Vancouver CoastalHealth

Infection Prevention and Control (IPAC) Diseases and Conditions Table:

Recommendations for Management of Patients, Residents and Clients in VCH Health Care Settings

February 13, 2024

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

www.ipac.vch.ca

Introduction

This document is intended to support staff in caring for patients, clients and residents in Vancouver Coastal Health owned and contracted settings who have a known or suspected infectious disease or condition. It is organized in alphabetical order based on either the common or scientific spelling of the disease, condition or microorganism.

The most up-to-date version of the document is the electronic version on the IPAC website. Printed copies of the document should be considered current only on the date printed.

Instructions

1. **To view a disease or condition table:**

- **If you know what you are looking for**; click on its first letter in the list below to move to an alphabetical index of diseases and conditions for that letter. Click on the organism or disease you are looking for to view its content.

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- **If you are unsure what you are looking for;** review the **Index of Diseases and Conditions** on the next pages. Click the organism or disease you would like to see.

2. **If a disease, condition or microorganism you are looking for is not listed:**

- **Follow** Routine Practices and contact Infection Prevention and Control (IPAC) or your local Medical Health Officer or designate as needed for additional information.

3. **To access interactive features:**

- In the specific disease or condition, click the hyperlink that you would like to view. This will open the **linked** document. Links are bolded, underlined, and/or coloured.
- Routine Practices and Additional Precautions (RPAP) information sheets are linked to this document and appear in the tables as follows: **Routine Practices; Airborne Precautions; Airborne and Contact Precautions; Contact Precautions; Contact Plus Precautions; Droplet Precautions; Droplet and Contact Precautions.**
- Additional Precautions (AP) information sheets are linked to their Precautions sign, Routine Practices (RP) information sheet and other information. Links in the RP/AP information sheets are **underlined or coloured as above**. Click to access the link.

Please contact Infection Prevention and Control (IPAC) or your local Medical Health Officer or designate with any questions.

Index of Diseases and Conditions

This document is intended to support staff in caring for patients, clients and residents in Vancouver Coastal Health owned and contracted settings who have a known or suspected infectious disease or condition. It is organized in alphabetical order based on either the common or scientific spelling of the disease, condition or microorganism.

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A

B

Burns (infected) – (*Staphylococcus aureus*, Group A Streptococcus, many other bacteria)

C

Caliciviridae (Norovirus, Norwalk virus)
Campylobacter jejuni
Candidiasis (*Candida* spp.)
***Candida auris* Multi-drug Resistant (MDR)**
Carbapenemase Producing Organism (CPO)
Cat-scratch Fever (*Bartonella henselae*)
Cellulitis – (*Staphylococcus aureus*, Group A Streptococcus, many other bacteria)
Chancroid (*Haemophilus ducreyi*)
Chickenpox - Exposed Susceptible Contact (Varicella Zoster Virus)
Chickenpox – Known Case (Varicella Zoster Virus)
Chikungunya virus
Chlamydia (*Chlamydia trachomatis*)
Chlamydia pneumoniae
***Chlamydia psittaci* (Psittacosis, ornithosis)**
Cholera (*Vibrio cholerae*)
***Clostridioides difficile* Infection (CDI)**
***Clostridium perfringens* – Food Poisoning**
***Clostridium perfringens* – Gas Gangrene**
Coccidioidomycosis (*Coccidioides immitis)*
Colorado Tick Fever (Arbovirus)
Congenital Rubella
Conjunctivitis – Pink Eye; Bacterial
Conjunctivitis – Pink Eye; Viral
Coronavirus, Human – Common Cold (not SARS/MERS/COVID-19)
Coronavirus, Novel (COVID-19, nCoV-19)
Coronavirus, SARS CoV & MERS CoV
***Corynebacterium diphtheriae* - Toxigenic strain (see Diphtheria)**
Cough, fever, acute upper respiratory tract infection (Respiratory syncytial virus [RSV], Parainfluenza virus, Influenza, Adenovirus, Coronavirus, *Bordetella pertussis, Mycoplasma pneumoniae*)
Cough, fever, pulmonary infiltrates in person at risk for TB (suspected *Mycobacterium tuberculosis*)
Coxsackievirus Infections, Hand-Foot-Mouth-Disease (HFMD)
Creutzfeldt-Jakob Disease – classic (CJD) and variant (vCJD)
Crimean-Congo Hemorrhagic Fever (Arbovirus)
Croup (Various Organisms, usually viral)
Cryptococcosis (*Cryptococcus neoformans, C. gattii*)
Cryptosporidiosis (*Cryptosporidium parvum*)
Cyclosporiasis (*Cyclospora cayetanensis*)
Cystic Fibrosis (CF)

Cytomegalovirus (CMV)

D

Decubitus Ulcer – Pressure Ulcer (various organisms)
Dengue Fever (Arbovirus)
Dermatitis, Infected (Various Organisms)
Diarrhea – (Various Organisms)
Diphtheria (*Corynebacterium diphtheriae* – toxigenic)

E

Eastern Equine Encephalitis Virus
Arthropod-borne viral encephalitis
Ebola Viral Disease (Viral Hemorrhagic Fever)
Echinococcosis/Hydatidosis (*Echinococcus granulosus, Echinococcus multilocularis*)
Encephalitis – (Herpes Simplex Virus [HSV types 1 and 2], Enterovirus, Arbovirus)
Endometritis (Puerperal Sepsis)
Enterobiasis (Pinworm) (Oxyuriasis, *Enterobius vermicularis*)
Enteroviral Infections non-polio – (Echovirus, Coxsackievirus)
Epiglottitis – (*Haemophilus influenzae* type B [HIB], Group A Streptococcus, *Staphylococcus aureus, Streptococcus pneumoniae*)
Epstein-Barr Virus (Human Herpes Virus 4)
Erysipelas – (Group A Streptococcus)
ESBL (Extended Spectrum Beta Lactamase producers)
***Escherichia coli* 0157: H7 – Enteropathogenic and Enterohemorrhagic strains**

F

Febrile Respiratory Illness, Acute Respiratory Tract Infection
Fever of unknown origin, Fever without focus (acute) – (Various Organisms)
Fifth Disease – Parvovirus B-19
Food Poisoning – (*Bacillus cereus, Clostridium perfringens, Staphylococcus aureus*, *Salmonella* sp., *Vibrio paraheaemolyticus*, *Escherichia coli* 0157: H7, *Listeria monocytogenes, Toxoplasma gondii*)

G

Gas Gangrene (Exo-toxin producing *Clostridium* sp.)
GAS – Group A Streptococcus (*Streptococcus pyogenes*) – Skin Infection
GAS – Group A Streptococcus *(Streptococcus pyogenes*) – Invasive
GAS – Group A Streptococcus *(Streptococcus pyogenes*) – Scarlet Fever, pharyngitis
Gastroenteritis – (Various Organisms)
German Measles (Rubella virus) – Acquired
German Measles (Rubella virus) – Exposed Susceptible Contact
Giardiais (*Giardia lamblia*)
Gingivostomatitis (primary HSV infection)
Gonococcus (*Neisseria gonorrheae*)

Granuloma inguinale (Donovanosis, *Klebsiella granulomatis*)
Guillain-Barre Syndrome

H

***Haemophilus influenzae* type B (HiB) – Invasive disease**
Hand, Foot and Mouth Disease – (Enterovirus, Coxsackie A & B viruses)
Hantavirus
Helicobacter pylori
Hemolytic Uremic Syndrome (HUS) – May be associated with *Escherichia coli* 0157: H7
Hemorrhagic fever acquired in identified endemic geographic location – (Ebola virus, Lassa virus, Marburg virus, others)
Hepatitis – A, E
Hepatitis – B, C, D, and other unspecified non-A, non-B
Herpangina (vesicular pharyngitis) – (Enteroviruses)
Herpes Simplex Virus (HSV 1 and HSV 2)
Herpes Zoster: Shingles (Varicella Zoster Virus) – Disseminated
Herpes Zoster: Shingles (Varicella Zoster Virus) – Exposed Susceptible Contact**
Herpes Zoster: Shingles (Varicella Zoster Virus) – Localized
Histoplasmosis (*Histoplasma capsulatum*)
Hook Worm (*Necator americanus, Ancyclostoma duodenale*)
Human Immunodeficiency Virus (HIV)
Human Metapneumovirus
Human T-cell Leukemia Virus, Human T-Lymphotrophic Virus (HTLV-I, HTLV-II)

I

Impetigo – (*Staphylococcus aureus,* Group A Streptococcus, many other bacteria)
Influenza – Avian
Influenza – New Pandemic Strain
Influenza – Seasonal

J

No organisms at this time

K

Kawasaki Disease

L

Lassa Fever (Lassa Virus) Viral Hemorrhagic Fever (VHF)
Legionella (*Legionella* spp.) - Legionnaires' Disease
Leprosy (*Mycobacterium leprae*) - (Hansen's disease)
Leptospirosis (*Leptospira* sp.)
Lice (Pediculosis) – (*Pediculus humanus, Phthirus pubis*)
Listeriosis (*Listeria monocytogenes*)

Lyme disease (*Borrelia burgdorferi*)
Lymphocytic Choriomeningitis (LCM) virus
Lymphogranuloma Venereum (*Chlamydia trachomatis* serovars L1-3)

M

Malaria (*Plasmodium* sp.)
Marburg virus
Measles – (Rubeola)
Measles – (Rubeola) Exposed Susceptible Contact
Melioidosis (*Burkholderia pseudomallei*)
Meningitis
Meningococcus (*Neisseria meningitidis*)
Methicillin Resistant *Staphylococcus aureus* (MRSA)
MERS CoV – (Middle East Respiratory Syndrome Coronavirus)
Molluscum Contagiosum (Molluscum contagiosum virus)
Mpox (Monkeypox)
Mononucleosis (Epstein-Barr virus)
Mucormycosis (phycomycosis, zygomycosis) – (*Mucor* sp., *Rhizopus* sp., others)
Multi-drug Resistant Gram Negative Bacilli (see, Carbapenemase Producing Organism) including the following but not exclusive: *E. coli, Klebsiella* spp., *Serratia* spp., *Providencia* spp., *Proteus* spp., *Citrobacter* spp., *Enterobacter* spp., *Morganella* spp., *Salmonella* spp., *Hafnia* spp.
Mumps (Mumps virus, Parotitis) – Known Case
Mumps (Mumps virus) – Exposed Susceptible Contact
***Mycobacterium* – Non-tuberculosis (atypical) (e.g. *Mycobacterium avium* complex)**
***Mycobacterium tuberculosis* (TB) – Extrapulmonary disease**
***Mycobacterium tuberculosis* (TB) – Pulmonary disease**
Mycoplasma pneumoniae

