

# Clean That Glucometer!

2 wipes • 2 steps • every patient, every time



**Clean and disinfect after EACH patient use — and anytime the meter is visibly soiled.**

**IFU requirement: Use a 2-step cleaning process with two separate germicidal wipes.**

## PICK THE RIGHT WIPE

STANDARD • CONTACT • DROPLET • AIRBORNE

**PDI Super Sani-Cloth**  
2-minute wet time

CONTACT PLUS ONLY | *C. diff* + *C. auris*

**PDI Sani-Cloth Bleach**  
4-minute wet time

## DO IT RIGHT

- 1 Clean with the first wipe**  
Remove visible body fluids and/or dirt from the meter surface.
- 2 Disinfect with the second wipe**  
Wipe all sides of the meter 3 times, then discard the wipe.
- 3 Protect the test strip port**  
Gently wipe the port area. Do not allow fluid to enter the port.
- 4 Keep it wet**  
Keep the meter visibly wet for the full disinfectant contact time.

**First wipe cleans + Second wipe disinfects = safer patient care.**

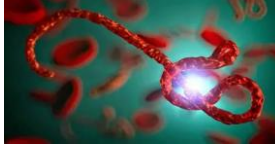
# Top Travel-Related Illnesses U.S. Hospitals May See

ILLNESS	RELATIVE U.S. IMPORTATION RISK*	KEY CLINICAL FEATURES	ADDITIONAL NOTES FOR HOSPITALS
 <b>Measles (Rubeola)</b>	<b>MODERATE</b> Imported cases and outbreaks continue in the U.S.	<ul style="list-style-type: none"> <li>Fever, cough, coryza, conjunctivitis</li> <li>Koplik spots, generalized rash</li> <li>Risk of pneumonia, encephalitis</li> </ul>	<ul style="list-style-type: none"> <li>Extremely contagious (airborne)</li> <li>High risk for healthcare exposure</li> <li>Ensure MMR immunization status; isolate airborne</li> </ul>
 <b>COVID-19 / Other Novel Respiratory Viruses</b>	<b>MODERATE</b> Ongoing global transmission and travel volume	<ul style="list-style-type: none"> <li>Fever, cough, sore throat, dyspnea</li> <li>May cause pneumonia, ARDS, thrombotic complications</li> </ul>	<ul style="list-style-type: none"> <li>Airborne/respiratory spread</li> <li>Seasonal increases in activity</li> <li>Use standard + transmission-based precautions</li> </ul>
 <b>Dengue</b>	<b>LOW TO MODERATE</b> Widespread globally; increasing in the Americas	<ul style="list-style-type: none"> <li>Fever, severe headache, myalgia</li> <li>Nausea, rash, retro-orbital pain</li> <li>Severe: plasma leakage, bleeding, shock</li> </ul>	<ul style="list-style-type: none"> <li>Mosquito-borne (Aedes)</li> <li>Consider in febrile returning travelers</li> <li>Supportive care; fluid management critical</li> </ul>
 <b>Malaria</b>	<b>LOW TO MODERATE</b> 2,000 imported cases annually in the U.S. — mostly from Africa	<ul style="list-style-type: none"> <li>Fever, chills, sweats</li> <li>Headache, malaise, myalgia</li> <li>Severe: anemia, cerebral malaria, renal failure</li> </ul>	<ul style="list-style-type: none"> <li>Mosquito-borne (Anopheles)</li> <li>Consider in ANY febrile traveler returning from endemic areas</li> <li>Obtain thick/thin smear or rapid test early</li> </ul>
 <b>Mpox (Clade I &amp; II)</b>	<b>LOW</b> Global risk reduced since 2024	<ul style="list-style-type: none"> <li>Fever, lymphadenopathy, myalgia</li> <li>Rash (often genital, perianal, or widespread)</li> </ul>	<ul style="list-style-type: none"> <li>Person-to-person (close contact)</li> <li>WHO ended global health emergency (May 2025) but ongoing endemic activity in parts of Africa</li> </ul>
 <b>Meningococcal Disease</b>	<b>LOW</b> Associated with crowding and mass gatherings; imported cases occur	<ul style="list-style-type: none"> <li>Fever, headache, neck stiffness</li> <li>Nausea, photophobia</li> <li>Sepsis, petechial/purpuric rash</li> </ul>	<ul style="list-style-type: none"> <li>Spread via respiratory droplets; close contact</li> <li>Risk higher in crowded settings</li> <li>Consider in febrile travelers post-mass gatherings</li> </ul>
 <b>Chikungunya</b>	<b>LOW</b> Fewer imports than dengue; outbreaks are episodic	<ul style="list-style-type: none"> <li>Fever, rash</li> <li>Severe arthralgia/arthritis</li> <li>Headache, myalgia</li> </ul>	<ul style="list-style-type: none"> <li>Mosquito-borne (Aedes)</li> <li>Usually self-limited</li> <li>Consider in travelers from affected regions</li> </ul>
 <b>Multidrug-Resistant Tuberculosis (MDR-TB)</b>	<b>LOW</b> Importation occur but sporadic; not common driver	<ul style="list-style-type: none"> <li>Chronic cough, weight loss, night sweats</li> <li>Hemoptysis, fatigue</li> </ul>	<ul style="list-style-type: none"> <li>Airborne (prolonged exposure)</li> <li>Rule out in chronic respiratory symptoms in travelers</li> <li>Requires infection control isolation</li> </ul>
 <b>Ebola Virus Disease</b>	<b>LOW</b> CDC/WHO assess low risk to the U.S. general population	<ul style="list-style-type: none"> <li>Fever, weakness, myalgia</li> <li>Vomiting, diarrhea, abdominal pain</li> <li>Hemorrhage in severe cases</li> </ul>	<ul style="list-style-type: none"> <li>Requires direct contact with body fluids of symptomatic patients</li> <li>Use full PPE and strict isolation</li> <li>Immediately notify public health</li> </ul>

