9%) to each slant and gently scraping the slant surface. Microbial densities of each cell suspension were estimated using the viable plate count method.
2. Test product (1mL) was aseptically added to sterile test tubes and then inoculated with a 1:10 dilution of a cell suspension (100 µL) of the test organism. At selected time intervals (0.5, 1.0 and 2.0 minutes), aliquots (10 µL) were aseptically removed and transferred to a Trypticase-soy broth recovery medium (10mL). Microbial growth was monitored by the development of turbidity in the recovery medium.

Test Results:

InstantFOAM™ Non-alcohol Hand Sanitizer with 0.24% Quaternary Ammonium Chloride exhibited strong germicidal activity against a variety of gram-positive and gram-negative bacteria, as well as the yeast *Candida albicans*. In most instances viable cell numbers were reduced by greater than 99.99% after a 30-second exposure period with this product.

Table 1 Follows....

Efficacy Data: InstantFOAM™ Non-alcohol Hand Sanitizer

Table 1 In-vitro Antimicrobial Efficacy for Instant Foam Non-Alcohol Hand Sanitizer with 0.24% Quaternary Ammonium Chloride

Test Microorganisms	Initial Inoculum (cfu/10 μ L)	Exposure Time (Minutes)			Reduction (percent)*
		0.5	1.0	2.0	
<i>Pseudomonas aeruginosa</i>	3.39 x 10 ⁵	-	-	-	99.99
<i>Klebsiella pneumoniae</i>	2.76 x 10 ⁵	-	-	-	99.99
<i>Escherichia coli</i>	15.8 x 10 ⁵	-	-	-	99.99
<i>Salmonella typhimurium</i>	18.9 x 10 ⁵	-	-	-	99.99
<i>Staphylococcus aureus</i> ATTC33591	21.2 x 10 ⁵	(Methicillin Resistant / MRSA)			99.99
<i>Staphylococcus epidermidis</i>	18.3 x 10 ⁵	-	-	-	99.99
<i>Streptococcus faecalis</i> ATTC522A	9.8 x 10 ⁵	(Vancomycin resistant enterococci / VRE)			99.99
<i>Streptococcus agalactiae</i>	12.1 x 10 ⁵	-	-	-	99.99
<i>Micrococcus luteus</i>	14.4 x 10 ⁵	-	-	-	99.99
<i>Candida albicans</i>	12.6 x 10 ⁵	-	-	-	99.99
<i>Trichophyton mentagrophytes</i> (Athlete's Foot)	9.6 x 10 ⁵	-	-	-	99.99
<i>Salmonella choleraesuis</i>	14.1 x 10 ⁵	-	-	-	99.99
<i>Aspergillus niger</i>	11.8 x 10 ⁵	-	-	-	99.99
<i>Listeria monocytogenes</i>	17.9 x 10 ⁶	(30 seconds)			0 cfu/mL
<i>Clostridium difficile</i> (Microbio Test, Inc. – USA)	1.1 x 10 ⁴	(15 seconds)			0 cfu/mL

(*) Indicates percentage reduction in numbers of viable cells evidenced by lack of growth in Trypticase-soy Broth medium.

(-) Indicates no survival of test organisms in the recovery medium.

<i>In Vitro</i> Virucidal Tests	Results
Influenza A (H1N1) (BioScience Laboratory – USA)	The product showed virucidal efficacy.
Human Coronavirus (resembles SARS-like virus family) (Microbio Test, Inc. – USA)	The product showed virucidal efficacy.
Influenza virus-A H3N2 (BioScience Labs – USA)	The product showed virucidal efficacy.
Hepatitis A – HM-175 (ATS Labs – USA)	The product showed virucidal efficacy.
Murine norovirus – MNV-1. CW1 (ATS Labs- USA)	The product showed virucidal efficacy.

