

Clinical Presentation, Microorganism, Infectious Disease	Type of Precautions	Infective Material	Route of Transmission	Incubation	Period of Communicability	Duration of Precautions	Comments
ABSCESS <i>Staphylococcus aureus</i> Group A <i>Streptococcus</i> Other bacteria	Minor: Routine Major: Contact	Pus	Direct & indirect contact	Variable	Duration of drainage	Duration of drainage	Minor: Drainage is contained by dressing. Major: Drainage not contained by dressing.
ACQUIRED IMMUNE DEFICIENCY SYNDROME AIDS, ARC, or HIV Antibody Positive, Suspected Human Immunodeficiency Virus (HIV) Infection	Routine	Blood, body fluids containing visible blood, CSF, pleural peritoneal, pericardial, amniotic fluids, semen, & vaginal secretions	Mucosal or percutaneous exposure to infective material Breastmilk ingestion	Weeks to years	From onset of infection	For life	Follow the WRHA Post Exposure Blood & Body Fluid Post Exposure Protocol Management Policy. Report an exposure to infective material e.g., needle-stick or blood spill/splash immediately to the Occupational Health Department. Refer to Specific Disease Protocol: AIDS/HIV.
ACTINOMYCOSIS <i>Actinomyces</i> species	Routine		Not person to person				Normal flora: infection usually secondary to trauma.
ADENOVIRUS Conjunctivitis	Routine Children <6 yrs: Contact	Eye drainage	Direct & indirect contact	2-14 days	Until symptoms cease	Duration of illness	Different strains can be responsible for respiratory and gastrointestinal disease. Minimize exposure of immunocompromised patients, children with chronic cardiac or lung disease, and neonates.
Diarrhea	Routine* Children<6 yrs: Contact	Feces	Direct & indirect contact	3-10 days	Until symptoms cease	Until feces normal	*Consider Contact Precautions for incontinent patients if feces cannot be contained or for patients who contaminate their environment. Refer to Specific Disease Protocol: Diarrhea – Viral.

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ADENOVIRUS (cont'd) Respiratory infection	Routine Pediatric: Droplet & Contact	Respiratory secretions	Droplet, direct & indirect contact	2-14 days	Until symptoms cease	Until 48 hours after resolution of symptoms	
AMEBIASIS <i>Entamoeba Histolytica</i> Abscess Diarrhea	Routine* Children <6 yrs: Contact	Feces, pus Feces	Direct & indirect contact (Fecal/oral)	Days to weeks	Duration of cyst excretion	Duration of illness	*Consider Contact Precautions for incontinent patients if feces cannot be contained or for patients who contaminate their environment. Refer to Specific Disease Protocol: Diarrhea – Other.
ANTHRAX <i>Bacillus Anthracis</i> Cutaneous Pneumonia	Routine* Routine	Lesion drainage Respiratory secretions	Not person to person	Few hours to 7 days			*Contact Precautions required only if wound drainage cannot be contained by dressing. Acquired from infected animals and animal products. Cutaneous Anthrax is not usually fatal. Usually fatal Anthrax is a possible agent of bioterrorism.
ANTIBIOTIC RESISTANT ORGANISMS (ARO)	Contact	Infected or colonized secretions or excretions	Direct & indirect contact	Variable	Variable	As directed by Infection Prevention and Control	Includes MRSA, VRE, ESBL, other resistant Gram Negative bacilli and other bacteria. Refer to Specific Disease Protocol: Antibiotic Resistant Organisms. (ARO)
ARTHROPOD BORNE VIRAL ENCEPHALITIS (Arboviruses) Eastern or Western	Routine		Mosquito or tick bite Not person to person	Variable	Variable		

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ARTHROPOD BORNE VIRAL ENCEPHALITIS (cont'd) Equine Encephalitis St. Louis/California Encephalitis Powassan Encephalitis Venezuelan Equine Encephalomyelitis West Nile Virus							
ARTHROPOD BORNE VIRAL FEVERS/RASH Colorado Tick Fever Dengue Fever Yellow Fever	Routine		Insect-borne Mosquito or tick bite Not person to person	Variable	Variable		
ASCARIASIS Roundworm	Routine		Not person to person				Ova must hatch in soil to become infective.
ASPERGILLOSIS <i>Aspergillus</i> species	Routine		Not person to person				Spores in dust; infections in immunocompromised patients may be associated with construction.
ASTROVIRUS Diarrhea	Routine* Children <6 yrs: Contact	Feces	Direct & indirect contact (Fecal/oral)	1-4 days	Duration of illness	Until feces normal	*Consider Contact Precautions for incontinent patients if feces cannot be contained or for patients who contaminate their environment. Refer to Specific Disease Protocol: Diarrhea - Viral.
AVIAN INFLUENZA	Droplet & Contact	Respiratory secretions	Droplet, direct & indirect contact		14 days after onset of symptoms	As directed by Infection Prevention & Control	Refer to Specific Disease Protocol: Severe Respiratory Infection & Influenza. Human-to-human transmission inefficient and rare, but risk of

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AVIAN INFLUENZA (cont'd)							reassortment with human influenza strains and emergence of pandemic strain serious concern.
BABESIOSIS <i>Babesia microti</i> Other <i>Babesia</i> species	Routine		Tick or blood transfusion				Transmission from person to person is unlikely except by blood transfusion.
BED BUGS <i>Climex lectularius</i>	Contact	Parasite	Not person to person*		Until parasites are eliminated from resting/sleeping space		Refer to Specific Disease Protocol: Bed Bugs. *Frequent association with transport of personal belongings.
BLASTOMYCOSIS <i>Blastomyces dermatitidis</i> Pneumonia Skin lesions	Routine		Not person to person				Acquired from spores in soil.
BOILS <i>Staphylococcus aureus</i> Group A <i>Streptococcus</i> Other bacteria	Routine	Pus	Direct & indirect contact	Variable	Duration of drainage	Duration of drainage	
BOTULISM <i>Clostridium botulinum</i>	Routine		Foodborne Not person to person	Variable			
BRONCHIOLITIS Adenovirus Influenza Parainfluenza Virus Respiratory Syncytial Virus (RSV)	Routine Pediatric: Droplet & Contact	Respiratory secretions	Droplet, direct & indirect contact	Variable	Variable	Until 48 hours after resolution of symptoms	May cohort if infected with the same virus. Minimize exposure of immunocompromised patients & children with chronic cardiac or lung disease, neonates.

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BRUCELLOSIS <i>Brucella</i> species Draining lesions Mediterranean Fever Undulant Fever	Routine*	Lesion drainage	Possibly direct contact Rare cases of person to person transmission	Weeks to months		Duration of drainage	*Contact Precautions required only if wound drainage cannot be contained by dressings
	Routine						
BUBONIC PLAGUE <i>Yersinia pestis</i>	Routine		Direct contact with infected rodents and/or their fleas	1-7 days			Close contacts may need chemoprophylaxis.
BURKHOLDERIA CEPACIA Resistant to all antibiotics tested Antibiotic sensitive or resistant strains in Cystic Fibrosis (CF) patient	Contact	Respiratory secretions	Direct & indirect contact	Variable	Variable	As directed by Infection Prevention & Control	Minimize contact with other CF patients in the hospital who are not colonized or infected with <i>B. cepacia</i> . Do not place in the same room as a patient with Cystic Fibrosis (CF) who is not infected or colonized with <i>B. cepacia</i> . Persons with CF who visit or provide care and are not infected or colonized with <i>B. cepacia</i> may elect to wear a mask when within 1 metre (3 feet) of a colonized or infected patient who is coughing or undergoing chest physiotherapy.
BURNS MINOR Less than total 25% body surface area MAJOR More than 25% total body surface area	Routine						Patients with burns depending on severity may be referred to the Burn Units at HSC or Children's Hospital.
	Contact						

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BURNS (cont'd) INFECTED	Minor: Routine Major: Contact	Pus	Direct & indirect contact	Variable	Duration of drainage	Duration of drainage	Minor: Drainage is contained by dressing. Major: Drainage not contained by dressing.
CALICIVIRUSES Calicivirus Norovirus Other small round- structured viruses	Routine* Children <6 yrs: Contact	Feces	Direct & indirect contact (Fecal/ oral)	24-48 hours range 10-50 hours	Duration of excretion	Until feces normal	*Consider Contact Precautions for incontinent patients if stool cannot be contained or who contaminate their environment. Refer to Specific Disease Protocol: Diarrhea - Viral.
CAMPYLOBACTER JEJUNI	Routine* Children < 6 yrs: Contact	Feces	Direct & indirect (Fecal/ oral)	1-10 days	Duration of excretion	Until feces normal	* Consider Contact Precautions for incontinent patients if feces cannot be contained or for patients who contaminate their environment Refer to Specific Disease Protocols – Diarrhea – Bacterial.
CANDIDIASIS <i>Candida</i> species. Moniliasis Thrush	Routine	Infected secretions and excretions		Variable			Normal flora.
CAT SCRATCH FEVER <i>Bartonella henselae</i>	Routine		Cat scratch, bite or lick to nonintact skin. Not person to person.				Acquired from animals (cats and others)
CELLULITIS Draining: <i>Staphylococcus aureus</i> , Group A <i>Streptococcus</i> Other bacteria	Minor: Routine Major: Contact	Pus	Direct & indirect contact	Variable	Duration of drainage	Duration of drainage	Minor: Drainage is contained by dressing. Major: Drainage not contained by dressing

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CELLULITIS (cont'd) Periorbital or other with intact skin: <i>Haemophilus influenzae type b in non immune child <5 years</i> <i>Streptococcus</i> group A Other bacteria	Droplet if <i>Haemophilus influenzae</i> type b is possible cause, otherwise Routine	Respiratory secretions	Droplet & direct contact	Variable	Variable	Until 24 hours after start of appropriate antibiotic therapy	
CHANCROID <i>Haemophilus ducreyi</i>	Routine	Genital ulcer drainage	Sexually transmitted	3-10 days	As long as the infectious agent persists		
CHICKENPOX: Varicella Zoster Virus (VZV) Active Chickenpox	Airborne & contact	Respiratory secretions, lesion drainage	Airborne, direct & indirect contact	10-21 days	2 days before rash and until all skin vesicles are crusted & dry (usually 5-7) days	Until all vesicles dry & crusted	Roommates and HCWs should be immune to chickenpox. Non-immune HCWs should not enter room if immune caregivers are available. If non-immune persons enter room they must wear N95 respirator. Susceptible high-risk contacts should receive VZIG as soon as possible, within 96 hours of exposure. VZIG may extend the incubation period to 28 days.
Susceptible Contact	Airborne	Respiratory secretions			Potentially communicable during last 2 days of incubation period	From 8 days after first contact until 21 days after last contact with rash (28 days if given VZIG)	Newborns: Airborne precautions should be taken with neonates born to mothers with varicella onset < 5 days before delivery. Prevent exposure of susceptible persons & immunosuppressed patients. Refer to Specific Disease Protocol: Chickenpox.

