

Scan at Home BID

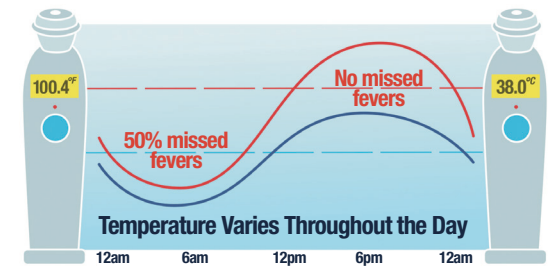
Protect Your Family, Patients, Co-Workers, & Friends

In these times of COVID-19,

checking for fever in the morning is not the most accurate time to detect a fever. Our daily circadian rhythm regulates our body temperature, which is lowest in the morning, and highest in the evening. New research shows this happens with fevers as well.

Up to 50% of fevers are missed in the morning, but none are missed in the evening due to circadian effects, making dinner time a good time for a second daily scan. Twice daily early and accurate fever detection is the best defense at home. For more information, including published studies on this new research, visit www.exergen.com.

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Q&A's on Temperature Screening

Q: What are the recommendations for back-to-school and back-to work temperature screenings?

A: Back to school and back to work recommendations from authorities direct temperature screenings to be done at home.

- American Academy of Pediatrics Interim Guidance for School Re-entry
- Centers for Disease Control and Prevention (CDC)
- Occupational Safety and Health Administration (OSHA)

Q: How do circadian rhythms impact temperatures and assessments of temperatures?

A: Our internal biological clocks produce circadian cycles that vary throughout the 24 hours of each day. This causes body temperature to vary about 1.6°F (0.9°C) between lowest temperatures in the morning and highest temperatures in the evening. With fever, the circadian variation still occurs, but at higher temperatures. Accordingly, temperature assessments in the morning are low and will miss about half of the fevers. Temperature assessments in the evening are high and will detect all the fevers.



Q: When should temperatures be taken?

A: Twice Daily. Before leaving for school or work in the morning, and at dinner time in the evening. If a fever is detected at either time, a medical care professional should be contacted immediately. Even if school or work is done on-line, it is important to check temperature twice daily for the health of the family.

Q: What makes thermometers accurate? What should we know about thermometer accuracy? How about No Touch Thermometers?

A: Published peer-reviewed clinical studies. Without such studies by medical professionals, there is no assurance of accuracy on children and adults in all settings. No Touch thermometers are well known to be inaccurate, with unavoidable errors of +/- 4 deg F. They have no published peer-reviewed clinical studies supporting their accuracy.

Q: What types of thermometers are recommended for use in schools and workplaces? For use by families?

A: Only those thermometers that are clinically accurate as demonstrated by published peer-reviewed clinical studies.

Q: Can you explain how a thermometer margin of error might guide the choice for a cut-off of fever?

A: Some attempts to use a lower cut-off for Covid-19 screening have been made due to the low readings of the no touch thermometers from their inaccuracies. These attempts have been unsuccessful in "improving" the no touch devices' accuracies. A thermometer with accuracy backed by more than 80 published peer reviewed studies requires no adjustment to the medical standard cut-off for fevers.

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