Unless noted, all test performed by Chembac Laboratory – USA

Aero[®] Instant *free*

Foaming Hand Sanitizer

○○○ Fragrance-free ~ Dye-free

Drug Facts

Active Ingredient	Purpose
Benzalkonium Chloride, 0.24%	Antibacterial

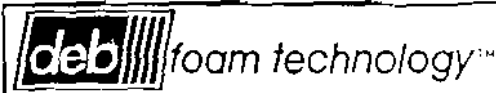
Uses ■ Provides sanitizing when soap and water are not available
■ Kills or reduces 99.99% of disease-causing germs

Warnings ■ Keep out of the reach of children ■ For external use only
■ Avoid contact with the eyes ■ Consult with a physician if ingested

Directions ■ Apply one shot to dry hands ■ Rub into skin ■ No rinsing required

Product Features ■ Lightly-scented ■ Alcohol-free ■ Very mild to the skin

Inactive Ingredients Water, Cocamidopropyl Betaine, Propylene Glycol, Lauramine Oxide, Tetrasodium EDTA, Citric Acid, Aloe Vera Gel, Methylchloro-isothiazolinone, Methylisothiazolinone.



Proudly made in the USA by
DEB SBS, Inc.
Stanley, NC 28164
1-800-248-7190
www.debssbs.com
cs@debssbs.com

57510-01-116

1 Liter • 33.8 Fluid Ounces

Rev. 08-07



Second U.S. Independent Laboratory Confirms that Oculus Innovative Sciences' Microcyn (R) Technology Effective at Inactivating H1N1 Swine Flu

- **Company Preparing Study Data for Presentation to *Centers for Disease Control and Prevention (CDC)* and the *World Health Organization (WHO)***

PETALUMA, Calif., Jun 24, 2009 (BUSINESS WIRE) -- Oculus Innovative Sciences, Inc. (NASDAQ:OCLS), a healthcare company that develops, manufactures and markets a family of products based upon the Microcyn(R) Technology platform, which includes new formulations intended to reduce the use of antibiotics by preventing or treating infections including those caused by bacteria and viruses, has confirmed the effectiveness of Microcyn(R) Technology at inactivating the H1N1 Swine Influenza A. In a virucidal time-kill suspension test conducted by an independent laboratory, BioScience Laboratories, Inc., the specific Microcyn Technology formulation reduced infectivity of the swine flu virus by $4.00\log_{10}$ (99.99%) reduction after just 30-seconds exposure. BioScience Laboratories, working in cooperation with the U.S. Department of Agriculture, received formal approval to acquire, house and evaluate the specific swine influenza virus in April 2009.

Oculus is preparing the study data for submission to both the *Centers for Disease Control and Prevention (CDC)* and the *World Health Organization (WHO)* to help accelerate global awareness of Microcyn Technology's ability to effectively and safely reduce the incidence of transmission of this pandemic virus. However, specific product formulations of the Microcyn Technology have not yet been reviewed or approved by any regulatory body for a specific swine flu indication.

"We experienced increased consumer use of our Microcyn-based products in April and May when the swine flu first hit in Mexico," says Sergio Caletl, sales director of Oculus Innovative Sciences of Mexico. "This resulted in an uptick in product sales along with a corresponding increase in market awareness of the Microcyn Technology in Mexico. We are leveraging this increased name recognition with the introduction this year of a family of Mexican consumer products including a new pediatric skin treatment and smaller consumer packaging for the Microcyn-based wound care products."

Oculus previously announced a humanitarian program in which Microcyn Technology is provided pro bono to organizations that are responding to worldwide healthcare challenges precipitated by natural disaster or epidemic disease. The product will be available according to the regulatory claims in each area and at the request of emergency responders and foundations. Representatives of these groups are encouraged to contact Oculus' global outreach at go@oculusis.com.