N

Necrotizing Enterocolitis
Necrotizing Fasciitis - (Group A Streptococcus *[Streptococcus pyogenes*])
Neisseria gonorrhoeae
Neisseria meningitidis
Nocardiosis (*Nocardia* sp.)
Norovirus (Calicivirida)

O

Orf – Parapoxvirus
Osteomyelitis (*Staphylococcus aureus, Streptococcus sp., Gram negative bacilli,* other bacteria)
Otitis, draining (Group A Streptococcus, *Staphylococcus aureus,* many other bacteria)

P

Parainfluenza virus

Parvovirus B19 – Fifth Disease, Erythema infectiosum (rash), Aplastic crisis
Pediculosis (Lice) – (*Pediculus humanus, Phthirus pubis*)
Pertussis (Whooping Cough) – *Bordetella pertussis*
Pharyngitis – (Group A Streptococcus, *Corynebacterium diphtheriae*, many viruses)
Pink Eye (Conjunctivitis) - Bacterial or Viral
Pinworm (Oxyuriasis, *Enterobius vermicularis*)
Plague – Bubonic (*Yersinia pestis*)
Plague – Pneumonic (*Yersinia pestis*)
Pleurodynia (Group B Coxsackieviruses)
***Pneumocystis jiroveci* Pneumonia (PJP) – formerly known as *P. carinii* (PCP)**
Pneumonia, cause unknown (*Mycoplasma pneumoniae, Streptococcus pneumoniae, Haemophilius influenzae*, *Staphylococcus aureus*, Group A Streptococcus, Gram negative bacilli, *Chlamydia pneumoniae*, *Legionella*, Fungi)
Poliomyelitis
Prion Disease – Creutzfeldt-Jakob Disease (CJD); classic and variant (vCJD)
Pseudomembranous colitis – (*Clostridium difficile*)
***Pseudomonas aeruginosa* (Metallo-Carbapenamase producing, see CPO)**
Psittacosis (Ornithosis) – (*Chlamydia psittaci*)

Q

Q Fever (*Coxiella burnetii*)

R

Rabies
Rash, compatible with scabies – (Ectoparasite) *Sarcoptes scabiei*
Rash, maculopapular – Potential Rubeola virus (Measles)
Rash, petechial or purpuric – (Potential pathogen *Neisseria meningitidis*)
Rash, vesicular – (Potential pathogen Varicella Zoster Virus)
Rat-bite fever – (*Streptobacillus Moniliformis*, *Spirillum minus*)
Relapsing fever (*Borrelia* sp.)
Rhinovirus
Rickettsialpox (*Rickettsia akari*)
Ringworm (Tinea) – (*Trichophyton* sp., *Microsporum* sp., *Epidermophyton* sp.)
Ritter's Disease – Staphylococcal Scalded Skin Syndrome (SSSS)
Rocky Mountain Spotted Fever (*Rickettsia rickettsii*)
Roseola Infantum – Human Herpes Virus 6
Rotavirus
Roundworm – Ascariasis (*Ascaris* spp.)
RSV – Respiratory Syncytial Virus
Rubella (German Measles) – Acquired
Rubella – Congenital
Rubella (German measles) – Exposed Susceptible Contact

Rubeola – Measles
Rubeola – (Measles) Exposed Susceptible Contact

S

***Salmonella* (*Salmonella* spp.) – including *Salmonella* Typhi (Typhoid Fever)**
SARS CoV – (Severe Acute Respiratory Syndrome Coronavirus)
Scabies (*Sarcoptes scabiei*)
Scarlet Fever – *Streptococcus pyogenes* (Group A Streptococcus)
Schistosomiasis (*Schistosoma* sp.)
Septic Arthritis – (Group A Streptococcus, *Staphylococcus aureus*, *Neisseria gonorrhoeae, Haemophilus influenza,* many other bacteria)
***Shigella* (*Shigella* sp.)**
Shingles: (Herpes Zoster) Varicella Zoster Virus – Disseminated
Shingles: (Herpes Zoster) Varicella Zoster Virus – Exposed Susceptible Contact**
Shingles: (Herpes Zoster) Varicella Zoster Virus – Localized
Skin Infection – (*Staphylococcus aureus*, Group A Streptococcus, many other bacteria)
Smallpox (Variola Virus)
Sporotrichosis (*Sporothrix schenckii*)
Staphylococcal Scalded Skin Syndrome (SSSS, Ritter's Disease)
***Staphylococcus aureus,* Methicillin-resistant (MRSA)**
***Staphylococcus aureus* – Food poisoning (Toxin Mediated)**
***Staphylococcus aureus,* Methicillin-sensitive – Pneumonia**
***Staphylococcus aureus*, Methicillin-sensitive – Skin infection (MSSA)**
***Staphylococcus aureus* – Toxic Shock Syndrome**
Stenotrophomonas maltophilia
***Streptobacillus moniliformis*, *Spirillum minus* - Rat-bite Fever**
***Streptococcus agalactiae* (Group B Streptoccoccus)**
***Streptococcus pyogenes* (Group A Streptoccoccus) – Skin Infection**
***Streptococcus pyogenes* (Group A Streptoccoccus) – Invasive**
***Streptococcus pyogenes* (Group A Streptoccoccus) – Scarlet Fever, pharyngitis**
***Streptococcus pneumoniae* (Pneumococcus)**
Strongyloidiasis (*Strongyloides stercoralis*)
Syphilis (*Treponema pallidum*)

T

Tapeworm (*Taenia saginata*, *Taenia solium*, *Diphyllobothrium latum*, *Hymenolepsis nana*)
Tetanus (*Clostridium tetani*)
Tinea (Ringworm) – (*Trichophyton* sp., *Microsporum* sp., *Epidermophyton* sp.)
Toxic Shock Syndrome – (*Streptococcus pyogenes* [Group A] - GAS, *Staphylococcus aureus*)
Toxocariasis (*Toxocara canis*, *Toxocara cati*)
Toxoplasmosis (*Toxoplasma gondii*)
Trachoma (*Chlamydia trachomatis,* serovars A, B, C)

Trench Fever (*Bartonella quintana*)
Trichinosis (Roundworm - *Trichinella spiralis*)
Trichomoniasis (*Trichomonas vaginalis*)
Trichuriasis – Whipworm (*Trichuris trichiura*)
Tuberculosis – Extrapulmonary (*Mycobacterium tuberculosis*)
Tuberculosis – Pulmonary Disease (*Mycobacterium tuberculosis*)
Tularemia (*Francisella tularensis*)
Typhoid or Paratyphoid fever (*Salmonella* Typhi, *Salmonella* Paratyphi)
Typhus Fever (Scrub, Epidemic, Murine Typhus) (*Rickettsia typhi*, *Rickettsia prowazekii*)

U

Urinary Tract Infection

V

Vaccinia Virus (Smallpox Vaccine)
Vancomycin-resistant Enterococcus (VRE)
Vancomycin-resistant Staphylococcus aureus (VRSA)
Varicella Zoster Virus: Chickenpox – Exposed Susceptible Contact
Varicella Zoster Virus: Chickenpox – Known Case
Varicella Zoster Virus: Herpes Zoster (Shingles) – Disseminated
Varicella Zoster Virus: Herpes zoster (Shingles) – Exposed Susceptible Contact
Varicella Zoster Virus: Herpes Zoster (Shingles) Localized
Varicella Zoster Virus: no visible lesions – Meningitis, Ramsay-Hunt Syndrome
***Vibrio cholerae* (Cholera)**
***Vibrio paraheaemolyticus* Enteritis**
Vincents Angina, trench mouth (Acute Necrotizing Ulcerative Gingivitis)
Viral Hemorrhagic Fever – (Lassa, Ebola, Marburg, Crimean-Congo viruses)

W

West Nile Virus
Western Equine Encephalitis Virus
Whipworm (*Trichuris trichiura*)
Whooping Cough – Pertussis (*Bordetella pertussis*)
Wound Infection – (*Staphylococcus aureus*, Group A Streptococcus, many other bacteria)

X

No diseases or conditions at this time

Y

Yaws (*Treponema pallidum*, subspecies *pertenue*)
Yellow Fever (*Flavivirus)*

Yersinia enterocolitica*; *Yersinia pseudotuberculosis

Z

Zika Virus *(Flavivirus)*

Zygomycosis (Phycomycosis, Mucormycosis) – (*Mucor* sp., *Rhizopus* sp., others)

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A

Abscess – (Various Organisms)
Acinetobacter
Acquired Immunodeficiency Syndrome (AIDS)
Actinomycosis (*Actinomyces sp.*)
Adenovirus
Adenovirus – Conjunctivitis
Adenovirus – Cystitis
Adenovirus – Gastroenteritis
Adenovirus – Respiratory Tract Infection
Aerosol Generating Medical Procedures (AGMP)
***Aeromonas* spp.**
Amebiasis – (*Entamoeba histolytica*)
Anthrax – confirmed, probable or suspect case (*Bacillus anthracis*)
Antibiotic Resistant Organisms (ARO)
Arthropod borne virus (Arboviruses)
Ascariasis – Roundworm, Hookworm, Whipworm (*Ascaris* spp.)
Aspergillosis (*Aspergillus* spp.)
Astrovirus
Avian Influenza

Suspected/Known Disease or Microorganism

Abscess – (Various Organisms)

Clinical Presentation: Abscess

Infectious Substances	**How it is Transmitted**
Wound drainage	Direct Contact, Indirect Contact

Precautions Needed

If a pathogen is identified, follow organism specific instructions included in this manual.

Acute Care	**Routine Practices** Minor drainage contained by dressing	**Contact Precautions** Major drainage not contained by dressing	**Droplet & Contact Precautions** For first 24 hours antimicrobial therapy if invasive group A strep suspected
Long-Term Care	**Routine Practices** Minor drainage contained by dressing	**Contact Precautions** Major drainage not contained by dressing	
Home & Community	**Routine Practices** Minor drainage contained by dressing	**Contact Precautions** Major drainage not contained by dressing	

Duration of Precautions

Until symptoms resolve or return to baseline

Incubation Period	**Period of Communicability**
Not applicable	Not applicable

Comments

Precautions required are in addition to **Routine Practices**

****If Invasive Group A *Streptococcal* infection suspected add Droplet Precautions for first 24 hours of antimicrobial therapy. See** GAS – Group A Streptococcus

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Suspected/Known Disease or Microorganism

Acinetobacter

Clinical Presentation

Colonization or infection at any body site

Infectious Substances	**How it is Transmitted**
Colonized or infected secretions or excretions	Direct Contact, Indirect Contact

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable, use precautions at the direction of IPAC

Incubation Period	**Period of Communicability**
Variable	While organism is present

Comments

If reported as a Carbapenemase Producing Organism, see CPO

Suspected/Known Disease or Microorganism

Acquired Immunodeficiency Syndrome (AIDS)

Clinical Presentation

Asymptomatic; multiple clinical presentations

Infectious Substances	**How it is Transmitted**
Blood and body fluids including: CSF, breast milk, semen, vaginal, synovial, pleural, peritoneal, pericardial, and amniotic fluids	Mucosal or percutaneous exposure to infective body fluids, sexual transmission, mother to child

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
HIV: Weeks to months	From onset of infection. Patients with undetectable viral loads are not capable of transmitting HIV.