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CHLAMYDIA PSITTACI Psittacosis Ornithosis	Routine		Not person to person	1-4 weeks			Acquired from contact with infected birds.
CHLAMYDIA TRACHOMATIS Genital ulcers Pneumonia Trachoma Neonatal Conjunctivitis	Routine		Sexually transmitted	Variable			
	Routine		Mother to Newborn				
CHOLERA <i>Vibrio Cholera</i> 01	Routine* Children < 6 yrs: Contact	Feces	Direct & indirect contact (Fecal/oral)	1-5 days	Duration of shedding	Until feces normal	*Consider Contact Precautions for incontinent patients if feces cannot be contained or for patients who contaminate their environment. Refer to Specific Disease Protocols: Diarrhea - Bacterial.
CLOSTRIDIUM DIFFICILE Diarrhea Pseudomembranous Colitis (PMC)	Contact	Feces	Direct & indirect contact (Fecal/ oral)	Variable	Duration of shedding	Until feces normal for 48 hours	Refer to Specific Disease Protocol: Diarrhea – <i>C. difficile</i> . Bacterial spores persist in the environment Pay special attention to cleaning.
CLOSTRIDIUM PERFRINGENS Food poisoning Abscess Gas gangrene Myonecrosis	Routine		Not person to person Foodborne	6-24 hours			
	Routine	Wound drainage	Direct & indirect contact	Variable			Found in normal gut flora, soil.
COCCIDIOMYCOSIS <i>Coccidioides immitis</i>	Routine		Not person to person	1-4 weeks			Inhalation of spores in contaminated soil.

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COLD (COMMON) Adenovirus Coronavirus Influenza Parainfluenza Rhinovirus Respiratory Syncytial Virus (RSV)	Adult: Routine Pediatric: Droplet & Contact	Respiratory secretions	Droplet, indirect contact	Variable	Variable	Until 48 hours after resolution of symptoms	May cohort if infected with the same virus. Minimize exposure of immunocompromised patients, children with chronic cardiac or lung disease, neonates.
COLORADO TICK FEVER Arbovirus	Routine		Tickborne Not person to person	4-5 days			
CONGENITAL RUBELLA	Droplet & Contact	Respiratory secretions, urine	Droplet, direct & indirect contact		Prolonged shedding in respiratory tract and urine, can be up to 1 year	Until 1 year of age, unless nasopharyngeal & urine cultures done after 3 months are negative	Refer to Specific Disease Protocols: Rubella.
CONJUNCTIVITIS Acute Bacterial Pink Eye Chlamydia Gonococcus Viral Adenovirus Enterovirus	Adult: Routine Children < 6 yrs: Contact until viral etiology ruled out Routine Routine Children < 6 yrs: Contact	Eye discharge Eye discharge Eye discharge	Direct & indirect contact Mother to newborn Direct & indirect contact		Until 24 hours after startt of appropriate antibiotic therapy Until 24 hours after startt of appropriate antibiotic therapy Until 24 hours after startt of appropriate antibiotic therapy	Until 24 hours after startt of appropriate antibiotic therapy Until 24 hours after startt of appropriate antibiotic therapy Duration of drainage and symptoms	

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CORONAVIRUS Common cold	Adult: Routine Pediatric: Droplet & Contact	Respiratory secretions	Direct & indirect contact, possible droplet	2-4 days	Until symptoms cease	Until 48 hours after resolution of symptoms	
COUGH Rhinovirus RSV Parainfluenza Adenovirus Coronavirus Pertussis	Adult: Routine Pediatric: Droplet & Contact	Respiratory secretions	Droplet, direct & indirect contact	Variable	Until symptoms cease	Until infectious cause ruled out or 48 hours after resolution of symptoms	May cohort if infected with same virus. Minimize exposure of immunocompromised patients.
COXSACKIEVIRUS	Routine Children < 6 yrs: Contact	Feces Respiratory secretions	Direct & indirect contact	3-5 days	During the acute stage of the illness and perhaps longer	For duration of illness	If patient has diarrhea – Refer to Specific Disease Protocols – Diarrhea: Viral.
CREUTZFELDT-JAKOB DISEASE (CJD)	Routine*	Central nervous system tissues, CSF	Unknown**	Months to years	CNS tissues are infectious throughout illness	Duration of illness (months to years)	*Special precautions for instruments contaminated with CSF or CNS tissues, neurosurgical procedures, autopsy and handling deceased body required. **Transmission has been documented following human pituitary hormone therapy, human dura mater grafts, corneal grafts and linked to neurosurgical instruments. Refer to Specific Disease Protocols: CJD.
CROUP Adenovirus Influenza Parainfluenza Respiratory Syncytial Virus (RSV)	Adult: Routine* Pediatric: Droplet & Contact	Respiratory secretions	Droplet, direct & indirect contact	Variable	Variable	Until infectious cause ruled out or 48 hours after resolution of symptoms	May cohort if infected with same virus. Minimize exposure of immunocompromised patients, children with chronic cardiac and lung disease, neonates.

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CRYPTOCOCCOSIS <i>Cryptococcus neoformans</i>	Routine		Not person to person				Acquired from spores in soil.
CRYPTOSPORIDIOSIS <i>Cryptosporidium parvum</i>	Routine* Children < 6 yrs: Contact	Feces	Direct & indirect contact	1-12 days	From onset of symptoms until several weeks after resolution	Until feces normal	*Consider Contact Precautions for incontinent patients if feces cannot be contained or for patients who contaminate their environment. Refer to Specific Disease Protocol: Diarrhea – Other.
CYSTICERCOSIS <i>Taenia solium</i> larvae Tapeworm	Routine	Feces	Direct contact (Fecal/oral)	Weeks to 10 years			Transmissible only if patient has <i>Taenia solium</i> adult tapeworm in gastrointestinal tract. Ova in feces.
CYSTIC FIBROSIS (CF)		Contact Droplet/Contact if known or suspected respiratory infection. Airborne/Contact if known or suspected airborne infection. E.g. tuberculosis	Respiratory secretions			Ongoing	All persons with CF to wear a surgical/procedure mask when in common areas of the hospital. Private room, no room mates. If cohorting must occur, patients may be cohorted with a suitable roommate, provided measures are taken to minimize their exposure to patients with transmissible infections such as respiratory and gastrointestinal viruses, and antibiotic resistant organisms NOTE: A 'suitable roommate' is a patient who does not have an infection or is not at high risk for infection (i.e., roommate should not be a patient with wounds, diarrhea, and/or respiratory symptoms or recent known exposure to infectious diseases). A suitable roommate is not someone with CF In clinic settings and if shared rooms, maintain a separation of ideally 2 metres; minimally 1 metre between patients. Draw curtains Reference: Infection Control and Hospital Epidemiology, Vol. 35, No. S1, Cystic Fibrosis Foundation Guideline (August 2014), pp. S1-S67

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CYTOMEGALOVIRUS (CMV)	Routine	Saliva, Genital secretions, Urine, Respiratory secretions may be in symptomatic congenitally infected infants	Sexual contact, direct contact	Unknown	Secreted in urine and saliva for months		Requires intimate sexual or direct personal contact for transmission.
DECUBITUS ULCER <i>Staphylococcus aureus</i> , Group A <i>Streptococcus</i> , Other bacteria	Minor: Routine Major: Contact	Pus	Direct & indirect contact	Variable	Duration of drainage	Duration of drainage	Minor: Drainage is contained by dressing. Major: Drainage not contained by dressing.
DENGUE FEVER Arbovirus	Routine		Mosquito-borne Not person to person				
DERMATITIS Bacteria, Virus, Fungus	Minor: Routine Major: Contact	Skin exudates	Direct & indirect contact	Variable	Variable	Until infectious etiology ruled out	
DERMATOPHYTOSIS Ringworm Tinea	Routine		Direct contact	Variable			May be acquired from animals, close person to person contact, shared combs, brushes, sheets.
DESQUAMATION, EXTENSIVE <i>Staphylococcus aureus</i>	Contact	Skin exudates	Direct & indirect contact	Variable	Variable	Until skin exudates contained or infection ruled out	
DIARRHEA Acute diarrhea or dysentery unknown etiology possible infectious	Contact	Feces	Direct & indirect contact (fecal/oral)	Variable	Variable	Until feces normal or until specific agent identified or infectious etiology ruled out	Refer to Specific Disease Protocols: Diarrhea.
Bacterial <i>Campylobacter</i> <i>Cholera</i> <i>Escherichia coli</i> 0:157 H:7 <i>Salmonella</i> <i>Shigella</i> <i>Vibrio parahaemolyticus</i> <i>Yersinia enterocolitica</i>	Routine* Children <6 yrs: Contact	Feces	Direct & indirect contact (fecal/oral)	Variable	Variable	Until feces normal	*Consider Contact Precautions for incontinent patients if feces cannot be contained or for patients who contaminate their environment. Refer to Specific Disease Protocols: Diarrhea - Bacterial
<i>Clostridium difficile</i>	Contact	Feces	Direct & indirect contact (fecal/oral)	Variable	Duration of shedding	Until feces normal for 48 hours	Refer to Specific Disease Protocols: Diarrhea – <i>C. difficile</i> .
Viral Calicivirus Coxsackievirus	Routine* Children <6 yrs: Contact	Feces	Direct & indirect contact (fecal/oral)	Variable	Variable	Duration of virus detectable in feces	*Consider Contact Precautions for incontinent patients if feces cannot be contained or for patients who

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DIARRHEA (cont'd) Viral Norovirus Rotavirus Small round enteric Virus (SREV)							contaminate their environment. Refer to Specific Disease Protocols: Diarrhea – Viral.
Other Amebiasis Cryptosporidium Dientamoeba fragilis Dysentery Giardia Lamblia	Routine* Children < 6 yrs: Contact	Feces	Direct & indirect contact (fecal/oral)	Variable	Variable	Until feces normal	*Consider Contact Precautions for incontinent patients if feces cannot be contained or for patients who contaminate their environment. Refer to Specific Disease Protocols: Diarrhea – Other.
DIPHTHERIA <i>Corynebacterium diphtheriae</i> Cutaneous disease	Contact	Lesion drainage	Direct or indirect contact	2 to 5 days.	If untreated, 2 weeks to several months.	Until 2 cultures from skin lesions are negative.	Cultures should be taken at least 24 hours apart and at least 24 hours after cessation of antimicrobial therapy. Close contacts should be given antibiotic prophylaxis.
Pharyngeal	Droplet	Respiratory secretions	Droplet, direct contact	2-5 days		Until 2 cultures from both nose & throat are negative.	
EBOLA VIRUS Viral Hemorrhagic Fever	Airborne & Contact	Blood and bloody body fluids, respiratory secretions	Direct & indirect, possibly airborne if pneumonia	2-21 days	Unknown possibly several weeks	Until symptoms resolve	Manitoba Health & WRHA Medical Officer of Health should be notified immediately of a suspected case. Notify Infection Prevention & Control, Infectious Diseases Physician on Call, and Administrator on Call. Add eye protection, double gloves, leg and shoe coverings, and impermeable

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EBOLA VIRUS (cont'd) Viral Hemorrhagic Fever							gowns. Special precautions for handling of deceased body. Contact Infection Prevention & Control for direction.
ECHINOCOCCOSIS Hydatidosis <i>Echinococcus granulosus</i> <i>Echinococcus multilocularis</i>	Routine		Not person to person	12 months to years			Acquired from contact with infected animals.
ECHOVIRUS DISEASE	Routine Children < 6 yrs: Contact	Feces Respiratory secretions Eye discharge	Direct & indirect contact	Variable	Variable	Duration of illness	
ENCEPHALITIS Arbovirus Enterovirus Herpes Simplex Virus Unknown etiology	Routine Children < 6 yrs: Contact	Feces Respiratory secretions	Direct & Indirect contact (Fecal/oral)	Variable	Variable	Until specific etiology established	Although specific etiologic agents can include enteroviruses, arthropod borne viruses, and herpes simplex, precautions for enteroviruses are generally indicated until a definitive diagnosis can be made. May be associated with measles, mumps, varicella, <i>Mycoplasma pneumoniae</i> , Epstein-Barr. If so, take appropriate precautions for associated disease.
ENDOMETRITIS Group A <i>Streptococcus</i> Other bacteria	Routine						
ENTEROBIASIS Pinworms <i>Enterobius vermicularis</i> Oxyuriasis	Routine	Ova in perianal region	Direct contact	1-2 months			Close household contacts may need treatment.