\* Relative U.S. Importation Risk: Likelihood of a U.S. traveler acquiring infection abroad and presenting to a U.S. hospital.

Sources: CDC Yellow Book (2024), CDC Travelers' Health, CDC Disease Surveillance Data, WHO Disease Outbreak News, WHO Risk Assessments (May 2025), PAHO Epidemiological Updates

## **EBOLA DISEASE** is....



Caused by an infection with an orthoebolavirus. Orthoebolaviruses can cause serious and often deadly disease, with a mortality rate as high as 80 to 90 percent. People can get Ebola disease through contact with the body fluids of an infected sick or dead person. A person is only contagious once they begin showing symptoms of the disease.

### **Signs and Symptoms**

Someone with Ebola disease may start getting sick 2 to 21 days after contact with an orthoebolavirus. However, on average, symptoms begin 8 to 10 days after exposure.

**Dry Symptoms:** fever, muscle and abdominal pains, severe headache, fatigue, weakness

**Wet Symptoms:** diarrhea, vomiting, unexplained hemorrhage (bleeding or bruising)

Assess patients for international travel to (DRC, Uganda, South Sudan) **OR** contact with someone with Ebola within the last 21 days **AND** symptoms

### **After identifying a possible Ebola case...**

Isolate patient in a negative pressure room **immediately**

Wear PPE which includes: PAPR or N-95 respirator, impermeable gown/bodysuit, double gloves (long gloves on top), apron, face shield, head cover, and foot covers

Contact Infection Prevention **immediately**  
**828-213-5460 or 828-776-5216**

Limit the healthcare personnel who enter the room and keep a log of everyone who enters the patient's room

Room must be closed for at least 1 hour before cleaning and EVS staff must wear PPE

#### **Helpful Resource Links**

<https://www.cdc.gov/ebola/about/index.html>  
<https://hcamissionhealth-all.policystat.com/policy/20496927/latest>

**Infection Prevention Main Office 828.213.5460**  
**On-Call Cell Phone 828.776.5216**