About H1N1 influenza (Swine Influenza)

According to the Center for Disease Control and Prevention, novel influenza A (H1N1) is a new flu virus of swine origin that was first detected in April 2009. The virus is infecting people and is spreading from person to person, sparking a growing outbreak of illness in the United States. An increasing number of cases are being reported internationally as well. It's thought that novel influenza A (H1N1) flu spreads in the same way that regular seasonal influenza viruses spread -- mainly through the coughs and sneezes of people who are sick with the virus.

On June 11, 2009, the World Health Organization (WHO) raised the worldwide pandemic alert level to Phase 6 in response to the ongoing global spread of the novel influenza A (H1N1) virus. A Phase 6 designation indicates that a global pandemic is underway.

More than 70 countries are now reporting cases of human infection with novel H1N1 flu. This number has been increasing over the past few weeks, but many of the cases reportedly had links to travel or were localized outbreaks without community spread. The WHO designation of a pandemic alert Phase 6 reflects the fact that there are now ongoing community-level outbreaks in multiple parts of world.

About Oculus

Oculus Innovative Sciences develops, manufactures and markets a family of products based upon the Microcyn(R) Technology platform, which includes new formulations designed to significantly reduce the need for antibiotics as it reduces infections. The Microcyn Technology platform features a biocompatible, shelf-stable solution that is currently commercialized in the United States, Europe, India, China and Mexico and select Middle East countries. Several solutions derived from this platform have demonstrated, in a variety of research and investigational studies, the ability to treat a wide range of pathogens, including

antibiotic-resistant strains of bacteria (including MRSA and VRE), viruses, fungi and spores, increase blood flow to the wound site, reduce both inflammation and pain while assisting in faster wound closure. The company's headquarters are in Petaluma, California, with operations in Europe and Latin America. More information can be found at www.oculusis.com.

Forward-Looking Statements

Except for historical information herein, some matters set forth in this press release are forward-looking within the meaning of the "safe harbor" provisions of the Private Securities Litigation Reform Act of 1995, including statements about the company's commercial and technology progress. These forward-looking statements are identified by the use of words such as "preparing," "accelerate," "reduce," and "introducing," among others. Forward-looking statements in this press release are subject to certain risks and uncertainties inherent in the Company's business that could cause actual results to vary, including risks inherent in the development and commercialization of potential products, the risk that regulatory clinical and guideline developments may change, the risk that scientific data may not be sufficient to meet regulatory standards or receipt of required regulatory clearances or approvals, the risk that clinical results may not be replicated in actual patient settings, the risk that protection offered by our patents and patent applications may be challenged, invalidated or circumvented by our competitors, the risk that present trends will continue and that the available market for our products will not be as large as expected, the risk that our products will not be able to penetrate one or more targeted markets, the risk that revenues will not be sufficient to fund further development and clinical studies, the Company's future capital needs, and its ability to obtain additional funding, as well as uncertainties relative to varying product formulations and a multitude of diverse regulatory and marketing requirements in different countries and municipalities, and other risks detailed from time to time in the Company's filings with the Securities and Exchange Commission including the quarterly report on Form 10-Q for the quarter ended March 31, 2009. Oculus Innovative Sciences disclaims any obligation to update these forward-looking statements.

Oculus and Microcyn Technology are trademarks or registered trademarks of Oculus Innovative Sciences, Inc. All other trademarks and service marks are the property of their respective owners.

SOURCE: Oculus Innovative Sciences, Inc.

Oculus Innovative Sciences, Inc.
Director of Public and Investor Relations
Dan McFadden, 425-753-2105
dmcfadden@oculusis.com

Copyright Business Wire 2009

Talley Group

Search Site

Search the site



- [Home](#)
- [The Company](#)
- [Antimicrobial Technologies](#)
- [Microorganisms](#)
- [The problem](#)
- [Using TECcare](#)
- [FAQ's](#)
- [Downloads](#)
- [News](#)
- [Contact Us](#)

Newsletter

Signup to get all the latest from TECcare!

• Full Name

• Email Address

•

[Back to News](#)

TECcare™ Ultra effective against the 2009 H1N1 flu strain (swine flu) and other influenza A virus strains.