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ENTEROCOCCUS Vancomycin Resistant Enterococcus VRE Modified (Alert)	Routine		Direct & indirect contact	Variable			*Contact Precautions if patient has: loose stool, diarrhea or fecal/urinary incontinence or not able to practice good hand hygiene, or does not have good personal hygiene practices or not cognitively able to follow directions.
Vancomycin Resistant Enterococcus (VRE) Positive	Contact	Feces Infected or colonized secretions, or excretions	Direct & indirect contact	Variable	Most individuals colonized for life	As directed by Infection Prevention & Control	Refer to Specific Disease Protocols: Antibiotic Resistant Organisms – Vancomycin Resistant Enterococcus
VRE Suspect Contact of positive VRE	Routine		Direct & indirect contact	Variable			
ENTEROVIRAL INFECTION Echovirus Coxsackievirus Poliovirus Enterovirus	Routine Children < 6 yrs: Contact	Feces Respiratory secretions Eye discharge	Direct & indirect contact	Variable	Variable	Duration of illness	
EPIGLOTTITIS <i>Streptococcus</i> group A <i>Staphylococcus aureus</i> <i>Haemophilus influenzae</i> type b	Routine Pediatric: Droplet	Respiratory secretions	Droplet, direct contact	Variable	Variable	Until 24 hours of appropriate antimicrobial therapy received until <i>Haemophilus influenzae</i> type b ruled out	

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EPSTEIN-BARR VIRUS Infectious mononucleosis Glandular fever	Routine	Saliva		30-50 days			
ERYSIPELAS <i>Streptococcus</i> group A	Routine	Drainage					
ERYTHEMA INFECTIOSUM Fifth Disease Parvovirus B-19 Aplastic Crisis	Fifth Disease: Routine Aplastic crisis: Droplet	Respiratory secretions	Droplet, direct contact	4-21 days	Fifth Disease: no longer infectious by the time the rash appears	Aplastic or erythrocyte crisis See comments	For patients with transient aplastic or erythrocyte crisis, precautions should be maintained for 7 days. For immunosuppressed patients with chronic infection, maintain for duration of hospitalization.
ESCHERICHIA COLI Pathogenic strains Diarrhea Hemolytic-uremic syndrome (HUS) Thrombotic Thrombocytopenic purpura	Routine* Children < 6 yrs: Contact	Feces	Direct & indirect contact (Fecal/oral)	1 to 8 days	From onset of symptoms until several weeks after resolution	Until stools normal. If HUS: until two stools negative for <i>E. coli</i> 0157:H7 or 10 days from onset of diarrhea.	*Consider Contact Precautions for incontinent patients if feces cannot be contained or for patients who contaminate their environment. Refer to Specific Disease Protocol: Diarrhea – Bacterial.
EXTENDED SPECTRUM LACTAMASES (ESBL) ESBL Alert	Routine*		Direct & indirect contact	Variable			*Contact Precautions if patient has: loose stool, diarrhea or fecal/urinary incontinence, or not able to practice good hand hygiene or does not have good personal hygiene practices or not cognitively able to follow directions.
ESBL Positive	Contact	Feces Infected or colonized excretions, or secretions	Direct & indirect contact	Variable	Until negative	As directed by Infection Prevention & Control	See Specific Disease Protocol: Antibiotic Resistant Organisms – Extended Spectrum Lactamases (ESBLs).

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EXTENDED SPECTRUM LACTAMASES (ESBL) (cont'd) ESBL Suspect	Routine		Direct & indirect contact	Variable			
FEVER: UNKNOWN ORIGIN Suspected Enterovirus (June-December)	Routine* Children < 6 yrs: Contact	Respiratory secretions, Feces	Direct or indirect contact (Fecal/oral)	Variable	Variable	Until enteroviral infection ruled out or 48 hours after resolution of symptoms	* If findings suggest a specific transmissible infection, take precautions for that infection pending diagnosis.
FIFTH DISEASE Erythema infectiosum Parvovirus B-19 Aplastic Crisis	Fifth Disease: Routine Aplastic crisis: Droplet	Respiratory secretions	Droplet, direct contact	4-21 days	Fifth disease: No longer infectious by the time the rash appears	Aplastic or erythrocyte crisis: See comments	For patients with transient aplastic or erythrocyte crisis precautions should be maintained for 7 days. For immunosuppressed patients with chronic infection, maintain for duration of hospitalization.
FOOD POISONING <i>Bacillus cereus</i>	Routine		Not person to person spread Food borne	0.5 to 24 hours			Contaminated food, soil or dust.
<i>Clostridium botulinum</i> Botulism	Routine	Food containing neurotoxin*	Food borne Not person to person	Variable			*Food in which neurotoxin has formed usually due to inadequate heating during canning Presents as flaccid paralysis, cranial nerve palsies.
<i>Clostridium perfringens</i>	Routine		Food borne Not person to person	6-24 hours			Food & water contaminated by soil or feces.



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FOOD POISONING (cont'd) <i>Escherichia coli 0157:H7</i>	Routine* Children <6 yrs: Contact	Feces	Direct & indirect contact (Fecal/oral) Food borne**	1 to 8 days	From onset of symptoms until several weeks after resolution	Until feces is normal. If HUS: until two feces negative for E. coli 0157:H7 or 10 days from onset of diarrhea	*Consider Contact Precautions for incontinent patients if feces cannot be contained or for patients with poor hygiene who contaminate their environment. **Food & water contaminated by soil or feces.
<i>Salmonella</i>	Routine* Children < 6 yrs: Contact	Feces	Contact (fecal/oral) Food borne	Diarrhea: 6-72 hours Enteric fever: 3-60 days	Variable	Until feces normal	*Consider Contact Precautions for incontinent adults if feces cannot be contained or for adults who contaminate their environment. Refer to Disease Specific Protocol: Diarrhea – Bacterial.
<i>Staphylococcus aureus</i>	Routine		Direct & indirect contact Food borne**	30 minutes to several hours			**Water and food products containing staphylococcal toxins
<i>Vibrio parahaemolyticus</i>	Routine	Feces	Food borne** Probably not person to person	5-92 hours			**Contaminated fish and shellfish
FURUNCLES <i>Staphylococcus aureus</i>	Minor: Routine Major: Contact	Pus	Direct & indirect contact	Variable	Duration of drainage	Duration of drainage	Minor: Drainage is contained by dressing. Major: Drainage not contained by dressing.

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GANGRENE Gas gangrene: Clostridium species Fournier's gangrene: Polymicrobial	Routine	Wound drainage	Direct & indirect contact Not person to person	Variable			Found in normal gut flora, soil. Infection related to devitalised tissue.
GASTROENTERITIS Acute gastroenteritis or dysentery unknown etiology possibly infectious	Contact	Feces	Direct & indirect contact (fecal/oral)	Variable	Variable	Until stools normal or until specific agent identified or infectious etiology ruled out	Refer to Specific Disease Protocols: Diarrhea.
Bacterial <i>Campylobacter</i> <i>Cholera</i> <i>Escherichia coli</i> 0:157 H:7 <i>Salmonella</i> <i>Shigella</i> <i>Vibrio parahaemolyticus</i> <i>Yersinia enterocolitica</i>	Routine* Children < 6 yrs: Contact	Feces	Direct & indirect contact (fecal/oral)	Variable	Variable	Until feces normal	*Consider Contact Precautions for incontinent patients if feces cannot be contained or for patients who contaminate their environment. Refer to Specific Disease Protocols: Diarrhea - Bacterial
<i>Clostridium difficile</i>	Contact	Feces	Direct & indirect contact (fecal/oral)	Variable	Duration of shedding	Until feces normal for 48 hours	Refer to Specific Disease Protocols: Diarrhea – <i>C. difficile</i> .
Viral Calicivirus Coxsackievirus Norovirus Rotavirus Small round enteric virus (SREV)	Routine* Children < 6 yrs: Contact	Feces	Direct & indirect contact (fecal/oral)	Variable	Variable	Duration of virus detectable in feces	*Consider Contact Precautions for incontinent patients if feces cannot be contained or for patients who contaminate their environment. Refer to Specific Disease Protocols: Diarrhea – Viral.
Other Amebiasis Cryptosporidium	Routine* Children < 6 yrs: Contact	Feces	Direct & indirect contact (fecal/oral)	Variable	Variable	Until feces normal	*Consider Contact Precautions for incontinent patients if feces cannot be contained or for patients who



Clinical Presentation, Microorganism, Infectious Disease	Type of Precautions	Infective Material	Route of Transmission	Incubation	Period of Communicability	Duration of Precautions	Comments
GASTROENTERITIS (cont'd) Other Dientamoeba fragilis Dysentery Giardia Lamblia							contaminate their environment. Refer to Specific Disease Protocols: Diarrhea – Other.
GERMAN MEASLES Acquired Rubella	Droplet	Respiratory secretions	Droplet, direct contact	14-23 days	1 week prior to rash – for 7 days after onset of rash.	Until 7 days after onset of rash	Droplet Precautions should be maintained for exposed susceptible patients for 7 days after first contact through to 21 days after last contact.
Congenital Rubella	Droplet & Contact	Urine Respiratory secretions	Droplet, direct & indirect contact		Prolonged shedding in respiratory tract and urine; can be up to 1 year	Until 1 year of age, unless nasopharyngeal and urine cultures done after 3 months of age are negative	
GIARDIASIS <i>Giardia lamblia</i>	Routine* Children < 6 yrs: Contact	Feces	Direct & indirect contact (Fecal/oral)	1-4 weeks	May persist for months	Until feces normal	*Consider Contact precautions for incontinent patients if feces cannot be contained or patients with who contaminate their environment. Refer to Specific Disease Protocol: Diarrhea – Other.
GINGIVOSTOMATITIS Herpes Simplex Virus	Routine*						*Consider Contact Precautions if extensive disease.
GONORRHEA <i>Neisseria gonorrhoeae</i>	Routine	Drainage	Sexually transmitted Direct contact	2-7 days	May extend for months if untreated,		

Clinical Presentation, Microorganism, Infectious Disease	Type of Precautions	Infective Material	Route of Transmission	Incubation	Period of Communicability	Duration of Precautions	Comments
GONORRHEA (cont'd) <i>Neisseria gonorrhoeae</i>							
Ophthalmia neonatorum	Routine	discharge	Mother-to-newborn	1-5 days	Until 24 hours after effective treatment		
Arthritis, Pelvic inflammatory disease	Routine	Drainage	Sexually transmitted	2-7 days	May extend for months if untreated.		
GRANULOMA INGUINALE Donovanosis <i>Klebsiella granulomatous</i>	Routine		Sexually transmitted	8-20 days			
GUILLAIN-BARRE SYNDROME	Routine*						*Take precautions as appropriate for known or suspected associated infection.
HAEMOPHILUS INFLUENZAE TYPE b (HIB) Invasive disease	Droplet	Respiratory secretions	Droplet, direct contact	Variable	Most infectious in the week prior to the onset of illness and during the illness until treated	Until 24 hours after start of appropriate antibiotic therapy	Close contacts less than 48 months of age and who are not immune may require chemoprophylaxis. Household contacts of such children should also receive prophylaxis. Refer to Disease Specific Protocol: Meningitis: Haemophilus Meningitis.
HAND, FOOT & MOUTH DISEASE <i>Coxsackie enterovirus</i>	Routine Children < 6 yrs: Contact	Feces Respiratory secretions	Direct & indirect (Fecal/oral) contact	3-5 days	During the acute stage of the illness and perhaps longer	For duration of illness	
HANSENS DISEASE Leprosy <i>Mycobacterium leprae</i> <i>Lepromatous leprosy</i>	Routine	Nasal secretions	Direct contact	One to many years			Transmitted between persons following very prolonged and extensive close personal contact. Household contacts should be given prophylaxis.