Comments

Reportable Disease

Suspected/Known Disease or Microorganism

Actinomycosis (*Actinomyces sp.*)

Clinical Presentation

Cervicofacial, thoracic or abdominal infection (painful abscesses)

Infectious Substances	**How it is Transmitted**
Endogenous oral flora	No person to person transmission

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
Variable	No person to person transmission

Comments

- Normal flora
- Infection is usually secondary to trauma

Suspected/Known Disease or Microorganism

Adenovirus

Clinical Presentation

- Conjunctivitis (swelling, redness and soreness of the whites of the eyes, watery discharge, itching)
- Gastroenteritis (diarrhea)
- Respiratory tract infection (fever, cold-like symptoms: cough, runny nose, sore throat, pneumonia)

Infectious Substances	**How it is Transmitted**
Excretions and secretions	Direct Contact, Indirect Contact, Droplet

Precautions Needed

For precautions needed for each presentation, refer to:

Adenovirus – Conjuctivitis

Adenovirus – Cystits

Adenovirus – Gastroenteritis

Adenovirus – Respiratory Tract Infection

Duration of Precautions

Until symptoms have resolved. Prolonged shedding may occur in immunocomprimised patients, consult IPAC

Incubation Period	**Period of Communicability**
Late in incubation period until 14 days after onset	Until acute symptoms resolve

Comments

- Precautions required are in addition to **Routine Practices**
- Careful attention to aseptic technique and reprocessing of ophthalmology equipment is required.
- Note that different strains are responsible for each disease condition.

Suspected/Known Disease or Microorganism

Adenovirus – Conjunctivitis

Clinical Presentation

Conjunctivitis (swelling, redness and soreness of the whites of the eyes, watery discharge, itching)

Infectious Substances	**How it is Transmitted**
Discharge from eyes	Direct Contact, Indirect Contact

Precautions Needed

Acute Care	**Contact Precautions**
Long-Term Care	**Contact Precautions**
Home & Community	**Contact Precautions**

Duration of Precautions

Until symptoms resolve

Incubation Period	**Period of Communicability**
Late in incubation period until 14 days after onset	Until acute symptoms resolve

Comments

- Precautions required are in addition to **Routine Practices**
- Careful attention to aseptic technique and reprocessing of ophthalmology equipment is required.

Suspected/Known Disease or Microorganism

Adenovirus – Cystitis

Clinical Presentation

Urinary tract infection (pain/burning during urination, frequency, urgency, suprapubic/back pain)

Infectious Substances	**How it is Transmitted**
Urine	Direct Contact, Indirect Contact

Precautions Needed

Acute Care	**Contact Precautions**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Until symptoms resolve

Incubation Period	**Period of Communicability**
Late in incubation period until 14 days after onset	Until acute symptoms resolve

Comments

Precautions required are in addition to **Routine Practices**

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Suspected/Known Disease or Microorganism

Adenovirus – Gastroenteritis

Clinical Presentation

Diarrhea

Infectious Substances	**How it is Transmitted**
Feces	Direct Contact, Indirect Contact

Precautions Needed

Acute Care	**Routine Practices** Adult	**Contact Precautions** Pediatric Adult if: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
Long-Term Care	**Routine Practices**	**Contact Precautions** For adults as described above
Home & Community	**Routine Practices** Adult	**Contact Precautions** Pediatric

Duration of Precautions

Until symptoms have stopped for 48 hours OR, for adults until patient is continent and has good hygiene

Incubation Period	**Period of Communicability**
Late in incubation period until 14 days after onset	Until acute symptoms resolve

Comments

Precautions required are in addition to **Routine Practices**

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Suspected/Known Disease or Microorganism

Adenovirus – Respiratory Tract Infection

Clinical Presentation

Respiratory tract infection (fever, cold-like symptoms: cough, runny nose, sore throat, pneumonia)

Infectious Substances	**How it is Transmitted**
Respiratory secretions	Droplet, Direct Contact, Indirect Contact

Precautions Needed

Acute Care	**Routine Practices** Adult	**Droplet & Contact Precautions** Pediatric; Adult in high risk units* only	If AGMP indicated **Refer to** IPAC AGMP Best Practice Guideline
Long-Term Care	**Routine Practices** Adult		
Home & Community	**Routine Practices** Adult	**Droplet & Contact Precautions** Pediatric	

Duration of Precautions

Until symptoms resolve. For immunocompromised hosts, isolation precautions need to be maintained for a longer duration. Contact IPAC **for discontinuation of precautions.**

Incubation Period	**Period of Communicability**
Late in incubation period until 14 days after onset	Until acute symptoms resolve

Comments

Precautions required are in addition to Routine Practices

- Minimize exposure of highrisk patients. VCH Bed Placement for Viral Respiratory Illness (VRI)

* High risk units: Solid Organ Transplant (SOT), Bone Marrow Transplant (BMT), Intensive Care Unit (ICU), Burns, Trauma, High Acuity (BTHA) and Thoracic

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Aerosol Generating Medical Procedures (AGMP)

Clinical Presentation

Not applicable – refers to a clinical procedure

Infectious Substances	**How it is Transmitted**
Aerosols	Airborne, Direct Contact

Precautions Needed

All settings

Routine Practices
Procedure mask and eye protection within 2 metres at minimum for AGMP in all settings

N95 respirator for AGMP
Refer to AGMP Best Practice Guideline for detailed description

- **Patients on Airborne Precautions (e.g., TB, Measles, VZV)**
- **Influenza-like illness**
- **Viral Hemorrhagic Fever (e.g., Ebola)**
- **Bronchoscopy and sputum induction**
- **CPR or endotracheal intubation for respiratory failure**
- **Autopsy of lung tissue**

Duration of Precautions

Until procedure is finished AND air clearance/settle time (minimum time to allow airborne particles to settle).

Incubation Period Not applicable	**Period of Communicability** Not applicable

Comments

Precautions are used in addition to **Routine Practices** (select gown, gloves and eye protection based on a Point of Care Risk Assessment).

- Use a private or procedure room whenever possible, use airborne infection isolation room if patient has known or suspected **Airborne** infection
  - Refer to IPAC Private Room Priority Patient Placement Algorithm
- Limit people in the room to those necessary
- AGMP Best Practice Guideline

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Suspected/Known Disease or Microorganism

Aeromonas spp.

Clinical Presentation

Diarrhea (sometimes called Traveler's Diarrhea)

Infectious Substances	**How it is Transmitted**
Feces	Fecal-Oral, Direct Contact, Indirect Contact

Precautions Needed

Acute Care	**Routine Practices** Adult	**Contact Precautions** Pediatric Adult if: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
Long-Term Care	**Routine Practices**	**Contact Precautions** For adults as described above
Home & Community	**Routine Practices** Adult	**Contact Precautions** Pediatric

Duration of Precautions

Until symptoms have stopped for 48 hours OR, (for adults) until patient is continent and has good hygiene

Incubation Period	**Period of Communicability**
3-10 days	Until symptoms resolve

Comments

Precautions are used in addition to **Routine Practices**

Suspected/Known Disease or Microorganism

Amebiasis – (*Entamoeba histolytica*)

Clinical Presentation: Dysentery, diarrhea and liver abscesses

Infectious Substances	**How it is Transmitted**
Feces	Fecal-oral, Direct Contact, Indirect Contact Person to person transmission is rare

Precautions Needed

Acute Care	**Routine Practices** Adult	**Contact Precautions** Pediatric Adult if: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
Long-Term Care	**Routine Practices**	**Contact Precautions** For adults as described above
Home & Community	**Routine Practices** Adult	**Contact Precautions** Pediatric

Duration of Precautions

Until symptoms have stopped for 48 hours OR, for adults until patient is continent and has good hygiene

Incubation Period	**Period of Communicability**
2 – 4 weeks	Until symptoms resolve

Comments

Precautions are used in addition to **Routine Practices**

- Reportable Disease
- Transmission in setting for the mentally challenged and in a family group has been reported. Use care when handling diapered infants and mentally challenged patients.

Suspected/Known Disease or Microorganism

Anthrax – confirmed, probable or suspect case (*Bacillus anthracis*)

Clinical Presentation: Skin lesions or pulmonary (shortness of breath, discomfort during breathing), loss of appetite, vomiting and diarrhea

Infectious Substances	**How it is Transmitted**
Soil and animals, including livestock; lesion drainage (very rare). *Bacillus anthracis* spores that are dormant in the environment enter animal or human bodies to activate.	No person-to-person transmission, only from source supply. Acquired from contact with infected animals or animal products. Ingestion of food or drink with spores Pulmonary inhalation of spores from bioterrorism Direct Contact: spore entry via cuts/opening in the skin

Precautions Needed

Acute Care	**Routine Practices** Skin lesions covered with drainage contained	**Contact Precautions** Major wound drainage not contained by dressing	**Airborne & Contact Precautions** Anthrax pneumonia/pulmonary
Long-Term Care	**Routine Practices** Skin lesions covered with drainage contained	**Contact Precautions** Major wound drainage not contained by dressing	**Airborne & Contact Precautions** Anthrax pneumonia/pulmonary
Home & Community	**Routine Practices** Skin lesions covered with drainage contained	**Contact Precautions** Major wound drainage not contained by dressing	**Airborne & Contact Precautions** Anthrax pneumonia/pulmonary

Duration of Precautions: Until wound draining contained as directed by IPAC

Incubation Period: 1-7 days, may be up to 60 days	**Period of Communicability**

Comments

Precautions are used in addition to **Routine Practices**

- Reportable Disease **IMPORTANT: Notify lab before sending specimens**
- Decontamination and post exposure prophylaxis is necessary for exposure to aerosols in the laboratory setting or from biological bioterrorism.