Talley Environmental Care Ltd are pleased to announce that as part of the ongoing development and assessment programme for TECcare™ antimicrobial technology products, TECcare™ Ultra has been found to be highly effective against the 2009 H1N1 flu strain and other influenza A virus strains.

The results of the virucidal suspension tests performed for Human Influenza A H1N1 virus showed that TECcare™ Ultra reduced the infectivity of the virus 4.75 log 10 (>99.99% reduction) following five and ten minute exposures.

Kevin Mearns Director of Business Development for Talley Environmental Care commented; "These latest test results confirm that TECcare™ Ultra continues to play an important role in tackling these highly disruptive and potentially deadly viruses. And we will continue to provide test data on the efficacy and safety of our technology product range"

Innovative TECcare™ antimicrobial technologies are continually developed to meet the ever changing demands of industry and society as a whole, whilst ensuring the safety of the operatives, general public and the environment. All of the products are extensively tested and clinically proven to kill / deactivate an extensive range of pathogens including bacteria, bacterial spores, viruses, moulds and fungi."

TECcare™ antimicrobial technology now offer effective solutions to eradicate not only these viruses but a range of pathogens including MRSA, C-difficile, Salmonella and Ecoli from all areas within sensitive environments through the use of TECcare™ Ultra, and TECcare™ Control.

TECcare™ technology does not contain damaging chemicals and skin irritants such as alcohols, phenols, chlorine and aldehydes and is well suited for repeated use on surfaces. It is safe and effective in use as well as being fully biodegradable and environmentally friendly.

The TECcare™ technology can be used in a variety of areas including Healthcare, Pharmaceuticals, Advanced Wound Care, Dentistry, Food and Beverage, Hospitality and Leisure, Water Treatment, Industrial Applications, Schools, Nurseries and for General Domestic Hygiene.

For further information please visit www.teccare.com

- [Send To Friend](#)
- [Add To Favourites](#)
- [Print Page](#)
- [Top](#)

- [Site Map](#)
- [Terms Of Use](#)
- [Privacy Policy](#)
- [Links](#)
- ©2009 Talley Environmental Care Ltd

Powered By [ORCA Websites](#)

[Skip to Content »](#)



Talley Group Limited

UK's largest privately owned specialist in pressure ulcer prevention and therapy products

- [Home](#)
- [Company](#)
 - [Employment Opportunities](#)
- [Products](#)
- [News](#)
- [Events](#)
- [Contact](#)

What's New

Wednesday, August 5th, 2009

Talley Medical Ltd announce the launch of TECcare Ultra into the antimicrobial product range

[Read the article »](#)

Thursday, July 9th, 2009

Talley Group Ltd release financial results and environmental impact initiatives

[Read the article »](#)

Friday, July 3rd, 2009

TECcare™ Control effective against Swine Flu (H1N1) and other viral strains

[Read the article »](#)



TECcare™ Control effective against Swine Flu (H1N1) and other viral strains

Posted: Friday, July 3rd, 2009

http://www.talleygroup.com/news/article/teccare_control_effective_against_swine_flu_h1... 8/20/2009

Talley Group Ltd announces that their antimicrobial product TECcare Control has been found to be highly effective against Swine Flu (H1N1) and other viral strains.

The viricidal properties of TECcare Control was conducted under Good Laboratory Practice (GLP) protocols and showed that the product was effective against the following viral strains.

- Swine flu (H1N1)
- Avian influenza A (H3N3)
- Avian influenza A (H5N1)
- Influenza A/PR Virus
- Norovirus
- Hepatitis B (HBV)
- Hepatitis C
- HIV-1
- Cytomegalovirus
- Hantavirus
- Human Coronavirus
- Respiratory syncytical virus

A virus is a microscopic infectious agent that can infect all types of organisms: Viruses spread in many ways. Influenza viruses including swine flu are spread by coughing and sneezing, and others such as norovirus, are transmitted by the faecal-oral route, when they contaminate hands, food or water. HIV is one of several viruses that are transmitted through sexual contact. Viruses such as hepatitis B can cause life-long or chronic infections.