Clinical Presentation, Microorganism, Infectious Disease	Type of Precautions	Infective Material	Route of Transmission	Incubation	Period of Communicability	Duration of Precautions	Comments
HANTAVIRUS	Routine	Rodent feces	Not person to person	2-4 weeks			Infection acquired from rodents.
HELICOBACTER PYLORI	Routine						
HEMOLYTIC UREMIC SYNDROME (HUS) May be associated with Verotoxigenic <i>Escherichia coli</i>	Routine* Children < 6 yrs: Contact	Feces	Direct & indirect contact (Fecal/oral)		If <i>E. coli</i> 0:157:H7: :from onset of symptoms until several weeks after resolution	If <i>E. coli</i> 0:157:H7: Until 2 stools negative or 10 days from onset of diarrhea	*Consider Contact Precautions for incontinent patients if feces cannot be contained or for patients who contaminate their environment. If <i>E. coli</i> 0:157:H7: Refer to Specific Disease Protocol: Diarrhea – Bacterial.
HEMORRHAGIC FEVERS (VIRAL) (VHF) Ebola Fever Lassa Fever Marburg Fever Others	Airborne & Contact	Blood & bloody body fluids Respiratory secretions	Direct & indirect contact, possibly airborne if pneumonia	Variable	Unknown possibly several weeks	Duration of illness hemorrhagic	Manitoba Health & WRHA Medical Officer of Health should be notified immediately of a suspected case. Notify Infection Prevention & Control , Infectious Diseases Physician on Call, and Administrator on Call immediately. Add eye protection, double gloves, leg and shoe coverings and impermeable gowns. Special precautions for handling of deceased body. Contact Infection prevention & Control for direction.
HEPATITIS Unknown etiology	Routine* Children < 6 yrs: Contact	Blood Certain body fluids. Feces	Direct & indirect contact (Fecal oral) for Hepatitis A, E	Variable	Variable	For 7 days after onset of jaundice or until diagnosis established or infectious etiology ruled out	If specific etiology is established, refer to specific disease in table. *Consider Contact Precautions for incontinent patients if feces cannot be contained or for patients with poor hygiene who contaminate their environment.



Clinical Presentation, Microorganism, Infectious Disease	Type of Precautions	Infective Material	Route of Transmission	Incubation	Period of Communicability	Duration of Precautions	Comments
HEPATITIS (cont'd) Hepatitis A, E	Routine* Children < 6 yrs: Contact	Feces	Direct & indirect contact, (Fecal/oral)	A: 15-50 days E 15-64 days	Hep A: 2 weeks before to 1 week after onset of symptoms; shedding prolonged in newborn. Hep E: fecal shedding at least 2 weeks	1 week after onset of symptoms Newborn: duration of hospitalization	*Consider Contact Precautions for incontinent patients if feces cannot be contained or for patients with poor hygiene who contaminate their environment. Post-exposure prophylaxis indicated for non-immune contacts with significant exposure to Hepatitis A if within 2 weeks of exposure. Refer to Specific Disease Protocol: Viral Hepatitis A.
Hepatitis B, C, D	Routine	Blood and certain other body fluids	Mucosal or percutaneous exposure to infective blood and/or body fluids	B:45-180 days C: 2 weeks to 6 months D: 2-8 weeks	From onset of infection		Follow the WRHA Post Exposure Prophylaxis Care Map/Blood & Body Fluid Exposure Management Policy. Report an exposure to infective material e.g., needlestick or blood spill/splash immediately to Occupational Health. Refer to Specific Disease Protocol: Viral Hepatitis B & C.
HERPANGINA Enterovirus	Routine* Children < 6 yrs: Contact	Feces Respiratory secretions	Direct & indirect contact (Fecal/oral)	3-5 days	During the acute stage of the illness and perhaps longer	Duration of illness	*Consider Contact Precautions for incontinent patients if feces cannot be contained or for patients with poor hygiene who contaminate their environment. If diarrhea: Refer to Specific Disease Protocol: Diarrhea – Viral.
HERPES SIMPLEX Encephalitis	Routine						

Clinical Presentation, Microorganism, Infectious Disease	Type of Precautions	Infective Material	Route of Transmission	Incubation	Period of Communicability	Duration of Precautions	Comments
(no lesions elsewhere)							
HERPES SIMPLEX (cont'd) Mucocutaneous: Localized Disseminated or primary and extensive Neonatal	Routine Contact	Skin or mucosal lesions	Direct contact	2 days to 2 weeks.	While lesions present.	Until lesions resolve	
	Contact	Skin lesions or mucosal lesions; possibly all body secretions and excretions	Direct contact	Birth to 6 weeks		Duration of illness	Contact Precautions are also indicated for infants delivered vaginally (or by c-section if membranes have been ruptured more than 4-6 hours) to women with active genital infections, until neonatal HSV infection has been ruled out.

Clinical Presentation, Microorganism, Infectious Disease	Type of Precautions	Infective Material	Route of Transmission	Incubation	Period of Communicability	Duration of Precautions	Comments
<p>HERPES ZOSTER Shingles</p> <p>Disseminated: More than one dermatomal distribution</p>	Airborne & Contact	Respiratory secretions, lesion drainage	Airborne, direct & indirect contact	Variable	Until all lesions are crusted and dried.	Until all lesions have crusted and dried	Roommates & HCWs should be immune to chickenpox. Non-immune HCWs should not enter room if immune caregivers are available. If non-immune persons enter room they must wear N95 respirator. Susceptible high-risk contacts should be given VZIG as soon as possible; within 96 hours of exposure. Refer to Specific Disease Protocol: Herpes Zoster – Shingles.
<p>Localized: Immunocompromised host</p>	Airborne & Contact	Lesion drainage	Direct & indirect contact, possibly airborne	Variable	Until all lesions are crusted and dried.	Until 24 hours after antiviral therapy started; then as for localized zoster in normal host	Localized zoster may disseminate in immunocompromised host if not treated. Refer to Specific Disease Protocol: Herpes Zoster – Shingles.

Clinical Presentation, Microorganism, Infectious Disease	Type of Precautions	Infective Material	Route of Transmission	Incubation	Period of Communicability	Duration of Precautions	Comments
HERPES ZOSTER: Localized: Normal Host	Routine Or Airborne and Contact*	Lesion drainage	Direct & indirect contact, possibly airborne	Variable	Until all lesions have crusted and dried	Until all lesions have crusted and dried	*Consider for cases of extensive localized zoster that cannot be covered, in situations where there are Varicella (chickenpox) susceptible patients. Refer to Specific Disease – Protocol: Herpes Zoster – Shingles.
HISTOPLASMOSIS <i>Histoplasma Capsulatum</i>	Routine		Not person to person spread	3-17 days			Acquired from spores in soil
HOOKWORM <i>Necator americanus</i> <i>Ancylostoma duodenale</i>	Routine		Not person to person				Larvae must hatch in soil to become infectious
HUMAN HERPES VIRUS 6 Roseola HHV-6	Routine	Saliva (Presumed)	Direct contact	9-10 days			Transmission requires intimate personal contact.
HUMAN IMMUNO-DEFICIENCY VIRUS (HIV) INFECTION AIDS, ARC, or HIV Antibody positive Suspected Human Immunodeficiency Virus Infection	Routine	Blood, body fluids containing visible blood CSF, pleural peritoneal, pericardial, synovial, & amniotic fluids, semen, & vaginal secretions	Mucosal or percutaneous exposure to infective material	Weeks to years	From onset of infection	For life	Follow the WRHA Post Exposure Prophylaxis Care Map/Blood & Body Fluid Exposure Management & Policy. Report an exposure to infective material, e.g. needle – stick or blood spill/splash immediately to the Occupational Health Dept. Refer to Disease Specific Protocol: AIDS/HIV.
HUMAN T-CELL LEUKEMIA VIRUS Human T-lymphotropic Virus HTLV-I HTLV-II	Routine	Blood, body fluids containing visible blood, CSF, pleural peritoneal, pericardial, synovial, & amniotic fluids, semen, & vaginal secretions	Mucosal or percutaneous exposure to infective material	Weeks to years	From onset of infection		

Clinical Presentation, Microorganism, Infectious Disease	Type of Precautions	Infective Material	Route of Transmission	Incubation	Period of Communicability	Duration of Precautions	Comments
IMMUNOCOMPROMISED							Refer to Disease Specific Protocols: Immunocompromised Condition.
IMPETIGO <i>Staphylococcus aureus</i> <i>Streptococcus</i> group A	Routine Contact if extensive*	Lesions Skin exudates	Direct & indirect contact	Variable, but usually develop within 4-10 days	Until 24 hours of appropriate antibiotic therapy received	Until 24 hours of appropriate antibiotic therapy	*Lesions not covered by dressings
INFECTIOUS MONONUCLEOSIS Epstein-Barr virus	Routine	Saliva		30-50 days			
INFLUENZA Type A or B	Droplet & Contact	Respiratory secretions	Droplet, direct & indirect contact	1-4 days	5 days, shedding maybe longer in infants	Until 48 hours after resolution of symptoms	Patient should not share room with high risk patients. Minimize exposure of immunocompromised patients, children with chronic cardiac or lung disease, neonates. Refer to Disease Specific Protocols: Influenza.
JAUNDICE Suspected viral etiology e.g., Hepatitis	Routine* Children < 6 yrs: Contact	Blood Certain body fluids Feces	Direct & indirect contact (Fecal/oral) for Hepatitis A, E	Variable	Variable	For 7 days after onset of jaundice or until diagnosis established or infectious etiology ruled out	If specific etiology is established, refer to specific disease in table. *Consider Contact Precautions for incontinent patients if feces can not be contained or for patients with poor hygiene who contaminate their environment.
KAWASAKI DISEASE Mucocutaneous lymph node syndrome	Routine						Not known to be transmissible.
LASSA FEVER Viral Hemorrhagic Fever	Airborne & Contact	Blood & bloody body fluids Respiratory secretions	Direct & indirect contact, possibly airborne if pneumonia	6-21 days	Until 3-9 weeks after onset	Duration of viral shedding	Manitoba Health & WRHA Medical Officer of Health and Health Canada should be notified immediately of a suspected case.