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Suspected/Known Disease or Microorganism

Antibiotic Resistant Organisms (ARO)

Clinical Presentation

Infection or colonization of any body site

Infectious Substances	**How it is Transmitted**
Infected or colonized secretions/excretions	Direct Contact, Indirect Contact

Precautions Needed

See specific organism for precautions indicated

See Candida auris

See Carbapenemase Producing Organism (CPO)

See Methicillin Resistant *Staphylococcus aureus* (MRSA)

See Vancomycin-resistant *Enterococcus* (VRE)

Duration of Precautions

As directed by Infection Prevention and Control

Incubation Period	**Period of Communicability**
Variable	Variable

Comments

Precautions are used in addition to **Routine Practices**

- Refer to Acute Care ARO Screening Summary Table, for screening locations and indications
- Infection Control Admission Screening Tool
- ARO Acute Care Patient Placement Algorithm

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Suspected/Known Disease or Microorganism

Arthropod borne virus (Arboviruses)

Clinical Presentation: Encephalitis, fever, rash, arthralgia, meningitis

Infectious Substances	**How it is Transmitted**
Not applicable	Insectborne (vector) No person-to-person transmission except rarely by transfusion, organ transplant, vertical (mother to fetus), sexual contact (Zika).

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions: Not applicable

Incubation Period	**Period of Communicability**
Variable 3-21 days	Variable

Comments

- Several hundred different viruses exist. Most are limited to specific geographic areas.
- Most common North American diseases caused by Arboviruses:
  - Colorado tick fever (reovirus)
  - West Nile Encephalitis (flavivirus)
- Other North American Diseases caused by Arboviruses:
  - California encephalitis (bunyavirus), St. Louis encephalitis (flavivirus), Western equine encephalitis (alphavirus), Eastern equine encephalitis (alphavirus), Powassan encephalitis (flavivirus), Zika Virus (flavivirus) can also be sexually transmitted

Suspected/Known Disease or Microorganism

Ascariasis – Roundworm, Hookworm, Whipworm (*Ascaris* spp.)

Clinical Presentation

Usually asymptomatic

Infectious Substances	**How it is Transmitted**
Contaminated soil or water	Ingestion of infective eggs/larvae, no person to person transmission

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
Life cycle requires 4-8 weeks for completion	No person to person transmission

Comments

- Transmission occurs by ingestion of infective eggs from contaminated soil.
- Ova must hatch in soil to become infectious.

Suspected/Known Disease or Microorganism

Aspergillosis (*Aspergillus* spp.)

Clinical Presentation

Infection of skin, lung, wound or central nervous system

Infectious Substances	**How it is Transmitted**
Ubiquitous in nature, particularly in decaying material and in soil, air, water and food	Inhalation of airborne spores, no person to person transmission

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
Variable	No person to person transmission

Comments

- Spores may be present in dust; infection in immunocompromised patients has been associated with exposure to dust generated by construction, renovation and maintenance activities.
- **Contact Precautions** and **Airborne Precautions** if massive soft tissue infection with copious drainage and repeated irrigations required, contact IPAC if this occurs.

Suspected/Known Disease or Microorganism

Astrovirus

Clinical Presentation

Diarrhea

Infectious Substances	**How it is Transmitted**
Feces	Fecal-oral, Direct Contact, Indirect Contact

Precautions Needed

Acute Care	**Routine Practices** Adult	**Contact Precautions** Pediatric Adult if: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
Long-Term Care	**Routine Practices**	**Contact Precautions** For adults as described above
Home & Community	**Routine Practices** Adult	**Contact Precautions** Pediatric

Duration of Precautions

Until symptoms have stopped for 48 hours OR (for adults), until patient is continent and has good hygiene

Incubation Period	**Period of Communicability**
3-10 days	Until symptoms resolve

Comments

Precautions are used in addition to **Routine Practices**

Suspected/Known Disease or Microorganism

Avian Influenza

Clinical Presentation: Respiratory tract infection, conjunctivitis

Infectious Substances	**How it is Transmitted**
Excreta of birds Possibly human respiratory tract secretions	Direct Contact, Indirect Contact, Droplet

Precautions Needed

Acute Care	**Airborne and Contact Precautions + Droplet** Use eye protection	
Long-Term Care	**Droplet & Contact Precautions**	If AGMP indicated **Refer to** IPAC AGMP Best Practice Guideline
Home & Community	**Droplet & Contact Precautions**	If AGMP indicated **Refer to** IPAC AGMP Best Practice Guideline

Duration of Precautions
Until asymptomatic or a minimum of 10 days from onset of symptoms. Contact IPAC **for discontinuation of precautions.**

Incubation Period	**Period of Communicability**
7 days or less, often 2-5 days	21 days

Comments

Precautions are used in addition to **Routine Practices**

- Reportable Disease
- Private room preferred, refer to the VCH Bed Placement for Viral Respiratory Illness (VRI)
- Most human infections are thought to result from direct contact with infected birds/animals
- Current information on Avian influenza

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B

Babesiosis
***Bacillus anthracis* (Anthrax – confirmed, probable or suspect case)**
Bacillus cereus
Bedbugs (*Cimex lectularius, C. hemipterus*)
Blastomycosis – pneumonia (*Blastomyces dermatitidis*)
Blastomycosis (*Blastomyces dermatitidis*) – skin lesions
Bocavirus
Botulism (*Clostridium botulinum*)
Bronchiolitis – (frequently caused by Respiratory Syncytial Virus)
Brucellosis – Undulant fever, Malta fever, Mediterranean fever
***Burkholderia cepacia* complex– non-respiratory infections**
***Burkholderia cepacia* – respiratory infection & colonization**
Burns (infected) – (*Staphylococcus aureus*, Group A Streptococcus, many other bacteria)

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Suspected/Known Disease or Microorganism

Babesiosis

Clinical Presentation

Often asymptomatic, non-specific flu-like symptoms such as fever, chills, sweats, headache, body aches, loss of appetite, nausea, or fatigue

Infectious Substances	**How it is Transmitted**
Not applicable	Insectborne (tickborne)

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
Weeks to months	No person to person transmission, except rarely by blood transfusion from asymptomatic parasitaemic donors

Comments

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Suspected/Known Disease or Microorganism

Bacillus anthracis (Anthrax – confirmed, probable or suspect case)

Clinical Presentation: Skin lesions or pulmonary (shortness of breath, discomfort during breathing) stomach fever, loss of appetite, vomiting and diarrhea

Infectious Substances	**How it is Transmitted**
Soil and animals, including livestock; lesion drainage (very rare). *Bacillus anthracis* spores that are dormant in the environment enter animal or human bodies to become activated.	No person-to-person transmission, only from source supply. Acquired from contact with infected animals or animal products. Ingestion of food or drink with spores Pulmonary inhalation of spores from bioterrorism Direct Contact: spore entry via cuts/opening in the skin

Precautions Needed

Acute Care	**Routine Practices**	**Contact Precautions** Major wound drainage not contained by dressing
Long-Term Care	**Routine Practices**	**Contact Precautions** Major wound drainage not contained by dressing
Home & Community	**Routine Practices**	**Contact Precautions** Major wound drainage not contained by dressing

Duration of Precautions

Until wound draining contained as directed by IPAC

Incubation Period	**Period of Communicability**
1-7 days, may be up to 60 days	No person to person transmission

Comments

Precautions are used in addition to **Routine Practices**

- Reportable Disease
- Decontamination and post exposure prophylaxis is necessary for exposure to aerosols in the laboratory setting or from biological bioterrorism. **Notify lab before sending specimens**.

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Suspected/Known Disease or Microorganism

Bacillus cereus

Clinical Presentation

Nausea, vomiting, diarrhea, abdominal cramps (food poisoning)

Infectious Substances	**How it is Transmitted**
Not applicable	Foodborne, no person to person transmission

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
30 minutes – 15 hours	Not applicable

Comments

- Ubiquitous in the environment, found in soil
- Food safety: Ensure food is maintained either at a temperature above 60°C or refrigerated below 4°C. Cool cooked foods that will not be immediately consumed to below 4°C within 6 hours. When reheating food, ensure that the temperature reaches at least 74°C.

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Suspected/Known Disease or Microorganism

Bedbugs (*Cimex lectularius, C. hemipterus*)

Clinical Presentation

Small, hard, swollen, white welts that become inflamed and itchy. Bites are usually in rows.

Infectious Substances	**How it is Transmitted**
Bed clothes, mattresses, headboards, dresser tables, clothing, soft toys, suitcases, purses. Tend to hide in items that are within 2.5M/8ft of where people sleep and come out of hiding after dark.	Insectborne Direct Contact, Indirect Contact

Precautions Needed

Acute Care	**Contact Precautions**
Long-Term Care	**Contact Precautions**
Home & Community	**Contact Precautions**

Duration of Precautions: Until belongings are bagged and housekeeping has attended to the room

Incubation Period	**Period of Communicability**
Not applicable	No person to person transmission, but requires direct personal contact with infested material

Comments

- If it becomes apparent that a patient has bedbugs at home or they are visible on admission, have all belongings that are potentially infested (see infective material) placed in sealed plastic bags or taken straight home
- **Notify Environmental Services if bedbugs are found**. Environmental Services will determine what cleaning is required and can assist with monitoring for bedbugs.
- VCH Guide to Bed Bug Control
- VCH Bed Bug Policy

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Suspected/Known Disease or Microorganism

Blastomycosis – pneumonia (*Blastomyces dermatitidis*)

Clinical Presentation

Respiratory infection (fever, cold-like symptoms: cough, runny nose, sore throat); pneumonia (shortness of breath, discomfort during breathing)

Infectious Substances	**How it is Transmitted**
Moist soil	Inhalation of spore-laden dust

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
30-45 days	No person to person transmission

Comments

- *B. dermatitidis* is a fungus that lives in moist soil. Fungal spores can become airborne when the soil is disturbed.

Suspected/Known Disease or Microorganism

Blastomycosis (*Blastomyces dermatitidis*) – skin lesions

Clinical Presentation

Skin lesions

Infectious Substances	**How it is Transmitted**
Moist soil	Hematogenous dissemination following primary lung infection

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
30 – 45 days	No person to person transmission

Comments

- *B. dermatitidis* is a fungus that lives in moist soil. Fungal spores can become airborne when the soil is disturbed. Skin lesions may develop when the infection disseminates from the lungs. Skin lesions can be nodular, verrucous or ulcerative and typically appear on the face or distal extremities.

