

PEER REVIEWED PUBLISHED CLINICAL OUTCOME AND ENVIRONMENTAL STUDIES

RESULTS	JOURNAL/DATE (AUTHOR, LOCATION)
In Peer Review	Abstract Details
39% drop in C. diff infection rates in 6 month controlled study with 85% of discharges treated	<i>APIC Conference Poster/June 2016 (Folkert, Mayo Clinic Rochester)</i>
Clinical Effectiveness	Peer Reviewed Outcome Studies
71% reduction in UTI rates and 100% in skin infection rates, 54% drop in hospital readmissions from nursing home	<i>BMC Infectious Diseases/March 2017 (Kovach, Jewish Home and Care Ctr)</i>
46% reduction in Class I SSIs, \$478,055 saved	<i>AJIC/February 2016 (Catalanotti, Lowell General Hospital)</i>
87% reduction in ICU VRE infection rates, combined VRE+MRSA+C. diff infection rates reduced 29% facility wide and 61% in ICU, 390 bed days generated, \$730,000 saved	<i>AJIC/October 2015 (Vianna, South Seminole Hospital - Orlando Health)</i>
Significant reductions in burn unit ORs and patient room contamination, longest duration with no cases of hospital acquired C. diff infections in burn ICU in 2 years	<i>BURNS/In Press November 2016 (Green, San Antonio Military Medical Center)</i>
100% reduction in total joint SSIs and \$290,990 saved in 12 months	<i>AJIC/September 2015 (Fornwalt, Trinity Medical Center)</i>
57% reduction in C. diff infection rates in an LTAC	<i>AJIC/September 2015 (Miller)</i>
70% reduction in ICU C. diff infection rates	<i>AJIC/September 2015 (Nagaraja, Westchester Medical Center)</i>
20% reduction in C. diff + MDRO infection rates, 22% of discharge rooms treated	<i>AJIC/June 2014 (Haas, Westchester Medical Center)</i>
57% reduction in MRSA infection rates after 18 months	<i>JIP/June 2013 (Simmons, Moses Cone Health)</i>
53% reduction in C. diff infection rates after 12 months	<i>AJIC/May 2013 (Levin, Cooley Dickinson Hospital)</i>
Environmental	Peer Reviewed Environmental Studies
Elimination of Ebola (>4 log) and Anthrax (>3 log), >6-log reduction of MRSA, CRE, MDR-A. baumannii, and more	<i>SAJID/April 2016 (Stibich, CNB/CSIC-Spain & TXBiomed Biosafety Level 4 Lab-US)</i>
5 log reduction of MRSA, VRE, Acinetobacter and CRE in 10 minutes	<i>AJIC/March 2016 (Hosein, Queen's Hospital - Romford UK)</i>
Xenex effective even in absence of manual cleaning	<i>AJIC/April 2015 (Jinadatha, Central Texas VA Health Care System)</i>
<ul style="list-style-type: none"> • 99.6% reduction in real-world hospital bioburden • Xenex efficacy not affected by shading, pathogen concentration, or surface protein load 	<i>ICHE/January 2015 (Nerandzic, Louis Stokes Cleveland VA Medical Center)</i>
Bleach removed 70% of C. diff spores while no-bleach clean plus Xenex removed 95%	<i>JMM/January 2015 (Ghantoji, MD Anderson Cancer Center)</i>
<ul style="list-style-type: none"> • 7X more effective than traditional cleaning • 16X more effective at deactivating MRSA • 23% faster than traditional cleaning 	<i>BMC Infectious Diseases/April 2014 (Jinadatha, Central Texas VA Health Care System)</i>
Xenex eliminated all VRE from the environment	<i>ICHE/March 2011 (Stibich, MD Anderson Cancer Center)</i>
HCAHPS Improvement	Peer Reviewed Published Study
HCAHPS score increased from 52nd percentile to 78th percentile (10% increase) for 3 qtrs after Xenex patient awareness campaign	<i>Risk Management and Healthcare Policy/January 2014 (Fornwalt, Trinity Medical Center)</i>