Clinical Presentation, Microorganism, Infectious Disease	Type of Precautions	Infective Material	Route of Transmission	Incubation	Period of Communicability	Duration of Precautions	Comments
LASSA FEVER (cont'd) Viral Hemorrhagic Fever							Notify Infection Prevention & Control, Infectious Diseases Physician on Call, and Administrator on Call. Add eye protection, double gloves, leg and shoe coverings and impermeable gowns. Special precautions for handling of deceased body. Contact Infection Prevention & Control for direction.
LEGIONNAIRE'S DISEASE Legionellosis	Routine		Not person to person spread				
LEPROSY Hansen's Disease <i>Mycobacterium leprae</i>	Routine	Nasal secretions Lesion drainage	Direct contact	One to many years	For 3 months after effective treatment		Transmitted between persons following very prolonged and extensive close personal contact. Household contacts should be given prophylaxis.
LEPTOSPIROSIS <i>Leptospira species</i>	Routine		Not person to person spread				Acquired from contact with animals.
LICE (Pediculosis) <i>Pediculus humanus</i> <i>Phthirus pubis</i>	Routine*		Direct & indirect contact	7-10 days	Until 24 hours after initiation of treatment	Until effective treatment to kill lice & ova Usually until 24 hours after initiation of treatment	*Glove for direct patient contact only. Apply pediculicides as directed on label. If live lice found after therapy, repeat. Refer to Disease Specific Protocol: Pediculosis.
LISTERIOSIS <i>Listeria monocytogenes</i>	Routine	Respiratory secretions Feces	Foodborne Mother to fetus or newborn	Average 21 days.	Mothers of infected newborn infants may shed in vaginal discharge and urine for 7-10 days		



Clinical Presentation, Microorganism, Infectious Disease	Type of Precautions	Infective Material	Route of Transmission	Incubation	Period of Communicability	Duration of Precautions	Comments
LYME DISEASE <i>Borrelia burgdorferi</i>	Routine		Tickborne Not person to person spread	Rash: 3-31 days			
LYMPHOCYTIC CHORIOMENINGITIS VIRUS	Routine		Acquired from contact with rodents Not person to person spread	15-21 days			
LYMPHOGRANULOMA VENEREUM <i>Chlamydia Trachomatis</i>	Routine		Sexually transmitted				
MALARIA <i>Plasmodium species</i>	Routine	Blood Mosquito-borne	Mosquito-borne Not normally person to person				Can be transmitted via blood transfusion.
MARBURG VIRUS Viral Hemorrhagic Fever	Airborne & Contact	Blood and bloody body fluids Respiratory secretions	Direct & indirect contact, possibly airborne if pneumonia	2-21 days	Duration of virus shedding	Until symptoms resolve	Manitoba Health & WRHA Medical Officer of Health and Health Canada should be notified immediately of a suspected case. Notify Infection Prevention & Control, Infectious Diseases Physician on Call and Administrator on Call. Add eye protection, double gloves, leg and shoe coverings & impermeable gowns. Special precautions for handling of deceased body. Contact Infection Prevention & Control for direction.

Clinical Presentation, Microorganism, Infectious Disease	Type of Precautions	Infective Material	Route of Transmission	Incubation	Period of Communicability	Duration of Precautions	Comments
MEASLES Rubeola Active Measles Susceptible Contact	Airborne	Respiratory secretions	Airborne	7-18 days	5 days before onset of rash, (1-2 days before onset of initial symptoms), until 4 days after onset of rash (longer in immunocompromised patients)	For 4 days after start of rash. Duration of illness in immunocompromised patients	Roommates & HCWs should be immune to measles. Immunoprophylaxis is indicated for susceptible contacts. Precautions should be taken with neonates born to mothers with measles infection at delivery. Non-immune HCWs should not enter room if immune caregivers are available. If non-immune persons enter room they must wear N95 respirator.
	Airborne	Respiratory secretions	Airborne		Potentially communicable during last 2 days of incubation period	From 5 days after first exposure through 21 days after last exposure	
MELIOIDOSIS <i>Burkholderia pseudomallei</i>	Routine						Organism in soil in South-East Asia. Rare cases of person-to-person transmission.
MENINGITIS Suspected until etiologic agent diagnosed Arthropodborne viruses Bacterial Meningitis other than listed below	Droplet Pediatric: Droplet & Contact	Respiratory secretions Feces	Droplet (Fecal/oral)	Variable	Variable	Until infectious etiology ruled out or specific agent is identified	Refer to Disease Specific Protocol: Meningitis.
	Routine						
	Routine Children < 6 yrs: Contact	Respiratory secretions	Droplet			Until infectious etiology ruled out or specific agent is identified.	

Clinical Presentation, Microorganism, Infectious Disease	Type of Precautions	Infective Material	Route of Transmission	Incubation	Period of Communicability	Duration of Precautions	Comments
MENINGITIS (cont'd) Fungal Meningitis	Routine						
<i>Haemophilus influenzae</i> type b	Droplet	Respiratory secretions	Droplet, direct contact	Variable	Most infections in the week prior to the onset of illness & during the illness until treated	Until 24 hours after start of appropriate antibiotic therapy	Close contacts less than 48 months of age and who are not immune may require chemoprophylaxis. Household contacts of such children should also receive prophylaxis. Refer to Disease Specific Protocol: Meningitis: Haemophilus Meningitis.
Herpes simplex	Routine						
<i>Listeria monocytogenes</i>	Routine	Respiratory Secretions Feces	Food borne Mother to fetus or newborn	Mean 21 days	Mothers of infected newborn infants may shed in vaginal discharge and urine for 7-10 days.		
<i>Neisseria meningitidis</i> Meningococcus	Droplet	Respiratory secretions	Droplet, direct contact	2-10 Days	Until 24 hours after start of appropriate antibiotic therapy	Until 24 hours after start of appropriate antibiotic therapy	Close contacts may require chemoprophylaxis. Refer to Disease Specific Protocol: Meningitis – Meningococcal.
Pneumococcal	Routine	Respiratory secretions	Droplet	2-10 days			Refer to Disease Specific Protocol: Meningitis – Pneumococcal.
<i>Streptococcus</i> group B	Routine	Respiratory secretions	Droplet	Variable			Refer to Disease Specific Protocol: Meningitis – Pneumococcal.
Tuberculous	Routine						*Rule out associated pulmonary TB.



Clinical Presentation, Microorganism, Infectious Disease	Type of Precautions	Infective Material	Route of Transmission	Incubation	Period of Communicability	Duration of Precautions	Comments
MENINGITIS (cont'd) Viral: Enteroviruses	Routine Children < 6 yrs: Contact	Feces	Direct & indirect contact			Duration of illness or 7 days after onset, whichever is less	Refer to Disease Specific Protocol: Meningitis – Viral.
METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS (MRSA) MRSA Positive	Contact	Infected or colonized secretions, excretions	Direct & indirect contact	Variable	Variable	As directed by Infection Prevention & Control	Refer to Disease Specific Protocols: Antibiotic Resistant Organisms - MRSA.
MRSA Suspect	Routine		Direct & indirect contact	Variable	Variable		
MOLLUSCUM CONTAGIOSUM	Routine	Contents of papules	Direct contact	2 weeks to 6 months	Unknown		Requires intimate direct personal contact for transmission.
MUCORMYCOSIS <i>Mucor</i> Phycomycosis Zygomycosis <i>Zygomycetes</i>	Routine		Not person to person transmission				Acquired from spores in dust, soil
MUMPS <i>Paramyxovirus</i>	Droplet	Saliva	Droplet, direct contact	12-25 days	7 days before to 5 days after onset of swelling of salivary glands (parotitis).	Until 5 days after onset of swelling of salivary glands	Droplet precautions for exposed susceptible patients should begin 10 days after first contact and continue through 26 days after last exposure.
MYCOBACTERIUM NON-TUBERCULOSIS (ATYPICAL) <i>Mycobacterium avium</i> complex	Routine		Not person to person				Acquired from soil, water, animal, and reservoirs.

Clinical Presentation, Microorganism, Infectious Disease	Type of Precautions	Infective Material	Route of Transmission	Incubation	Period of Communicability	Duration of Precautions	Comments
MYCOBACTERIUM TUBERCULOSIS Also: <i>Mycobacterium africanum</i> <i>Mycobacterium bovis</i> Multi-drug resistant TB (MDRTB)	Airborne*	Respiratory secretions	Airborne	Weeks to years	While organisms in sputum	In consultation with attending physician and IP & C	*Tuberculosis in young children is rarely contagious, assess visiting family members for cough. Refer to Disease Specific Protocol: Tuberculosis.
	Non respiratory: Bone & joint infection Draining lesions PPD skin test positive with no evidence of current pulmonary disease	Routine	Lesion drainage	Direct & indirect contact	Variable	Variable	In consultation with attending physician and IP & C
MYCOPLASMA <i>Mycoplasma pneumoniae</i>	Routine Pediatric: Droplet	Respiratory secretions	Droplet, direct contact	1-4 weeks.	Unknown	Duration of illness	
NECROTIZING ENTEROCOLITIS	Contact*	Feces	Probably indirect contact				*Unknown if transmissible. Take precautions if outbreak suspected.
NECROTIZING FASCIITIS Streptococcal Clostridial Polymicrobial	Minor: Routine Major: Contact	Drainage	Direct & indirect contact	Variable	As long as organism is the exudate/drainage	Until 24 hours after start of appropriate antibiotic therapy for Streptococcal or until negative for other organisms	Minor: Drainage is contained by dressing Major: Drainage not contained by dressing

Clinical Presentation, Microorganism, Infectious Disease	Type of Precautions	Infective Material	Route of Transmission	Incubation	Period of Communicability	Duration of Precautions	Comments
NEISSERIA GONORRHEA <i>Neisseria gonorrhoeae</i>	Routine	Drainage	Sexually transmitted Direct contact	2-7 days	May extend for months if untreated, Effective treatment ends the communicability		
Ophthalmia neonatorum	Routine	Eye discharge	Mother-to-newborn	1-5 days	Until 24 hours after start of appropriate antibiotic therapy		
Arthritis Pelvic Inflammatory Disease	Routine	Drainage	Sexually transmitted	2-7 days	May extend for months if untreated Effective treatment ends the communicability		
NEISSERIA MENINGITIDIS Meningitis Known or Suspected	Droplet	Respiratory secretions	Droplet direct contact	2-10 days	Until 24 hours after start of appropriate antibiotic therapy	Until 24 hours after start of appropriate antibiotic therapy	Close contacts may require chemoprophylaxis. Refer to Disease Specific Protocol: Meningitis – Meningococcal.
NOCARDIOSIS <i>Nocardia species</i>	Routine		Not person to person spread	Unknown			Acquired from organisms in dust, soil.
NOROVIRUS	Routine* Children <6 yrs: Contract	Feces	Direct & indirect contact (Fecal/oral)	10-50 hours	Duration of excretion	Until feces normal	*Consider Contact Precautions for incontinent patients if feces cannot be contained or for patients with poor hygiene who contaminate their environment. Refer to Specific Disease Protocol: Diarrhea – Viral.
ORF Poxvirus	Routine		Not person to person	Unknown	Unknown		From infected animals

Clinical Presentation, Microorganism, Infectious Disease	Type of Precautions	Infective Material	Route of Transmission	Incubation	Period of Communicability	Duration of Precautions	Comments
OSTEOMYELITIS <i>Staphylococcus aureus</i> <i>Haemophilus influenzae</i> type b. Other bacteria	Routine Pediatric: Droplet If <i>Haemophilus influenzae</i> type b possible, otherwise Routine					Until 24 hours after start of appropriate antibiotic therapy	
OTITIS Draining <i>Staphylococcus aureus</i> Group A <i>Streptococcus</i> Other bacteria	Routine	Pus	Direct & indirect contact	Variable	Duration of drainage	Duration of drainage	
PARAINFLUENZA VIRUS	Routine Pediatric: Contact and Droplet	Respiratory secretions	Direct & indirect contact, droplet	2-6 days	1-3 weeks	Until 48 hours after resolution of symptoms	May cohort if infected with same virus. Minimize exposure of immunocompromised patients, children with chronic cardiac or lung disease, neonates.
PARVOVIRUS B-19 Erythema infectiosum Fifth Disease Aplastic Crisis	Fifth Disease: Routine Aplastic crisis: Droplet	Respiratory secretions	Droplet, direct contact	4-21 days	Fifth Disease: No longer infectious by the time the rash appears	Aplastic or erythrocyte crisis: See comments	For patients with transient aplastic or erythrocyte crisis, precautions should be maintained for 7 days. For immunosuppressed patients with chronic infection, maintain for duration of hospitalization.
PEDICULOSIS (LICE) Head Lice <i>Pediculus humanus</i> Body Lice <i>Phthirus pubis</i>	Routine*		Direct & indirect contact	7-10 days	24 hours after initiation of treatment	Until effective treatment to kill lice and ova. Usually until 24 hours after initiation of treatment	*Glove for direct patient contact only. Apply pediculicides as directed on * label. If live lice found after therapy, repeat. Refer to Disease Specific Protocol: Pediculosis.