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Suspected/Known Disease or Microorganism

Bocavirus

Clinical Presentation: Respiratory tract infection (fever, cold-like symptoms: cough, runny nose, sore throat)

Infectious Substances	**How it is Transmitted**
Respiratory secretions	Droplet, Direct Contact, Indirect Contact

Precautions Needed

Acute Care	**Routine Practices** Adult	**Droplet & Contact Precautions** Pediatric; Adult in high risk units* only	If AGMP indicated **Refer to** IPAC AGMP Best Practice Guideline
Long-Term Care	**Routine Practices** Adult		
Home & Community	**Routine Practices** Adult	**Droplet & Contact Precautions** Pediatric	

Duration of Precautions

Until symptoms resolve

For immunocompromised hosts, isolation precautions need to be maintained for a longer duration.

Contact IPAC **for discontinuation of precautions.**

Incubation Period: Unknown	**Period of Communicability:** Until acute symptoms resolve

Comments

Precautions required are in addition to **Routine Practices**

- Minimize exposure of highrisk patients. VCH Bed Placement for Viral Respiratory Illness (VRI)

* High risk units: Solid Organ Transplant (SOT), Bone Marrow Transplant (BMT), Intensive Care Unit (ICU), Burns, Trauma, High Acuity (BTHA) and Thoracic

Suspected/Known Disease or Microorganism

Botulism (*Clostridium botulinum*)

Clinical Presentation

Nausea, vomiting, diarrhea, flaccid paralysis, cranial nerve palsies

Infectious Substances	**How it is Transmitted**
Toxin producing spores in soil, agricultural products, honey, and animal intestine	Foodborne (Ingestion of toxins in contaminated food); wounds contaminated by soil. Infants may colonize the gut. No person to person transmission

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
Variable	No person-to-person transmission

Comments

- May be bioterrorism related
- Reportable Disease **Physician to report to Medical Health Officer at suspect stage**
- Botulism antitoxin

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Suspected/Known Disease or Microorganism

Bronchiolitis – (frequently caused by Respiratory Syncytial Virus)

Clinical Presentation: Respiratory infection (fever, cold-like symptoms: cough, runny nose, sore throat)

Infectious Substances	**How it is Transmitted**
Respiratory secretions	Direct Contact, Indirect Contact, Droplet

Precautions Needed

If a pathogen is identified, follow organism specific instructions in this manual. If influenza suspected, use Droplet & Contact Precautions in all settings

Acute Care	**Routine Practices** Adult	**Droplet & Contact Precautions** Pediatric; Adult in high risk units* only	If AGMP indicated **Refer to** IPAC AGMP Best Practice Guideline
Long-Term Care	**Routine Practices** Adult		
Home & Community	**Routine Practices** Adult	**Droplet & Contact Precautions** Pediatric	

Duration of Precautions
Refer to specific organism, if no organism identified until symptoms resolved

Incubation Period	**Period of Communicability**
Variable	Until acute symptoms resolve

Comments
Precautions required are in addition to **Routine Practices**

- Minimize exposure of highrisk patients. VCH Bed Placement for Viral Respiratory Illness (VRI)
- VCH Respiratory Assessment Algorithm

*High risk units: Solid Organ Transplant (SOT), Bone Marrow Transplant (BMT), Intensive Care Unit (ICU), Burns, Trauma, High Acuity (BTHA) and Thoracic

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Suspected/Known Disease or Microorganism

Brucellosis – Undulant fever, Malta fever, Mediterranean fever

Clinical Presentation

Systemic bacterial disease of acute to insidious onset. Continued, intermittent or irregular fever, headache, weakness, profuse sweating, arthralgia

Infectious Substances	How it is Transmitted
Infected animals and tissues such as cattle, sheep, goats bison, wild hogs, elk, moose and camels and their byproducts such as milk, feces	Not transmitted person to person, except rarely by banked spermatozoa and sexual contact

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	Period of Communicability
Weeks to months	Unknown

Comments

- Acquired from contact through breaks in skin tissues with infected animals or ingestion of unpasteurized dairy products from infected animals.
- Hazardous to laboratory staff, notify lab of suspect diagnosis when specimen submitted
- Reportable Disease

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Suspected/Known Disease or Microorganism

Burkholderia cepacia complex– non-respiratory infections

Clinical Presentation
Based on site of infection. Clinical symptoms may vary including skin and soft-tissue infections, surgical wound infections and UTI infections.

Infectious Substances	**How it is Transmitted**
Potentially skin and body fluids	Direct Contact, Indirect Contact

Precautions Needed

Acute Care	**Contact Precautions** CF patients	
Long-Term Care	**Routine Practices**	
Home & Community	**Routine Practices** Home care	**Contact Precautions** Schedule outpatient clinics in order to cohort CF patients with B. cepacia (same day, end of day)

Duration of Precautions

As directed by Infection Prevention and Control

Incubation Period	**Period of Communicability**
Variable	Variable

Comments
Precautions required are in addition to **Routine Practices**

- Causes infection only in individuals with cystic fibrosis (CF) or chronic granulomatous disease (CGD).
- Cystic Fibrosis Canada Infection Prevention and Control
- Infection Prevention and Control Guidelines for Cystic Fibrosis: 2013 Update
- Do not room with patient with cystic fibrosis (CF) who is not infected or colonized with *Burkholderia cepacia*

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Suspected/Known Disease or Microorganism

Burkholderia cepacia – respiratory infection & colonization

Clinical Presentation

Exacerbation of chronic lung disease in patients with **Cystic Fibrosis**

Infectious Substances	**How it is Transmitted**
Respiratory Secretions	Direct Contact, Indirect Contact, Droplet

Precautions Needed

Acute Care	**Contact Precautions** CF patients	
Long-Term Care	**Routine Practices**	
Home & Community	**Routine Practices** Home care	**Contact Precautions** Schedule outpatient clinics in order to cohort CF patients with B. cepacia (same day, end of day)

Duration of Precautions

As directed by Infection Prevention and Control

Incubation Period	**Period of Communicability**
Variable	Variable

Comments

Precautions required are in addition to **Routine Practices**

- Segregate cystic fibrosis (CF) patients with *Burkholderia cepacia* from other CF patients in all settings
- Cystic Fibrosis Canada Infection Prevention and Control
- Infection Prevention and Control Guidelines for Cystic Fibrosis: 2013 Update

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Suspected/Known Disease or Microorganism

Burns (infected) – (*Staphylococcus aureus*, Group A Streptococcus, many other bacteria)

Clinical Presentation: Burn

Infectious Substances	**How it is Transmitted**
Wound drainage, purulence	Direct Contact, Indirect Contact

Precautions Needed

If a pathogen is identified, follow organism specific instructions in this manual.

Acute Care	**Routine Practices** Minor drainage contained by dressing	**Contact Precautions** Major drainage not contained by dressing	**Droplet & Contact Precautions** For first 24 hours antimicrobial therapy if invasive group A strep suspected
Long-Term Care	**Routine Practices** Minor drainage contained by dressing	**Contact Precautions** Major drainage not contained by dressing	
Home & Community	**Routine Practices** Minor drainage contained by dressing	**Contact Precautions** Major drainage not contained by dressing	

Duration of Precautions
Until symptoms resolve or return to baseline

Incubation Period	**Period of Communicability**
Not applicable	Not applicable

Comments

Precautions required are in addition to **Routine Practices**

- If Invasive Group A *Streptococcal* infection suspected add **Droplet Precautions** for first 24 hours of antimicrobial therapy. See GAS – Group A *Streptococcus*

C

Caliciviridae (Norovirus, Norwalk virus)
Campylobacter jejuni
Candidiasis (*Candida* spp.)
***Candida auris* Multi-drug Resistant (MDR)**
Carbapenemase Producing Organism (CPO)
Cat-scratch Fever (*Bartonella henselae*)
Cellulitis – (*Staphylococcus aureus*, Group A Streptococcus, many other bacteria)
Chancroid (*Haemophilus ducreyi*)
Chickenpox - Exposed Susceptible Contact (Varicella Zoster Virus)
Chickenpox – Known Case (Varicella Zoster Virus)
Chikungunya virus
Chlamydia (*Chlamydia trachomatis*)
Chlamydia pneumoniae
***Chlamydia psittaci* (Psittacosis, ornithosis)**
Cholera (*Vibrio cholerae*)
***Clostridium difficile* Infection (CDI)**
***Clostridium perfringens* – Food Poisoning**
***Clostridium perfringens* – Gas Gangrene**
Coccidioidomycosis (*Coccidioides immitis)*
Colorado Tick Fever (Arbovirus)
Congenital Rubella
Conjunctivitis – Pink Eye; Bacterial
Conjunctivitis – Pink Eye; Viral
Coronavirus, Human – Common Cold (not SARS/MERS/COVID-19)
Coronavirus, Novel (COVID-19, nCoV-19)
Coronavirus, SARS CoV & MERS CoV
***Corynebacterium diphtheriae* - Toxigenic strain (see Diphtheria)**
Cough, fever, acute upper respiratory tract infection (Respiratory syncytial virus [RSV], Parainfluenza virus, Influenza, Adenovirus, Coronavirus, *Bordetella pertussis, Mycoplasma pneumoniae*)
Cough, fever, pulmonary infiltrates in person at risk for TB (suspected *Mycobacterium tuberculosis*)
Coxsackievirus Infections, Hand-Foot-Mouth-Disease (HFMD)
Creutzfeldt-Jakob Disease – classic (CJD) and variant (vCJD)
Crimean-Congo Hemorrhagic Fever (Arbovirus)
Croup (Various Organisms, usually viral)
Cryptococcosis (*Cryptococcus neoformans, C. gattii*)
Cryptosporidiosis (*Cryptosporidium parvum*)
Cyclosporiasis (*Cyclospora cayetanensis*)
Cystic Fibrosis (CF)
Cytomegalovirus (CMV)

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Suspected/Known Disease or Microorganism

Caliciviridae (Norovirus, Norwalk virus)

Clinical Presentation: Acute onset nausea, vomiting, diarrhea

Infectious Substances	**How it is Transmitted**
Feces, emesis/vomit	Fecal-oral, Direct Contact, Indirect Contact, Droplet

Precautions Needed

Acute Care	**Contact Plus Precautions** **Add Droplet** if vomiting	
Long-Term Care	**Contact Plus Precautions** **Add Droplet** if vomiting	
Home & Community	**Contact Precautions**	**Droplet & Contact Precautions** If vomiting

Duration of Precautions

Until symptoms have stopped for 48 hours.

For immunocompromised hosts, isolation precautions need to be maintained for a longer duration.

Contact IPAC **for discontinuation of precautions.**

Incubation Period	**Period of Communicability**
12 hours-4 days	Duration of viral shedding, usually 48 hours after diarrhea resolves.