Operations Director Kevin Mearns stated:

These latest test results confirm that TECcare Control should play an important role in tackling these highly disruptive and potentially deadly viruses. This unique product with its exceptional efficacy and safety credentials has significant advantages over currently available products

TECcare Control is a high level disinfectant cleaner that conditions surfaces, inhibiting microbial colonisation for a prolonged period of time killing /de activating bacteria, viruses, mould, fungi and spores. TECcare Control, unlike some products in the market place does not contain damaging chemicals and skin irritants such as alcohols, phenols, chlorine, sodium hydroxide, hydrogen peroxide or aldehydes so avoids the serious hazard issues of comparable products. The product can be used safely within and upon fabrics and materials, and is well suited for repeated use on surfaces.

[Back to the News page](#)

[Print Article](#)

©2009 Talley Group Ltd. Registered in England No. 520386 - VAT No. 505374265

[Home](#) | [Company](#) | [Products](#) | [News](#) | [Events](#) | [Links](#) | [Contact](#) | [Back to the Top](#)

[Sitemap](#) | [Website Feedback](#)

[Website by Giantpea](#)



EMERGING INFECTIOUS DISEASES

Past Issue

Vol. 12, No. 3
March 2006

- [Acknowledgments](#)
- [References](#)
- [Table](#)

[EID Home](#) | [Ahead of Print](#) | [Past Issues](#) | [EID Search](#) | [Contact Us](#) | [Announcements](#) | [Suggested Citation](#) | [Submit Manuscript](#)
[PDF Version](#) | [Comments](#) | [Email this article](#)

Letter

Hand Sanitizer Alert

Scott A. Reynolds,* [✉](#) Foster Levy,† and Elaine S. Walker*†

*James H. Quillen Veterans Affairs Medical Center, Mountain Home, Tennessee, USA; and †East Tennessee State University, Johnson City, Tennessee, USA

[Suggested citation for this article](#)

To the Editor: Community-based epidemiologic studies have shown beneficial effects of hand sanitizers. Hand sanitizers were effective in reducing gastrointestinal illnesses in households (1), in curbing absentee rates in elementary schools (2), and in reducing illnesses in university dormitories (3). An Internet search retrieved recommendations for hand hygiene from schools, daycare centers, outdoor guides, and animal shelters.

To reduce infections in healthcare settings, alcohol-based hand sanitizers are recommended as a component of hand hygiene (4). For alcohol-based hand sanitizers, the Food and Drug Administration (FDA) (5) recommends a concentration of 60% to 95% ethanol or isopropanol, the concentration range of greatest germicidal efficacy. While nonhealthcare groups also recommend alcohol-based hand sanitizers, they usually do not specify an appropriate concentration of alcohol.

Some products marketed to the public as antimicrobial hand sanitizers are not effective in reducing bacterial counts on hands. In the course of a classroom demonstration of the comparative efficacy of hospital-grade antimicrobial soap and alcohol-based sanitizers, a product with 40% ethanol as the active ingredient was purchased at a retail discount store. Despite a label claim of reducing "germs and harmful bacteria" by 99.9%, we observed an apparent increase in the concentration of bacteria in handprints impressed on agar plates after cleansing. None of the other hand cleaners showed such an effect.

Subsequently, we conducted more formal handwashing trials to verify the preliminary finding. Our goal was not to test the products by using the FDA tentative final monograph standard (5) but to determine whether a marketed product fails as an antiseptic because of its low alcohol content. To test whether the relatively low concentration of ethanol was the source of treatment failure, we included trials with laboratory-formulated 40% ethanol; we also supplemented the suspect gel with ethanol to a final concentration of 62%. Five hand hygiene treatments were compared: tap water (4 trials), 40% ethanol (5 trials), commercial gels with active ingredients of either 40% or 62% ethanol (9 trials each), and commercial 40% gel supplemented to 62% (5 trials).