Clinical Presentation, Microorganism, Infectious Disease	Type of Precautions	Infective Material	Route of Transmission	Incubation	Period of Communicability	Duration of Precautions	Comments
PERTUSSIS <i>Bordetella pertussis</i> Whooping Cough Non-specific respiratory tract infection in infants	Droplet	Respiratory secretions	Droplet	6-20 days	To 3 weeks after onset of paroxysms if not treated	To 3 weeks after onset of paroxysms if not treated; Or until 5 days of appropriate therapy received	Close contacts may require chemoprophylaxis.
PHARYNGITIS <i>Corynebacterium diphtheriae</i> Group A <i>Streptococcus</i> Viral	Routine Pediatric: Droplet and Contact	Respiratory secretions	Direct & indirect contact, droplet			Duration of illness; if Group A <i>Streptococcus</i> until 24 hours after start of antibiotic therapy received	
PHYCOMYCOSIS <i>Mucor</i> Mucormycosis, Zygomycosis <i>Zygomycetes</i>	Routine		Not person to person transmission				Acquired from spores, in dust, soil.
PINWORMS Enterobiasis <i>Enterobius vermicularis</i> Oxyuriasis	Routine	Ova in perianal region	Direct contact	1-2 months			Close household contacts may need treatment.

Clinical Presentation, Microorganism, Infectious Disease	Type of Precautions	Infective Material	Route of Transmission	Incubation	Period of Communicability	Duration of Precautions	Comments
PLAGUE <i>Yersinia pestis</i> Bubonic lymphadenitis Pneumonic	Routine		Direct contact with infected rodents and/or their fleas	1-7 days			
	Droplet	Respiratory secretions	Droplet	2 to 4 days	Until 48 hours of appropriate antibiotic therapy	Until 48 hours of appropriate antibiotic therapy	Close contacts may require prophylaxis
PLUERODYNIA Enterovirus infection	Routine Children < 6 yrs: Contact	Feces Respiratory secretions	Direct & indirect contact	Variable	Variable	Duration of illness	
PNEUMONIA Bacterial: not listed below or elsewhere <i>Haemophilus influenzae</i> type b Legionella	Routine Pediatric: Droplet & contact	Respiratory	Droplet, direct & indirect contact	Variable	Variable	Duration of illness	Minimize exposure of immunocompromised patients, children with chronic cardiac or lung disease, neonates
	Routine Pediatric: Droplet	Respiratory secretions	Droplet, direct contact	Variable	Most infections until the week prior to the onset of illness and during the illness until treated	Until 24 hours after start of appropriate antibiotic therapy	Close contacts less than 48 months of age and who are not immune may require chemoprophylaxis. Household contacts of such children should also receive prophylaxis
	Routine		Not person to person spread				



Clinical Presentation, Microorganism, Infectious Disease	Type of Precautions	Infective Material	Route of Transmission	Incubation	Period of Communicability	Duration of Precautions	Comments
PNEUMONIA (cont'd) Meningococcal <i>Neisseria meningitidis</i>	Droplet	Respiratory secretions	Droplet, direct contact	2-10 days	Until 24 hours after start of appropriate antibiotic therapy	Until 24 hours after start of appropriate antibiotic therapy	Close contacts may require chemoprophylaxis
Pneumococcal <i>Streptococcus pneumoniae</i>	Routine Pediatric: Droplet	Respiratory secretions	Droplet, direct contact	Variable	Until 24 hours after start of appropriate antibiotic therapy	Until 24 hours after start of appropriate antibiotic therapy	
Staphylococcal <i>Staphylococcus aureus</i>	Routine	Respiratory secretions	Possibly droplet	Variable			
Streptococcal Group A <i>Streptococcus</i>	Routine Pediatric: Droplet	Respiratory secretions	Droplet, direct contact	Variable		Until 24 hours after start of appropriate antibiotic therapy	
Other: Chlamydia	Routine Pediatric: Droplet	Respiratory secretions	Droplet, direct & indirect contact	Variable		Duration of illness	
Mycoplasma	Routine Pediatric: Droplet	Respiratory secretions	Droplet, direct contact	1-4 weeks	Unknown	Duration of illness	
<i>Pneumocystis carinii</i>	Routine			Unknown	Unknown		Ensure roommates not immunocompromised.
Viral	Routine						

Clinical Presentation, Microorganism, Infectious Disease	Type of Precautions	Infective Material	Route of Transmission	Incubation	Period of Communicability	Duration of Precautions	Comments
POLIOMYELITIS Enterovirus	Routine Children < 6 yrs: Contact	Respiratory secretions Feces	Direct & indirect contact	9-12 days	Duration of shedding	Until 6 weeks from onset of illness or feces culture negative	Close contacts who are not immune should receive chemoprophylaxis. Staff must have current immunization.
PSEUDOMONAS aeruginosa: Resistant to all antibiotics tested	Contact	Infected or colonized secretions or excretions	Direct & indirect contact	Variable	Variable	As directed by Infection Prevention & Control	
Other than <i>aeruginosa</i> : Resistant to all antibiotics tested	Contact	Infected or colonized secretions or excretions	Direct & indirect contact	Variable	Variable	As directed by Infection Prevention & Control	
PSEUDOMEMBRANOUS COLITIS (PMC) <i>Clostridium difficile</i>	Contact	Feces	Direct & indirect contact (Fecal/oral)	Variable	Duration of shedding	Until feces normal for 48 hours	Refer to Specific Disease Protocol: Diarrhea – <i>Clostridium difficile</i> . Bacterial spores persist in the environment.
PSITTACOSIS <i>Chlamydia psittaci</i> Ornithosis	Routine		Not person to person spread	1-4 weeks			Acquired from contact with infected birds
Q FEVER <i>Coxiella burnetii</i>	Routine		Not person to person	4-21 days			Acquired from contact with infected animals or from raw milk.
RABIES	Routine	Saliva	Mucosal or percutaneous, exposure to saliva, person to person not documented	3-8 weeks up to years			Acquired from contact with infected animals. Post-exposure prophylaxis recommended for percutaneous or mucosal contamination with saliva of rabid animal or patient.

Clinical Presentation, Microorganism, Infectious Disease	Type of Precautions	Infective Material	Route of Transmission	Incubation	Period of Communicability	Duration of Precautions	Comments
RASH Maculopapular: Measles	Airborne	Respiratory secretions	Airborne	7-18 days	5 days before onset of rash, (1-2 days before onset of initial symptoms) until 4 days after onset of rash (longer in immunocompromised patients)	If confirmed measles, until 4 days after onset of rash. Duration of illness – immunocompromised patients	Roommates & HCWs should be immune to measles. Non-immune HCWs should not enter room if immune care providers are available. Non-immune persons must wear N95 respirator. Immunoprophylaxis is indicated for susceptible contacts. Precautions should be taken with neonates born to mothers with measles infection at delivery. Refer to Specific Disease Protocol: Measles.
Petechial: <i>Neisseria Meningitis</i>	Droplet if <i>Neisseria meningitidis</i> suspected otherwise Routine Pediatric: Droplet	Respiratory secretions	Droplet, direct contact	If <i>N. meningitidis</i> 2-10 days	Until 24 hours after start of appropriate antibiotic therapy	If <i>N. meningitidis</i> confirmed, until 24 hours after start of appropriate antibiotic therapy	Close contacts may require chemoprophylaxis.
Scabies	Contact		Direct & indirect contact	4-6 weeks, if re-infected 1-4 days	Until 24 hours after initiation of appropriate therapy	If confirmed scabies, until 24 hours after initiation of appropriate therapy.	Refer to Specific Disease Protocol: Scabies.
Vesicular with fever: Varicella	Airborne and Contact	Respiratory secretions, lesion drainage	Airborne Direct & indirect contact	10-21 days	2 days before rash and until all skin vesicles are crusted & dry (usually 5-7 days)	If varicella confirmed, until all vesicles dry & crusted (usually 5-7 days)	Roommates & HCWs should be immune to chicken pox. Newborn: Airborne Susceptible high-risk contacts should receive VZIG as soon as possible, within 96 hours of exposure. VZIG may extend the incubation period to 28 days.

Clinical Presentation, Microorganism, Infectious Disease	Type of Precautions	Infective Material	Route of Transmission	Incubation	Period of Communicability	Duration of Precautions	Comments
RASH (cont'd) Vesicular with fever: Varicella							Non immune HCWs should not enter room if immune caregivers are available. Non immune persons must wear N95 respirator. Newborn: Airborne Precautions should be taken with neonates born to mothers with varicella onset <5 days before delivery. Prevent exposure of susceptible persons & immunosuppressed patients. Refer to Disease Specific Protocol: Chickenpox.
RAT BITE FEVER <i>Streptobacillus moniliformis</i> <i>Spirillum minus</i>	Routine		Not person to person				<i>S. moniliformis</i> : rats and other animals, contaminated milk. <i>S. minus</i> : rats, mice only.
RESPIRATORY SYNCYTIAL VIRUS (RSV)	Routine Pediatric: Droplet & Contact	Respiratory secretions	Droplet, direct & indirect contact	2-8 days	Until symptoms cease	Until 48 hours after resolution of symptoms	May cohort if infected with same virus. Minimize exposure of immunocompromised patients, children with chronic cardiac or lung disease, neonates
RESPIRATORY INFECTION Unknown etiology, emerging pathogen	Airborne Contact Droplet	Respiratory secretions	Airborne, direct & indirect contact, droplet	Variable	Unknown	Precautions until symptoms cease and/or a diagnosis is confirmed	
REYE'S SYNDROME	Routine*						*May be associated with viral infection, especially influenza, varicella. Implement precautions for known or suspected associated viral infection.