Comments

Precautions required are in addition to **Routine Practices**

- Common causes of outbreaks. Refer to the VCH GI Outbreak Resources
- Reportable Disease
- If a patient in an acute care multi-bed room tests positive, move to a private room if possible and place asymptomatic, exposed (> 4 hours in the same room as index case) roommates on Contact Plus Precautions.

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Suspected/Known Disease or Microorganism

Campylobacter jejuni

Clinical Presentation

Diarrhea (possibly bloody), abdominal pain and fever

Infectious Substances	**How it is Transmitted**
Feces	Direct Contact (fecal-oral) Indirect Contact (fecal-oral and contaminated food and water)

Precautions Needed

Acute Care	**Routine Practices** Adult	**Contact Precautions** Pediatric Adult if: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
Long-Term Care	**Routine Practices**	**Contact Precautions** For adults as described above
Home & Community	**Routine Practices** Adult	**Contact Precautions** Pediatric

Duration of Precautions

Until symptoms have stopped for 48 hours OR for adults, until patient is continent and has good hygiene

Incubation Period	**Period of Communicability**
2-5 days	Until symptoms resolve

Comments

Precautions required are in addition to **Routine Practices**

- Reportable Disease

Suspected/Known Disease or Microorganism

Candidiasis (*Candida* spp.)

Clinical Presentation

Various, mucocutaneous lesions, systemic disease

Infectious Substances	**How it is Transmitted**
Mucocutaneous secretions and excretions	Normal flora, not applicable

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
Variable	Not applicable

Comments

- Affects vulnerable patient populations (e.g. immunocompromised)
- See *Candida auris* if indicated

Suspected/Known Disease or Microorganism

Candida auris Multi-drug Resistant (MDR)

Clinical Presentation

Various, mucocutaneous lesions, systemic disease. Colonization or infection.

Infectious Substances	**How it is Transmitted**
Mucocutaneous secretions and excretions	Direct contact, Indirect Contact

Precautions Needed

Acute Care	**Contact Precautions** Private room with dedicated bathroom or commode. Dedicate equipment whenever possible.	**Droplet & Contact Precautions** if productive cough
Long-Term Care	**Routine Practices** *C. auris* colonization Consult IPAC for further consultation	**Contact Precautions** *C. auris* infection Use **Droplet & Contact Precautions** if productive cough
Home & Community	**Routine Practices** Home care and low risk community settings. Use **Droplet & Contact Precautions** if productive cough	**Contact Precautions** High risk community settings Use **Droplet & Contact Precautions** if productive cough

Duration of Precautions

As directed by Infection Prevention and Control

Incubation Period	**Period of Communicability**
Variable	Not applicable

Comments

Precautions required are in addition to **Routine Practices**

- Infection affects vulnerable patient populations (e.g. immunocompromised, prolonged hospitalization, antimicrobial/antifungal use, indwelling devices)
- May be misidentified in laboratory, required special testing
- IPAC will direct ring screen as required
- See VCH *C. auris* resources on the IPAC website
- Reportable Disease

Suspected/Known Disease or Microorganism

Carbapenemase Producing Organism (CPO)

Gram negative bacilli including the following but not limited to: *E. coli*, *Klebsiella* spp., *Serratia* spp., *Providencia* spp., *Proteus* spp., *Citrobacter* spp., *Enterobacter* spp., *Morganella* spp., *Salmonella* spp., *Hafnia* spp.

Clinical Presentation: Colonization or Infections. Symptoms based on sites involved

Infectious Substances	**How it is Transmitted**
Colonized or infected body fluids/sites	Direct Contact, Indirect Contact

Precautions Needed

Acute Care	**Contact Precautions** Private room with dedicated bathroom or commode. Dedicate equipment whenever possible.	**Droplet & Contact Precautions** If CPO found in sputum or tracheostomy and productive cough or ventilated.
Long-Term Care	**Routine Practices** CPO colonization – *contact IPAC for further resident-specific direction*	**Contact Precautions** CPO infection Use **Droplet & Contact Precautions** if productive cough
Home & Community	**Routine Practices** Home care and low risk community settings. Use **Droplet & Contact Precautions** if productive cough	**Contact Precautions** High risk community settings Use **Droplet & Contact Precautions** if productive cough

Duration of Precautions: As directed by Infection Prevention and Control

Incubation Period: Variable	**Period of Communicability:** Not applicable

Comments

Precautions required are in addition to **Routine Practices**

Refer to ARO Acute Patient Placement Algorithm

- Reportable Disease
- IPAC will direct ring screening as required. Complete admission screening per VCH protocol
- See VCH CPO resources on the IPAC website.

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Suspected/Known Disease or Microorganism

Cat-scratch Fever (*Bartonella henselae*)

Clinical Presentation

Fever, lymphadenopathy (swelling and pain of the lymph nodes with night sweats and weight loss)

Infectious Substances	**How it is Transmitted**
Infected domestic cats	Infection occurs via scratch, bite, lick or other exposure to a cat

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
16-22 days	No person to person transmission

Comments

Suspected/Known Disease or Microorganism

Cellulitis – (*Staphylococcus aureus*, Group A Streptococcus, many other bacteria)

Clinical Presentation

Purulent inflammation of cellular or subcutaneous tissue

Infectious Substances	**How it is Transmitted**
Wound drainage	Direct Contact, Indirect Contact

Precautions Needed

If a pathogen is identified, follow organism specific instructions in this manual.

Acute Care	**Routine Practices** Minor drainage contained by dressing	**Contact Precautions** Major drainage not contained by dressing	**Droplet & Contact Precautions** For first 24 hours antimicrobial therapy if invasive group A strep suspected
Long-Term Care	**Routine Practices** Minor drainage contained by dressing	**Contact Precautions** Major drainage not contained by dressing	
Home & Community	**Routine Practices** Minor drainage contained by dressing	**Contact Precautions** Major drainage not contained by dressing	

Duration of Precautions: Until symptoms resolve or return to baseline

Incubation Period	**Period of Communicability**
Not applicable	Not applicable

Comments

Precautions required are in addition to **Routine Practices**

- Periorbital cellulitis in children <5 years old may be caused by *H. influenzae* and requires **Droplet & Contact Precautions**

Suspected/Known Disease or Microorganism

Chancroid (*Haemophilus ducreyi*)

Clinical Presentation

Genital ulcers, papules or pustules

Infectious Substances	**How it is Transmitted**
Drainage	Sexual Contact

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
3-5 days	As long as ulcerations remain unhealed

Comments

- Chancroid rarely spreads from the genital tract and does not cause systemic disease
- Reportable Disease

Suspected/Known Disease or Microorganism

Chickenpox - Exposed Susceptible Contact (Varicella Zoster Virus)

Clinical Presentation: Asymptomatic

Infectious Substances	**How it is Transmitted**
If lesions develop: lesion drainage, respiratory secretions	Direct Contact, Indirect Contact, Airborne

Precautions Needed

Acute Care	**Airborne Precautions** 8 days after first contact and until 21 days after last contact with case (extend to 28 days if given VZIG)	**Airborne & Contact Precautions** If lesions develop see Chickenpox known case
Long-Term Care	**Airborne Precautions** 8 days after first contact and until 21 days after last contact with case (extend to 28 days if given VZIG)	**Airborne & Contact Precautions** If lesions develop see Chickenpox known case
Home & Community	**Airborne Precautions** 8 days after first contact and until 21 days after last contact with case (extend to 28 days if given VZIG)	**Airborne & Contact Precautions** If lesions develop see Chickenpox known case

Duration of Precautions
From 8 days after first contact until 21 days after last contact with rash (or 28 days if given VZIG)

Incubation Period	**Period of Communicability**
10-21 days	2 days before rash starts and until all skin lesions have dried and

Comments
Precautions required are in addition to **Routine Practices**

- If VZIG indicated, administer within 96 hours (can be administered up to 10 day post exposure)
- Consult IPAC **if chicken pox exposure occurred in a healthcare setting**
- Newborn: If mother develops chicken pox <5 days before giving birth, assess for VZIG and place newborn on **Airborne Precautions**. If lesions develop change to **Airborne and Contact Precautions**.
- An exposed susceptible person will develop chicken pox (varicella), not shingles (herpes zoster).
- Susceptible contact refers to exposed person who has no evidence of VZV immunity

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Suspected/Known Disease or Microorganism

Chickenpox – Known Case (Varicella Zoster Virus)

Clinical Presentation

Generalized, Itchy, vesicular rash with lesions in varying stages of weeping, crusting, mild fever. Rash usually appears first on the head, chest and back before spreading to the rest of the body. Vesicular lesions are mostly concentrated on the chest and back.

Infectious Substances	**How it is Transmitted**
Lesion drainage, respiratory secretions	Direct Contact, Indirect Contact , Airborne

Precautions Needed

Acute Care	**Airborne & Contact Precautions**
Long-Term Care	**Airborne & Contact Precautions**
Home & Community	**Airborne & Contact Precautions**

Duration of Precautions

Until all lesions have dried and crusted

Incubation Period	**Period of Communicability**
10-21 days	2 days before rash starts and until all skin lesions have dried and crusted

Comments

Precautions required are in addition to **Routine Practices**

- Defer non-urgent admissions if chicken pox or disseminated zoster is present
- Susceptible HCWs should not enter the room if immune staff are available. If they must enter the room, an N95 respirator must be worn. Other non-immune persons should not enter except in urgent or compassionate circumstances. If immunity is unknown, assume person is non-immune.
- On discharge or transfer, keep room on Airborne Precautions per Air Clearance/Settle time
- **If other patients exposed,** notify IPAC and refer to exposure follow-up instruction

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Suspected/Known Disease or Microorganism

Chikungunya virus

Clinical Presentation

Fever, joint pain, headache, muscle pain, joint swelling and rash

Infectious Substances	**How it is Transmitted**
Aedes albopictus and *Aedes aegypti* mosquitoes	Insectborne

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
Not applicable	No person to person transmission

Comments

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Suspected/Known Disease or Microorganism

Chlamydia (*Chlamydia trachomatis*)

Clinical Presentation

Urogenital tract, rectum, pneumonia (infants), conjunctivitis, trachoma, Lymphogranuloma venereum

Infectious Substances	**How it is Transmitted**
Conjunctival and genital secretions	Sexually transmitted, mother to newborn at birth Trachoma: Direct contact, Indirect contact

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
Variable	As long as organism present in secretions

Comments

- Reportable Disease

Suspected/Known Disease or Microorganism

Chlamydia pneumoniae

Clinical Presentation

Pneumonia

Infectious Substances	**How it is Transmitted**
Respiratory secretions	Unknown

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
Unknown	Unknown

Comments

- Reportable Disease
- Rare outbreaks of pneumonia in institutionalized populations