EFFICACY AND REAL-WORLD EFFECTIVENESS

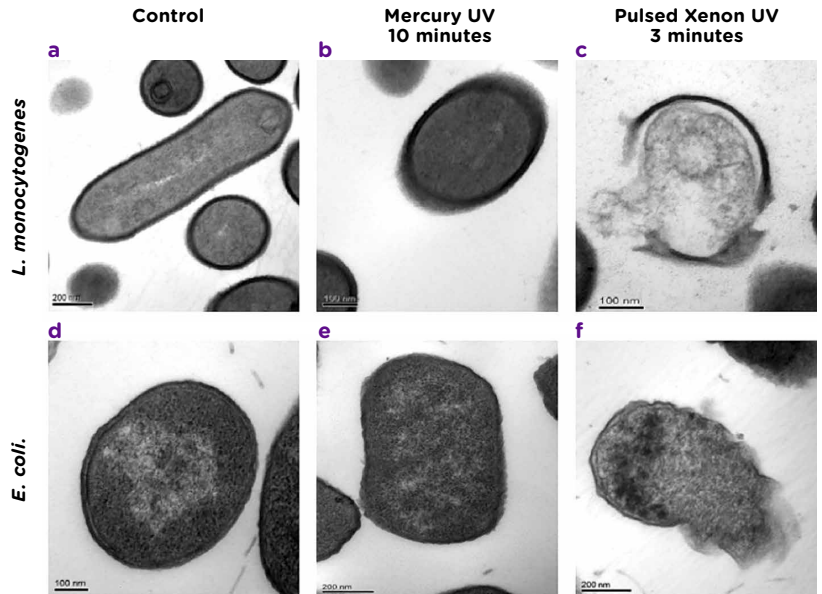
Microorganism

- Acinetobacter baumannii*
- Aspergillus niger* (black mold)
- Bacillus cereus* spores
- Bacillus pumilus* spores
- Bacillus subtilis* spores
- Candida albicans*
- *Clostridium difficile "C. diff" spores (NAP1)**
- Carbapenem-resistant *Enterobacteriaceae* (CRE)
- Escherichia coli* & *E. coli* (KREC)
- Infectious bursal disease virus (IBDV)
- Klebsiella oxytoca*
- Klebsiella pneumoniae*
- Middle East Respiratory Syndrome-Coronavirus (MERS-CoV)
- *Methicillin-resistant Staphylococcus aureus (MRSA)**
- MS2 bacteriophage virus
- Mycobacterium fortuitum*
- Mycobacterium tuberculosis*
- Feline calicivirus (norovirus surrogate)
- Pseudomonas aeruginosa*
- Proteus mirabilis*
- Proteus morganii*
- Proteus vulgaris*
- *Staphylococcus aureus**
- Staphylococcus epidermidis*
- *Vancomycin-resistant enterococci (VRE)**
- Vaccinia virus
- Vesicular stomatitis virus (VSV)
- * Rate reductions for these organisms demonstrated in hospital peer reviewed outcome studies.**

TIME MATTERS

The LightStrike Germ-Zapping Robot™ is the only UV light disinfection technology shown to help hospitals reduce infection rates in multiple peer reviewed published outcome studies. LightStrike **kills C. diff spores in 5 minutes.**

COMPARATIVE CELL DAMAGE¹



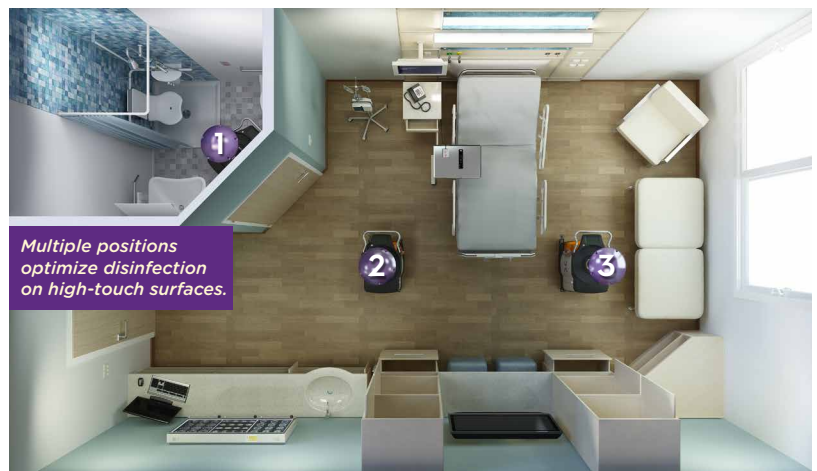
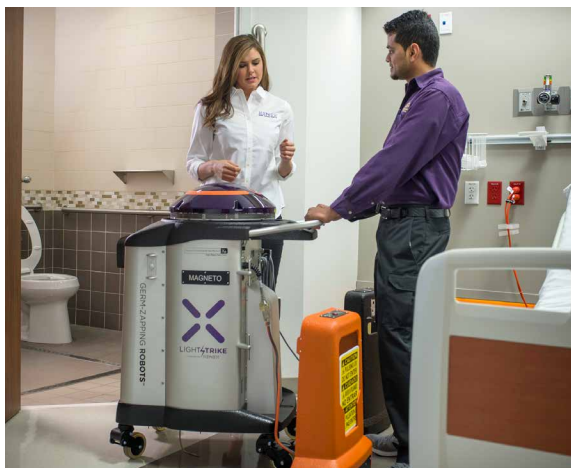
¹-Cheigh C-I, Park M-H, Chung M-S, Shin J-K, Park Y-S: Comparison of intense pulsed light- and ultraviolet (UVC)-induced cell damage in *Listeria monocytogenes* and *Escherichia coli* O157:H7. Food Control 2012, 25:654-659.

Ebola and Anthrax

Ebola >4 log reduction in one minute at 1 meter**
 Anthrax >3 log reduction in 15 minutes at 1 meter**
 (** Surface disinfection tested at Biosafety Level 4 lab)

DISINFECTING WITH LIGHT

Studies show using multiple positions in a room greatly optimizes the germ-killing effectiveness of light.²



²-Boyce, J.M., N.L. Havill, and B.A. Moore, Terminal decontamination of patient rooms using an automated mobile UV light unit. Infect Control Hosp Epidemiol, 2011. 32(8): p. 737-42.