Clinical Presentation, Microorganism, Infectious Disease	Type of Precautions	Infective Material	Route of Transmission	Incubation	Period of Communicability	Duration of Precautions	Comments
RHINOVIRUS Common Cold	Routine Pediatric: Droplet & contact	Respiratory secretions	Droplet, direct & indirect contact	2-3 days	Variable	Until 48 hours after resolution of symptoms	
RICKETTSIAL POX Vesicular rickettsiosis	Routine		Miteborne Not person to person				Transmitted by mouse mites.
RINGWORM <i>Tinea</i> <i>Trichophyton</i> <i>Microsporum</i> <i>Epidermophyton</i> <i>Malessezia furfur</i>	Routine		Direct contact	Variable	Fungus persists as long as lesions are present		May be acquired from animals, close person to person contact, shared combs, brushes, sheets.
RITTER'S DISEASE Scalded skin syndrome	Minor: Routine Major: Contact	Drainage, skin exudates	Direct or indirect contact	Variable	As long as organism is in the exudates/drainage	Until drainage resolved or contained by dressings	Minor: Drainage is contained by dressing. Major: Drainage not contained by dressing.
ROCKY MOUNTAIN SPOTTED FEVER	Routine		Tickborne Not person to person				
ROSEOLA INFANTUM Human herpes virus 6	Routine	Saliva (Presumed)	Direct contact	9-10 days			Transmission requires intimate direct personal contact.
ROTAVIRUS	Routine* Children < 6 yrs: Contact	Feces	Direct & indirect contact (Fecal/oral)	1-3 days	Duration of illness	Duration of illness minimum of 7 days**	*Consider Contact Precautions for incontinent patients if feces cannot be contained or for patients who contaminate their environment. **Prolonged fecal shedding may occur in immunocompromised patients after

Clinical Presentation, Microorganism, Infectious Disease	Type of Precautions	Infective Material	Route of Transmission	Incubation	Period of Communicability	Duration of Precautions	Comments
ROTAVIRUS (cont'd)							recovery; Contact Precautions for duration of hospitalization may be justified. Refer to Specific Disease Protocol: Viral.
ROUNDWORM Ascariasis	Routine		Not person to person				Ova must hatch in soil to become infective.
RUBELLA German Measles Acquired Rubella	Droplet	Respiratory secretions	Droplet, direct contact	14-21 days	1 week prior to rash for 7 days after onset of rash	Until 7 days after onset of rash	Droplet precautions should be maintained for exposed susceptible patients for 7 days after first contact through to 21 days after last contact. Refer to Disease Specific Protocol: Rubella.
Congenital Rubella Syndrome	Droplet & Contact	Urine Respiratory secretions	Droplet, direct & indirect contact		Prolonged shedding in respiratory tract and urine; can be up to one year	Until 1 year of age, unless nasopharyngeal and urine cultures done after 3 months of age are negative	
RUBEOLA Measles	Airborne	Respiratory secretions	Airborne	7-18 days	5 days before onset of rash, (1-2 days before onset of initial symptoms), until 4 days after onset of rash (longer in immunocompromised patients)	For 4 days after onset of rash. Duration of illness in immunocompromised patients	Roommates & HCWs should be immune to measles. Non-immune HCWs should not enter room if immune care providers are available. Non-immune persons must wear N95 respirator. Immunoprophylaxis is indicated for susceptible contacts. Precautions should be taken with neonates born to mothers with measles infection at delivery. Refer to Disease Specific Protocols: Measles.

Clinical Presentation, Microorganism, Infectious Disease	Type of Precautions	Infective Material	Route of Transmission	Incubation	Period of Communicability	Duration of Precautions	Comments
RUBELOA (cont'd) Susceptible Contact	Airborne	Respiratory secretions	Airborne		Potentially communicable during last 2 days of incubation period	From 5 days after first exposure through 21 days after last exposure	
SALMONELLA including <i>Samonella typhi</i>	Routine* Children < 6 yrs: Contact	Feces	Contact (Fecal/oral) Foodborne	Diarrhea: 6-72 hours; Enteric fever: 3-60 days	Variable	Until normal feces	*Consider Contact Precautions for incontinent patients if feces cannot be contained or for patients who contaminate their environment. Refer to Disease Specific Protocol: Diarrhea – Bacterial.
SCABIES <i>Sarcoptes scabiei</i>	Contact	Mite	Direct & indirect contact	4-6 weeks. If re-infected, 1-4 days	Until 24 hours after initiation of appropriate therapy	Until 24 hours after initiation of appropriate therapy	Refer to Specific Disease Protocol: Scabies.
NORWEGIAN SCABIES Severe case	Contact	Mite	Direct & indirect contact	4-6 weeks, if re-infected, 1-4 days	Until mites and eggs are destroyed by treatment	Until the skin lesions have resolved and skin scrapings are negative	
SCALDED SKIN SYNDROME <i>Staphylococcus aureus</i>	Minor: Routine Major: Contact	Drainage, Skin exudates	Direct or indirect contact	Variable	As long as organism is in the exudates/drainage	Until drainage resolved or contained by dressings	Minor: Drainage is contained by dressing. Major: Drainage not contained by dressing.
SCHISTOSOMIASIS <i>Schistosoma</i> species <i>Bilharziasis</i>	Routine		Not person to person				Contact with larvae in contaminated water.
SEPTIC ARTHRITIS	Routine					Until 24 hours after start of effective	



Clinical Presentation, Microorganism, Infectious Disease	Type of Precautions	Infective Material	Route of Transmission	Incubation	Period of Communicability	Duration of Precautions	Comments
SEPTIC ARTHRITIS (cont'd) <i>Haemophilus influenzae</i> type b in non-immune infant < 5 years of age <i>Staphylococcus aureus</i> , <i>Streptococcus pneumoniae</i> , Group A <i>Streptococcus</i> Other bacteria	Pediatric: Droplet if <i>Haemophilus influenzae</i> type B possible, otherwise Routine					treatment	
SEVERE ACUTE RESPIRATORY SYNDROME Coronavirus (SARS Co-v)	Droplet Contact	Respiratory Secretions	Droplet, indirect & direct contact	Maximum incubation period is 10 days	Unknown but thought to start when the respiratory symptoms start	Duration of hospitalization	*High risk aerosol – generating procedures also require Airborne Precautions. Refer to Disease Specific Protocol: Severe Respiratory Infection.
SHIGELLOSIS Shigella	Routine* Children < 6 yrs: Contact	Feces	Direct & indirect contact (Fecal/oral)	1-7 days	Usually 4 weeks if not treated	Until normal feces	Consider Contact Precautions for * incontinent patients if feces cannot be contained or for patients who contaminate their environment. Refer to Specific Disease Protocol: Diarrhea – Bacterial. Treatment with effective antibiotics shortens period of infectivity.

Clinical Presentation, Microorganism, Infectious Disease	Type of Precautions	Infective Material	Route of Transmission	Incubation	Period of Communicability	Duration of Precautions	Comments
SHINGLES Varicella Zoster Disseminated: More than one dermatomal distribution Localized: Immunocompromised Host Localized: Normal Host	Airborne & Contact	Respiratory secretions Lesion drainage	Airborne, direct & indirect contact	Variable	Until all lesions are crusted & dried	Until all lesions have crusted & dried	Roommates & HCWs should be immune to chickenpox. Non immune HCWs should not enter room if immune caregivers are available. Non immune persons must wear N95 respirator. Susceptible high-risk contacts should be given VZIG as soon as possible, within 96 hours of exposure.
	Airborne & Contact	Lesion drainage	Direct & indirect contact, possibly airborne	Variable	Until all lesions are crusted & dried.	Until 24 hours after antiviral therapy started, then as localized zoster in normal host	Localized zoster may disseminate in immunocompromised host if not treated.
	Routine or Airborne & Contact*	Lesion drainage	Direct & indirect contact, possibly airborne	Variable	Until all lesions have crusted & dried	Until all lesions have crusted & dried	*Consider for cases of extensive localized zoster that cannot be covered, in situations where there are varicella (chickenpox) susceptible patients. Refer to Specific Diseases Protocol: Herpes Zoster – Shingles.
SKIN INFECTIONS	Minor: Routine Major: Contact	Pus	Direct & indirect contact	Variable	Duration of drainage	Duration of drainage	Minor: Drainage is contained by dressing. Major: Drainage not contained by dressing
SMALL ROUND VIRUS (SRV)	Routine Children < 6 yrs: Contact	Feces	Direct & indirect contact (Fecal/oral)	24-48 hours, range 10-50 hours	Duration of excretion	Until feces normal	*Consider Contact Precautions for incontinent patients if feces cannot be contained or for patients who contaminate their environment. Refer to Specific Disease Protocol: Diarrhea – Viral.

Clinical Presentation, Microorganism, Infectious Disease	Type of Precautions	Infective Material	Route of Transmission	Incubation	Period of Communicability	Duration of Precautions	Comments
SPOROTRICHOSIS <i>Sporothrix schenckii</i>	Routine		Not person to person				Acquired from spores in soil, on vegetation.
STAPHYLOCOCCAL INFECTIONS							
Respiratory: Lung Abscess	Routine						
Pneumonia	Routine*	Respiratory secretions	Possibly droplet	Variable			*Transmissibility and need for masks controversial. Consider mask for close contact until 24–48 hours of antibiotic received.
Toxic Shock Syndrome	Routine	Vaginal discharge Drainage		Variable			
Stomatitis	Routine	Respiratory secretions	Direct & indirect contact	Variable	Variable		
Wound & Skin: Burns (Ritters Disease) Scalded skin syndrome Skin – Impetigo Wounds	Minor: Routine Major: Contact	Drainage, skin exudates	Direct or indirect contact	Variable	As long as organism is in the exudate/drainage	Until drainage resolved or contained by dressings	Minor: Drainage is contained by dressing Major: Drainage not contained by dressing. Refer to Methicillin Resistant Staphylococcus aureus if patient has MRSA.
STENOTROPHOMONAS MALTOPHILIA Resistant to all antibiotics tested	Contact	Infected or colonized secretions or excretions	Direct & indirect contact	Variable	Variable	As directed by Infection Prevention & Control	

Clinical Presentation, Microorganism, Infectious Disease	Type of Precautions	Infective Material	Route of Transmission	Incubation	Period of Communicability	Duration of Precautions	Comments
STREPTOCOCCAL INFECTION <i>Streptococcus pyogenes</i> Necrotizing Fasciitis	Minor: Routine Major: Contact	Drainage	Direct & indirect contact	1-3 days	As long as organisms is in the exudate/drainage	Until 24 hours after start of appropriate antibiotic therapy	Minor: Drainage is contained by dressing. Major - Drainage not contained by dressings.
Respiratory: Pneumonia Pharyngitis	Adult: Routine Pediatric: Droplet	Respiratory secretions	Droplet, direct contact	Variable		Until 24 hours after start of appropriate antibiotic therapy	
Scarlet Fever	Routine Pediatric: Droplet	Respiratory secretions	Droplet, direct contact	Variable		Until 24 hours after start of appropriate antibiotic therapy	
Wound & Skin: Burn infection Cellulitis Impetigo Skin infection Wound infection Erysipelas	Minor: Routine Major: Contact	Drainage, skin exudate, pus	Direct & indirect contact	Variable	As long as organism is in the exudate/drainage	Until 24 hrs of appropriate antibiotic therapy	Minor: Drainage is contained by dressing. Major: Drainage not contained by dressing.
Group B <i>Streptococcus agalactiae</i> Septic meningitis	Routine	Drainage		Variable			
<i>Streptococcus pneumonia</i>	Routine			Variable			

Clinical Presentation, Microorganism, Infectious Disease	Type of Precautions	Infective Material	Route of Transmission	Incubation	Period of Communicability	Duration of Precautions	Comments
STRONGYLOIDES <i>Strongyloides stercoralis</i>	Routine		Rarely transmitted person to person				Infective larvae in soil. May cause disseminated disease in immunocompromised host.
SYPHILIS <i>Treponema pallidum</i>	Routine	Genital secretions Lesion exudates	Sexual Mother-to-fetus or newborn				Requires intimate direct contact for transmission. Mother-to-fetus or newborn.
TAPEWORM <i>Taenia saginata</i> <i>Taenia solium</i> <i>Diphyllobothrium latum</i> <i>Hymenolepsis nana</i>	Routine		Not transmissible person to person Foodborne				Consumption of larvae in raw or undercooked beef or pork or raw fish; larvae develop into adult tapeworms in gastrointestinal tract.
TETANUS <i>Clostridium tetani</i>	Routine		Not person to person				Acquired from spores in soil which germinate in wounds, devitalized tissue.
TINEA Dermatophytes Trichophyton Microsporum, Epidemophyton, <i>Malassezia furfur</i>	Routine		Direct contact				May be acquired from animals, close person to person contact, shared combs, brushes, sheets.
TOXIC SHOCK SYNDROME <i>Staphylococcus aureus</i> Group A <i>Streptococcus</i>	Routine	Vaginal discharge, drainage		Variable			
TOXOCARIASIS <i>Toxocara canis</i> <i>Toxocara cati</i>	Routine		Not person to person				Ova in dog/cat feces. Acquired from contact with dogs, cats.