Suspected/Known Disease or Microorganism

Chlamydia psittaci (Psittacosis, ornithosis)

Clinical Presentation

Pneumonia, undifferentiated fever

Infectious Substances	**How it is Transmitted**
Infected birds	Contact with infected birds, bird droppings

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
7-14 days	Not person to person

Comments

- Reportable Disease
- Acquired by inhalation of desiccated droppings, secretions and dust of infected birds

Suspected/Known Disease or Microorganism

Cholera (*Vibrio cholerae*)

Clinical Presentation

Voluminous watery diarrhea, dehydration

Infectious Substances	**How it is Transmitted (fecal/oral)**
Contaminated food or water, feces	Direct Contact, Indirect Contact, Ingestion of contaminated food or water

Precautions Needed

Acute Care	**Routine Practices** Adult	**Contact Precautions** Pediatric Adult if: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
Long-Term Care	**Routine Practices**	**Contact Precautions** For adults as described above
Home & Community	**Routine Practices** Adult	**Contact Precautions** Pediatric

Duration of Precautions

Until symptoms have stopped for 48 hours OR, for adults until patient is continent and has good hygiene

Incubation Period	**Period of Communicability**
2 - 3 days	Duration of shedding

Comments

Precautions required are in addition to **Routine Practices**

- Reportable Disease **Physician report to Medical Health Officer when preliminary or final lab confirmation available**
- Immunization information

Suspected/Known Disease or Microorganism

Clostridioides difficile Infection (CDI)

Clinical Presentation

Diarrhea, abdominal cramping and discomfort, toxic megacolon, pseudomembranous colitis. In rare cases, a symptomatic patient will present with ileus or colonic distention

Infectious Substances	How it is Transmitted
Feces	Fecal-oral, Direct Contact, Indirect Contact

Precautions Needed

Acute Care	**Contact Plus Precautions**
Long-Term Care	**Contact Plus Precautions**
Home & Community	**Contact Precautions**

Duration of Precautions

Until symptoms have stopped for 72 hours (back to baseline).

A negative *Clostridioides difficile* test is **not** recommended as a test of cure (PCR testing may identify colonized individuals and may continue to be positive after infection is resolved)

Incubation Period	Period of Communicability
Variable	Until symptoms resolve

Comments

Precautions required are in addition to **Routine Practices**

- Use soap and water for hand washing, alcohol-based hand rubs are not as effective for spores
- Bacterial spores persist in the environment , careful discharge cleaning is required (UV if available)
- Only send specimens on **symptomatic individuals**, do not test children < 1 yr

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Suspected/Known Disease or Microorganism

Clostridium perfringens – Food Poisoning

Clinical Presentation

Gastroenteritis (abdominal pain, severe diarrhea)

Infectious Substances	**How it is Transmitted**
Feces or soil contaminated food	Foodborne

Precautions Needed*

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
Not applicable	No person to person transmission

Comments

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Suspected/Known Disease or Microorganism

Clostridium perfringens – Gas Gangrene

Clinical Presentation

Breakdown of muscle tissue (myonecrosis). Severe pain, edema, tenderness, pallor, discoloration, hemorrhagic bullae and production of gas at wound site

Infectious Substances	**How it is Transmitted**
Feces, soil, water	No person-to-person transmission. Infection occurs through contamination of wounds (fractures, cuts, bullet wounds) with soil or any foreign material contaminated with *C.perfringens*

Precautions Needed

Acute Care	**Routine Practices** Minor drainage contained by dressing	**Contact Precautions** Major drainage not contained by dressing
Long-Term Care	**Routine Practices** Minor drainage contained by dressing	**Contact Precautions** Major drainage not contained by dressing
Home & Community	**Routine Practices** Minor drainage contained by dressing	**Contact Precautions** Major drainage not contained by dressing

Duration of Precautions

Contact Precautions - if wound drainage present and not contained by dressing

Incubation Period	**Period of Communicability**
Variable	No person-to-person transmission

Comments

Precautions required are in addition to **Routine Practices**

- Clinical manifestations of gas gangrene are caused by exotoxins produced by *C.perfringens*.

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Suspected/Known Disease or Microorganism

Coccidioidomycosis (*Coccidioides immitis)*

Clinical Presentation

Pneumonia, draining lesions

Infectious Substances	**How it is Transmitted**
Spores from soil and dust in endemic areas	Inhalation of spores

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
1-4 weeks	No person-to-person transmission

Comments

- Transmission occurs by inhalation of spores in soil and dust
- Exercise care when changing or discarding dressings, casts or other materials that may be contaminated with exudate.

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Suspected/Known Disease or Microorganism

Colorado Tick Fever (Arbovirus)

Clinical Presentation

Fever

Infectious Substances	**How it is Transmitted**
Tick bite	Tickborne (vector)

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
3-6 days	No person to person transmission

Comments

Suspected/Known Disease or Microorganism

Congenital Rubella

Clinical Presentation

Congenital rubella syndrome (severe birth defects)

Infectious Substances	**How it is Transmitted**
Respiratory secretions, urine	Direct Contact, Indirect Contact, Droplet

Precautions Needed

Acute Care	**Droplet & Contact Precautions**
Long-Term Care	**Not applicable**
Home & Community	**Droplet & Contact Precautions**

Duration of Precautions

Until 1 year of age unless nasopharyngeal and urine cultures done after 3 months of age are negative

Incubation Period	**Period of Communicability**
14-21 days	Prolonged shedding in respiratory tract and urine can be up to one year

Comments

Precautions required are in addition to **Routine Practices**

- Reportable Disease
- Defer non-urgent admission if rubella is present. May admit after rash has resolved
- If possible, only immune HCWs, caretakers and visitors should enter the room
- **Droplet Precautions** should be maintained for exposed susceptible contacts for 7 days after first contact through to 21 days after last contact
- Administer vaccine to exposed susceptible non-pregnant persons within 3 days of exposure

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Suspected/Known Disease or Microorganism

Conjunctivitis – Pink Eye; Bacterial

Clinical Presentation
Inflammation of the conjunctiva, redness of the whites of the eyes, **purulent discharge**, itching or irritation.

Infectious Substances	**How it is Transmitted**
Eye discharge (mucoid/purulent)	Direct Contact, Indirect Contact

Precautions Needed

If a pathogen is identified, follow organism specific instructions in this manual.

Acute Care	**Routine Practices** Adult Unless caused by ARO then refer to specific organism	**Contact Precautions** Pediatrics Adult if viral etiology not ruled out
Long-Term Care	**Routine Practices**	**Contact Precautions** If viral etiology not ruled out
Home & Community	**Routine Practices** Adult	**Contact Precautions** Pediatrics Adult if viral etiology not ruled out

Duration of Precautions

Until 24 hours of effective antimicrobial therapy completed

Incubation Period	**Period of Communicability**
24-72 hours	During active infection

Comments
Precautions required are in addition to **Routine Practices**

- Most common bacterial causes are: *Staphylococcus aureus, Haemophilus influenzae*, *Streptococcus pneumoniae, Moraxella catarrhalis*
- Bacterial conjunctivitis is less common in children older than 5 years of age.

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Suspected/Known Disease or Microorganism

Conjunctivitis – Pink Eye; Viral

Clinical Presentation
Inflammation of the conjunctiva, redness of the whites of the eyes, watery discharge. Bilateral itchiness may indicate allergic conjunctivitis.

Infectious Substances	How it is Transmitted
Eye discharge (watery)	Direct Contact, Indirect Contact

Precautions Needed

If a pathogen is identified, follow organism specific instructions in this manual

Acute Care	**Contact Precautions**
Long-Term Care	**Contact Precautions**
Home & Community	**Contact Precautions**

Duration of Precautions

Until symptoms are resolved or a non-viral cause is found

Incubation Period	Period of Communicability
Variable	Up to 14 days

Comments
Precautions required are in addition to **Routine Practices**

- The most common cause of viral conjunctivitis is Adenovirus, followed by Enteroviruses, Rubella, Rubeola and Herpesviruses.
- See Adenovirus – Conjunctivitis for more information, see Enterovirus for more information
- Patient handout

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Suspected/Known Disease or Microorganism

Coronavirus, Human – Common Cold (not SARS/MERS/COVID-19)

Clinical Presentation: Common cold (runny nose, sore throat)

Infectious Substances	**How it is Transmitted**
Respiratory secretions	Direct Contact, Indirect Contact, Droplet

Precautions Needed

Acute Care	**Routine Practices** Adult	**Droplet & Contact Precautions** Pediatric; Adult in high risk units* only	If AGMP indicated **Refer to** IPAC AGMP Best Practice Guideline
Long-Term Care & Mental Health	**Routine Practices** Adult		
Home & Community	**Routine Practices** Adult	**Droplet & Contact Precautions** Pediatric	

Duration of Precautions
Until symptoms resolve.
For immunocompromised hosts, isolation precautions need to be maintained for a longer duration.
Contact IPAC **for discontinuation of precautions.**

Incubation Period	**Period of Communicability**
2-4 days	Until acute symptoms resolve

Comments
Precautions required are in addition to **Routine Practices**

- Minimize exposure of highrisk patients. VCH Bed Placement for Viral Respiratory Illness (VRI)

* High risk units: Solid Organ Transplant (SOT), Bone Marrow Transplant (BMT), Intensive Care Unit (ICU), Burns, Trauma, High Acuity (BTHA) and Thoracic

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Suspected/Known Disease or Microorganism

Coronavirus, Novel (COVID-19, nCoV-19)

Clinical Presentation

Respiratory tract infection (fever, cold-like symptoms: cough, runny nose, sore throat); Pneumonia (shortness of breath, discomfort during breathing).