At the beginning of each work day, the dominant hand of each volunteer was placed on 150-mm tryptic soy agar plates for 5 s, followed by hand treatment. Each alcohol-based hand treatment involved wetting the hands with 1.5 mL test product followed by vigorously rubbing hands together for 15 s. The tap water treatment differed in that hands were held under running water and vigorously rubbed together for 15 s, followed by air drying. After hands were dry, they were reapplied to a fresh plate for 5 s. Participants were assigned to treatments randomly, but each had to complete each treatment in a week. CFU counts before and after treatment were log transformed to normalize data and compared by using paired *t* tests.

Tap water, 40% ethanol, and 40% ethanol gel yielded no significant reductions in CFU (Table). The 40% gel supplemented with ethanol to a final concentration of 62% reduced the mean CFU by 90%, a level of reduction similar to that of the 62% ethanol gel. Moreover, the 62% gel and the supplemented 40% gel reduced CFU by >50% on all participants. In contrast, only one third of participants showed >50% reductions with 40% gel, one fifth with 40% ethanol, and none with tap water. Differences in pretreatment CFU were not significant (analysis of variance $F = 1.81$, $df = 4, 27$, $p = 0.16$). In addition to failing to decrease CFU, colonies were more evenly distributed on postwash plates after use of 40% gel. The even postwash colony distribution may be caused by dispersion of aggregates of microbes without sufficient killing.

Qualitative colony assessment suggested 40% gel and 40% ethanol were as effective as 62% gel against fungi; in contrast, bacterial CFU tended to show little change or increases. The most prevalent bacteria were staphylococci, including those with characteristics of *Staphylococcus aureus*.

After conducting experiments, a survey of 6 local retail chains found no substandard products. In the fall of 2005, a more extensive survey of 18 retail chains (supermarkets, drug stores, general retailers, specialty shops) uncovered a substandard product at all 3 stores of 1 deep-discount chain. The marketing profile of deep-discount chains suggests that poorer segments of the population may be more at risk of purchasing inadequate antiseptic gels. Moreover, 40% ethanol products may be stockpiled in homes and offices. An extensive Internet survey identified no additional substandard commercial products. However, the alcohol content of less-common brands was not always available online, and several Internet sites provide recipes for a bubble gum-scented children's hand sanitizer that contains 33% isopropanol as the sole active ingredient. Educational efforts should emphasize that effective sanitizers must be of a sufficient alcohol concentration.

The efficacy experiments reported here reinforce what has been known for >50 years: 40% ethanol is a less effective bacterial antiseptic than 60% ethanol (6). Consumers should be alerted to check the alcohol concentration in hand sanitizers because substandard products may be marketed to the public.

Acknowledgments

We thank Brandi Earp and Dathia Reynolds for assistance with retail store surveys.

This material is the result of work supported with resources and facilities at the James H. Quillen Veterans Affairs Medical Center, Mountain Home, Tennessee.

References

1. Sandora TJ, Taveras EM, Shih M-C, Resnick EA, Lee GM, Ross-Degnan D, et al. Hand sanitizer reduces illness transmission in the home [abstract 106]. In: Abstracts of the 42nd annual meeting of the Infectious Disease Society of America; Boston, Massachusetts; 2004 Sept 30–Oct 3. Alexandria (VA): Infectious Disease Society of America; 2004.
2. Hammond B, Ali Y, Fendler E, Dolan M, Donovan S. Effect of hand sanitizer use on elementary school absenteeism. *Am J Infect Control*. 2000;28:340–6.
3. White C, Kolble R, Carlson R, Lipson N, Dolan M, Ali Y, et al. The effect of hand hygiene on illness rate among students in university residence halls. *Am J Infect Control*. 2003;31:364–70.
4. Boyce JM, Pittet D, Healthcare Infection Control Practices Advisory Committee, HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force. Guideline for hand hygiene in health-care settings. Recommendations of the Healthcare Infection Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force. *MMWR Recomm Rep*. 2002;51(RR-16):1–45.
5. Food and Drug Administration. Topical antimicrobial products for over-the-counter use; tentative final monograph for healthcare antiseptic drug products. *Federal Register*. 1994;59:31221–2.
6. Price PB. Ethyl alcohol as a germicide. *Arch Surg*. 1939;38:528–42.