Clinical Presentation, Microorganism, Infectious Disease	Type of Precautions	Infective Material	Route of Transmission	Incubation	Period of Communicability	Duration of Precautions	Comments
TOXOPLASMOSIS <i>Toxoplasma gondii</i>	Routine		Not person to person except mother to fetus				Acquired by contact with infected felines or soil contaminated by felines, consumption of raw meat, contaminated raw vegetables or contaminated water.
TRACHOMA <i>Chlamydia trachomatis</i> Conjunctivitis	Routine	Eye discharge	Mother to newborn				
TRENCH MOUTH Vincent Angina Multiple bacteria	Routine						Usually normal flora.
TRICHINOSIS <i>Trichinella spiralis</i>	Routine		Not person to person				Acquired from consumption of infected meat.
TRICHOMONIASIS <i>Trichomonas vaginalis</i>	Routine	Vaginal and urethral discharges of an infected person	Sexually transmitted				
TRICHURIAS <i>Trichuris trichiura</i> Whipworm	Routine		Not person to person				Ova must hatch in soil to become infective
TUBERCULOSIS <i>Mycobacterium tuberculosis</i> Also: <i>Mycobacterium africanum</i> <i>Mycobacterium bovis</i> Multi-drug resistant TB (MDRTB)	Airborne	Respiratory secretions	Airborne	Weeks to years	While organisms are in the sputum	In consultation with attending physician and IP & C.	Tuberculosis in young children is rarely contagious, assess visiting family members for cough. Refer to Specific Disease Protocols – Tuberculosis.

Clinical Presentation, Microorganism, Infectious Disease	Type of Precautions	Infective Material	Route of Transmission	Incubation	Period of Communicability	Duration of Precautions	Comments
TUBERCULOSIS – (cont'd)							
Non-respiratory Draining lesions	Routine	Lesion drainage	Direct & indirect contact	Variable	Variable	Duration of drainage	Assess for concurrent respiratory tuberculosis. Avoid procedures that may generate aerosols from drainage. Refer to Specific Disease Protocols – Tuberculosis.
PPD skin test positive with no evidence of current pulmonary disease							Assess for concurrent respiratory Tuberculosis. Refer to Specific Disease Protocols – Tuberculosis.
TULAREMIA <i>Francisella tularensi</i>	Routine		Not person to person				Acquired from contact with infected animals.
TYPHOID/PARATYPHOID <i>Salmonella</i>	Routine* Children < 6 yrs: Contact	Feces	Contact Foodborne (Fecal/oral)	Diarrhea: 6-72 hours Enteric fever: 3-60 days	Variable	Until normal feces	*Consider Contact Precautions for incontinent patients if feces cannot be contained or for patients with poor hygiene who contaminate their environment. Refer to Disease Specific Protocol: Diarrhea – Bacterial.
TYPHUS FEVER <i>Rickettsia typhi</i> <i>Rickettsia prowazeki</i>	Routine		Not directly transmitted from person to person				Endemic: fleas. Epidemic: lice.
URINARY TRACT INFECTION	Routine						

Clinical Presentation, Microorganism, Infectious Disease	Type of Precautions	Infective Material	Route of Transmission	Incubation	Period of Communicability	Duration of Precautions	Comments
VANCOMYCIN INTERMEDIATE RESISTANT STAPHYLOCOCCUS AUREUS VISA	Contact	Infected or colonized excretions, secretions	Direct & indirect contact	Variable	Duration of colonization	As directed by Infection Prevention & Control	Notify Infection Prevention & Control immediately. Refer to Disease Specific Protocol: Antibiotic Resistant Organisms - Vancomycin Intermediate Resistant Staphylococcus aureus.
VANCOMYCIN RESISTANT ENTEROCOCCUS VRE							
VRE Modified Alert	Routine*		Direct & indirect contact	Variable			* Contact Precautions if patient has: loose stool, diarrhea or fecal/urinary incontinence, or not able to practice good hand hygiene or does not have personal hygiene practices or not cognitively able to follow directions.
VRE Positive	Contact	Feces Infected or colonized excretions or secretions	Direct & indirect contact	Variable	Most individuals colonized for life	As directed by Infection Prevention & Control	Refer to Specific Disease Protocol: Antibiotic Resistant Organisms - VRE.
VRE Suspect	Routine		Direct & indirect contact				
VANCOMYCIN RESISTANT STAPHYLOCOCCUS AUREUS VRSA	Contact	Infected or colonized excretions, secretions	Direct & indirect contact	Variable	Duration of colonization	As directed by Infection Prevention & Control	Notify Infection Prevention & Control immediately. Refer to Disease Specific Protocol: Antibiotic Resistant Organisms - Vancomycin Resistant Staphylococcus aureus.

Clinical Presentation, Microorganism, Infectious Disease	Type of Precautions	Infective Material	Route of Transmission	Incubation	Period of Communicability	Duration of Precautions	Comments	
VARICELLA ZOSTER VIRUS INFECTIONS Chickenpox Varicella Zoster Virus (VZV) Active Chickenpox	Airborne & Contact	Respiratory secretions, Lesion drainage	Airborne direct & indirect contact	10-21 days	2 days before rash and until all skin vesicles are crusted & dry (usually 5-7 days)	Until all vesicles dry & crusted Newborns: Refer to comments	Roommates & HCWs should be immune to chickenpox. Non-immune HCWs should not enter room if immune caregivers are available. Non-immune persons must wear N95 respirator. Susceptible high-risk contacts should receive VZIG as soon as possible, within 96 hours of exposure. VZIG may extend the incubation period to 28 days. Newborns: Airborne precautions should be taken with neonates born to mothers with varicella onset < 5 days before delivery. Prevent exposure of susceptible persons & immunosuppressed patients.	
	Susceptible contact	Airborne	Respiratory secretions		Potentially communicable during last 2 days of incubation period	From 8 days after first contact until 21 days after last contact with rash (28 days if given VZIG)		
	Herpes Zoster Shingles Disseminated: More than one dermatomal distribution	Airborne and Contact	Lesions drainage Respiratory secretions	Airborne, direct & indirect contact	Variable	Until all lesions are crusted and dried.	Until all lesions have crusted and dried	Roommates & HCWs should be immune to chickenpox. Non-immune HCWs should not enter room if immune caregivers are available. Non-immune persons must wear N95 respirator. Susceptible high-risk contacts should be given VZIG as soon as possible; latest within 96 hours of exposure. Refer to Specific Disease Protocol: Herpes Zoster – Shingles.
	Localized: Immunocompromised Host	Airborne and Contact	Drainage from lesions	Direct & indirect contact, possibly airborne	Variable	Until all lesions are crusted and dried.	Until 24 hours after antiviral therapy started; then as for localized zoster in normal host.	Localized zoster may disseminate in immunocompromised host if not treated.

Clinical Presentation, Microorganism, Infectious Disease	Type of Precautions	Infective Material	Route of Transmission	Incubation	Period of Communicability	Duration of Precautions	Comments
Herpes Zoster (cont'd) Localized: Normal Host	Routine* Or Airborne and Contact*	Drainage from lesions	Direct & indirect contact, possibly airborne	Variable	Until all lesions have crusted and dried	Until all lesions have crusted and dried	*Consider for cases of extensive localized zoster that cannot be covered, in situations where there are varicella (chickenpox) susceptible patients. Refer to Specific Disease – Protocol: Herpes Zoster – Shingles.
VIBRIO PARAHEMOLYTICUS Gastroenteritis	Routine	Feces	Food borne Probably not person to person	5-92 hours			Contaminated fish & shellfish. Refer to Specific Disease Protocol: Diarrhea – Bacterial.
VINCENTS ANGINA Trench mouth	Routine						Usually normal flora.
VIRAL HEMORRHAGIC FEVERS (VHF) Arenavirus family: Lassa Fever Junin Sabia Machupo Bunyavirus family: Crimean-Congo Rift-Valley Filovirus family: Marburg Ebola Ebola Reston Flavivirus family: Yellow fever	Airborne & Contact	Blood/ bloody body fluids Respiratory secretions Excretions Tissues	Airborne, direct & indirect contact	Variable	Variable	Duration of illness or until hemorrhagic fever virus is ruled out	Manitoba Health & WRHA Medical Officer of Health should be notified immediately of a suspected case. Notify Infection Prevention & Control, Infectious Diseases Physician on call and Administrator on call immediately. Add eye protection, double gloves, leg and shoe coverings and impermeable gowns. Special precautions for handling of deceased body. Contact Infection Prevention & Control for direction.

Clinical Presentation, Microorganism, Infectious Disease	Type of Precautions	Infective Material	Route of Transmission	Incubation	Period of Communicability	Duration of Precautions	Comments
WEST NILE West Nile Virus	Routine		Not person to person Rarely by organ transplant, by breast milk or transplacentally				
WHIPWORM	Routine		Not person to person				Ova hatch in soil to become infective.
WHOOPING COUGH	Droplet	Respiratory secretions	Droplet	6-20 days	To 3 weeks after onset of paroxysms if not treated	To 3 weeks after onset of paroxysms if not treated; Or until 5 days of appropriate therapy	Close contacts may require chemoprophylaxis.
WOUND INFECTION	Minor: Routine Major: Contact	Pus	Direct & indirect contact	Variable	Duration of drainage	Duration of drainage	Minor: Drainage is contained by dressings. Major: Drainage not contained by dressings.
YERSINIA Gastroenteritis <i>Yersinia pseudo-tuberculosis</i> <i>Yersinia enterocolitica</i>	Routine* Pediatric: Contact	Feces	Direct & indirect contact, food borne	1 to 14 days	Duration of excretion	Until feces normal	*Consider Contact Precautions for incontinent patients if feces cannot be contained or for patients who contaminate their environment. Refer to Specific Disease Protocol: Diarrhea – Bacterial.

Clinical Presentation, Microorganism, Infectious Disease	Type of Precautions	Infective Material	Route of Transmission	Incubation	Period of Communicability	Duration of Precautions	Comments
ZOSTER Herpes Zoster Disseminated: More than one dermatomal distribution	Airborne and Contact	Drainage from lesions Respiratory secretions	Airborne, direct & indirect contact	Variable	Until all lesions are crusted and dried.	Until all lesions have crusted and dried	Roommates & HCWs should be immune to chickenpox. Non-immune HCWs should not enter room if immune caregivers are available. Non-immune persons must wear N95 respirator. Susceptible high-risk contacts should be given VZIG as soon as possible; latest within 96 hours of exposure. Refer to Specific Disease Protocol: Herpes Zoster – Shingles.
Localized: Immunocompromised	Airborne and contact	Drainage from lesions	Direct & indirect contact, possibly airborne	Variable	Until all lesions are crusted and dried.	Until 24 hours after antiviral therapy started; then as for localized zoster in normal host.	Localized zoster may disseminate in immunocompromised host if not treated.
Localized: Normal Host	Routine *	Drainage from lesions	Direct & indirect contact, possibly airborne	Variable	Until all lesions have crusted and dried	Until all lesions have crusted and dried	*Consider Airborne/Contact Precautions for cases of extensive localized zoster that cannot be covered, in situations where there are varicella (chickenpox) susceptible patients. Refer to Specific Disease – Protocol: Herpes Zoster – Shingles.
ZYCOMYCOSIS <i>Phycomycosis</i> <i>Mucormycosis</i>	Routine		Not person to person transmission				Acquired from spores in dust.