Table. CFU per plate before and after treatment with various concentrations of ethanol

Treatment	Mean pretreatment CFU (range)	Mean posttreatment CFU (range)	No. trials	t *	p*	Mean change (%)
Tap water	175 (117–234)	206 (100–321)	4	1.25	0.30	+10
40% ethanol	531 (132–1,413)	621 (75–1,733)	5	0.30	0.39	+3
40% gel	346 (51–602)	232 (56–693)	9	0.61	0.56	+53
62% gel	171 (33–563)	12 (1–24)	9	5.73	<0.001	-82
40%→62% gel	473 (114–1,257)	26 (10–48)	5	6.21	0.003	-90

*|t| = result of paired t test, p = probability of |t|

Suggested citation for this article:

Reynolds SA, Levy F, Walker ES. Hand sanitizer alert [letter]. *Emerg Infect Dis* [serial on the internet]. 2006 Mar [date cited]. Available from <http://www.cdc.gov/ncidod/EID/vol12no03/05-0955.htm>

Comments to the Authors

Please use the form below to submit correspondence to the authors or contact them at the following address:

Scott A. Reynolds, James H. Quillen Veterans Affairs Medical Center, PO Box 4000 (1111), Mountain Home, TN 37684, USA; fax: 423-439-6387; email: scott.reynolds@med.va.gov

Please note: To prevent email errors, please use no web addresses, email addresses, HTML code, or the characters <, >, and @ in the body of your message.

Return email address optional:

Comments to the EID Editors

Please contact the EID Editors at eideditor@cdc.gov

Email this article

Please note: To prevent email errors, please use no web addresses, email addresses, HTML code, or the characters <, >, and @ in the body of your message.

Your email:

Subj: **Re: Efficacy on InstantFoam**
Date: 8/20/2009 4:00:07 P.M. Eastern Daylight Time
From: SDoster@DEBSBS.COM
To: Btfny@aol.com

The FDA does not allow virucidal claims on hand hygiene products and we won't print anything that says "Effective against H1N1", or "Kills H1N1" etc. in direct association with Deb hand sanitizers. We can say the following: "While no hand sanitizer is indicated to prevent H1N1 Flu, according to the CDC, one of the ways you can help protect yourself from H1N1 flu is by practicing good hand hygiene. Specific CDC recommendations include keeping your hands clean by washing with soap and water, or using a hand sanitizer when soap and water may not be available. In independent laboratory testing, Deb InstantFOAM has been proven EFFECTIVE against the H1N1 virus.

This was how our chemist and marketing people responded to my request.

Thanks,
Sheila

Sheila Doster
Pricing Administrator

Deb

1100 S. Highway 27, Stanley, North Carolina 28164, USA
Tel: 704-263-4240 Ext. 241 Fax: 704-263-9601
Email: sdoster@debsbs.com Website: <http://www.debgroup.com>



Be the world's leading away from home skin care system company

Btfny@aol.com

08/20/2009 11:49 AM

To SDoster@debsbs.com

cc

Subject Re: Efficacy on InstantFoam

Thank you for the information, however, the tables do not show how effective it is against H1N1. The ones on page one are 99.9 % however there is no percentage for H1N1. Could you please supply the percentage reduction for H1N1 as that is the concern. Thank you.

In a message dated 8/20/2009 11:39:42 A.M. Eastern Daylight Time, SDoster@DEBSBS.COM writes:

Thursday, August 20, 2009 AOL: Btfny