Infectious Substances	**How it is Transmitted**
Respiratory secretions and exhaled droplets and particles	Direct Contact, Indirect Contact, Droplet

Precautions Needed

Acute Care	**Droplet & Contact Precautions**	If AGMP indicated **Refer to** IPAC AGMP Best Practice Guideline
Long-Term Care & Mental Health	**Droplet & Contact Precautions**	If AGMP indicated **Refer to** IPAC AGMP Best Practice Guideline
Home & Community	**Droplet & Contact Precautions**	If AGMP indicated **Refer to** IPAC AGMP Best Practice Guideline

Duration of Precautions:
Acute Care – follow VCH Respiratory Testing & De-isolation Pathway
Long-Term Care and Mental Health – maintain droplet and contact precautions for 5 days from symptom onset date. Precautions remain in place until improvement of symptoms AND resolution of fever for 24 hours without the use of fever-reducing medication.
Home & Community – follow BCCDC Interim Guidance: Public Health Management of Cases and Contacts Associated with Novel Coronavirus (COVID-19) in the Community

Incubation Period:	**Period of Communicability:**
1 – 14 days	Unknown

Comments

- Reportable Disease
- If confirmed or suspected case admitted to a VCH facility – notify IPAC, MHO, ID & Med Micro on call
- If a patient in an acute care multi-bed room tests positive, move to private room whenever possible and place roommates on Droplet & Contact Precautions for 5 days.
- VCH COVID-19 resources
- BCCDC COVID-19 resources

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Suspected/Known Disease or Microorganism

Coronavirus, SARS CoV & MERS CoV

Clinical Presentation

Respiratory tract infection (fever, cold-like symptoms: cough, runny nose, sore throat); Pneumonia (shortness of breath, discomfort during breathing)

Infectious Substances	**How it is Transmitted**
Respiratory secretions and exhaled droplets and particles	Direct Contact, Indirect Contact, Droplet

Precautions Needed

Acute Care	**Airborne & Contact Precautions** **Droplet Precautions** Add Droplet, eye protection indicated for all encounters	
Long-Term Care	**Droplet & Contact Precautions**	If AGMP indicated **Refer to** IPAC AGMP Best Practice Guideline
Home & Community	**Droplet & Contact Precautions**	If AGMP indicated **Refer to** IPAC AGMP Best Practice Guideline

Duration of Precautions

14 days following resolution of fever if respiratory symptoms have also resolved.

Incubation Period	**Period of Communicability**
3-10 days	Variable

Comments

Precautions required are in addition to **Routine Practices**

- Reportable Disease **Physicians report to Medical Health Officer at suspect stage**
- Notify IPAC**, contact Medical Microbiologist on call**

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Suspected/Known Disease or Microorganism

Corynebacterium diphtheriae - Toxigenic strain (see Diphtheria)

Clinical Presentation

Skin or nasopharyngeal ulcerative lesion (lesions are asymmetrical with grayish white membranes surrounded with swelling and redness)

Infectious Substances	**How it is Transmitted**
Lesion drainage and/or nasopharyngeal secretions	Direct Contact, Indirect Contact, Droplet

Precautions Needed

Acute Care	**Contact Precautions** Cutaneous	**Droplet & Contact Precautions** Pharyngeal
Long-Term Care	**Contact Precautions** Cutaneous	**Droplet & Contact Precautions** Pharyngeal
Home & Community	**Contact Precautions** Cutaneous	**Droplet & Contact Precautions** Pharyngeal

Duration of Precautions

Until two cultures from skin lesions and/or both nose and throat cultures are negative

Incubation Period	**Period of Communicability**
2-5 days	If untreated, 2 weeks to several months If treated with appropriate antibiotics, 48hr

Comments
Precautions required are in addition to **Routine Practices**

Reportable Disease **Physician report respiratory diphtheria to Medical Health Officer**

- If cultures are not available, maintain precautions until 2 weeks after completion of treatment
- Not all *Corynebacterium diphtheriae* strains produce toxin, Routine Practices is sufficient for non-toxigenic strains.
- Cutaneous *Corynebacterium diphtheria* isolates are not routinely sent for toxin testing. Toxin testing by clinician request based on the clinical context (e.g., travel to endemic area and/or wound presentation).
- Close contacts require antimicrobial prophylaxis, diphtheria antitoxin
- Immunization information

Suspected/Known Disease or Microorganism

Cough, fever, acute upper respiratory tract infection (Respiratory syncytial virus [RSV], Parainfluenza virus, Influenza, Adenovirus, Coronavirus, *Bordetella pertussis, Mycoplasma pneumoniae*)

Clinical Presentation: Cough, fever, sore throat, running nose

Infectious Substances	**How it is Transmitted**
Respiratory secretions	Direct Contact, Indirect Contact, Large Droplets

Precautions Needed

If a pathogen is identified, follow organism specific instructions in this manual.

Acute Care	**Droplet & Contact Precautions** Respiratory infection NYD	If AGMP indicated **Refer to** IPAC AGMP Best Practice Guideline
Long-Term Care & Mental Health	**Droplet & Contact Precautions** Respiratory infection NYD	
Home & Community	**Droplet & Contact Precautions** Respiratory infection NYD	

Duration of Precautions: Until acute symptoms resolve or return to baseline

Incubation Period	**Period of Communicability**
Variable	Duration of Illness or until infectious etiology ruled out

Comments

Precautions required are in addition to **Routine Practices**

- **Refer to the** VCH Bed Placement for Viral Respiratory Illness (VRI) **for placement priority.** May cohort individuals infected with the same virus. Minimize exposure of immunocompromised patients, children with chronic cardiac or lung diseases, nephritic syndrome, neonates.

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Suspected/Known Disease or Microorganism

Cough, fever, pulmonary infiltrates in person at risk for TB (suspected *Mycobacterium tuberculosis*)

Clinical Presentation

Fever, weight loss, cough, hemoptysis, night sweats, abnormal chest x-ray

Infectious Substances	**How it is Transmitted**
Respiratory Secretions	Airborne

Precautions Needed

Acute Care	**Airborne Precautions**
Long-Term Care	**Airborne Precautions**
Home & Community	**Airborne Precautions**

Duration of Precautions

Until tuberculosis ruled out:
1. After 3 negative AFBs, alternate diagnosis & patient improvement
2. Physician no longer suspecting TB

If TB confirmed, see Tuberculosis – Pulmonary

Incubation Period	**Period of Communicability**
Not applicable	Duration of Illness or until infectious etiology ruled out

Comments

Precautions required are in addition to **Routine Practices**

- **Refer to:** TB checklist
- **Refer to:** Specimens for TB
- On discharge or transfer, keep room on Airborne precautions per Air Clearance/Settle time

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Suspected/Known Disease or Microorganism

Coxsackievirus Infections, Hand-Foot-Mouth-Disease (HFMD)

Clinical Presentation

Fever, meningitis, encephalitis, hemorrhagic conjunctivitis (inflammation, redness and soreness of the whites of the eyes, itching, with added damage to the vessel of the eye causing bleeding), lesions or rash to hands, feet and/or buttocks, possible sore throat, vomiting and/or diarrhea may also be present.

Infectious Substances	**How it is Transmitted**
Respiratory secretions, feces	Direct Contact with secretions, Indirect Contact (Fecal-oral)

Precautions Needed

Acute Care	**Routine Practices** Adult	**Contact Precautions** Pediatric
Long-Term Care	**Routine Practices**	
Home & Community	**Routine Practices** Adult	**Contact Precautions** Pediatric

Duration of Precautions

Until symptoms are resolved for 48 hours

Incubation Period	**Period of Communicability**
3-5 days	During acute states of illness, potentially longer if patient remains incontinent

Comments

Precautions required are in addition to **Routine Practices**

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Suspected/Known Disease or Microorganism

Creutzfeldt-Jakob Disease – classic (CJD) and variant (vCJD)

Clinical Presentation: Subacute onset of confusion, progressive dementia, chronic encephalopathy

Infectious Substances	How it is Transmitted
Tissues of infected animals and humans High Risk Tissues: Brain, dura mater, spinal cord, CSF, posterior eyes	Contaminated instrumentation (classical), ingestion of central nervous system tissue

Precautions Needed

Acute Care	**Routine Practices** Except special precautions are needed for surgery and autopsy in all suspect cases
Long-Term Care	**Routine Practices**
Home & Community Care	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	Period of Communicability
Months to years	Highest level of infectivity during symptomatic illness

Comments

Special precautions for surgery and autopsy:

- Immediately consult IPAC if CJD is suspected. Special precautions are needed for neurosurgical procedures, autopsy and handling/autopsy of body after death. Refer to VCH IPAC Guidelines for Management of CJD and other Prion Diseases
- Reportable Disease

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Suspected/Known Disease or Microorganism

Crimean-Congo Hemorrhagic Fever (Arbovirus)

Clinical Presentation

Headache, fever, back pain, joint pain, stomach pain, vomiting, red eyes, red, throat, petechiae, jaundice, mood change, bruising, bleeding

Infectious Substances	**How it is Transmitted**
Blood and body fluids shed from sick domestic animals and or humans, tick bite	Direct Contact, Indirect Contact, Tickborne

Precautions Needed

Acute Care	**Airborne & Contact Precautions**
Long-Term Care	**Airborne & Contact Precautions**
Home & Community	**Airborne & Contact Precautions**

Duration of Precautions

Contact IPAC prior to stopping precautions

Incubation Period	**Period of Communicability**
1-3 days following exposure via tick bite 5-6 days following contact with infected blood or tissue	From onset of infection

Comments

Precautions required are in addition to **Routine Practices**

- Reportable Disease **Physician to notify Medical Health Officer at suspect stage**

Suspected/Known Disease or Microorganism

Croup (Various Organisms, usually viral)

Clinical Presentation

Respiratory tract infection

Infectious Substances	**How it is Transmitted**
Respiratory secretions	Direct Contact, Indirect Contact, Droplet

Precautions Needed

If a pathogen is identified, follow organism specific instructions in this manual.

Acute Care	**Droplet & Contact Precautions** Respiratory infection NYD	If AGMP indicated **Refer to** IPAC AGMP Best Practice Guideline
Long-Term Care	**Droplet & Contact Precautions** Respiratory infection NYD	
Home & Community	**Droplet & Contact Precautions** Respiratory infection NYD	

Duration of Precautions

Duration of symptoms

Incubation Period	**Period of Communicability**
Variable	Dependent on bacterial/virus type

Comments

Precautions required are in addition to **Routine Practices**

- May cohort with same virus. Minimize exposure of immunocompromised patients, children with chronic cardiac or lung disease and neonates**.** **VCH VRI Patient Placement Algorithm**

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Suspected/Known Disease or Microorganism

Cryptococcosis (*Cryptococcus neoformans, C. gattii*)

Clinical Presentation

Meningitis (usually in immunocompromised hosts), pulmonary cryptococcosis, disseminated cryptococcosis

Infectious Substances	**How it is Transmitted**
Soil, decaying wood, bird droppings	Inhalation of the fungal spores or possibly through infected transplanted organs

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
Unknown	No person-to-person transmission

Comments

- Reportable Disease

Suspected/Known Disease or Microorganism

Cryptosporidiosis (*Cryptosporidium parvum*)

Clinical Presentation

Diarrhea, cramps, weight loss, nausea and headaches

Infectious Substances	**How it is Transmitted**
Feces (Fecal oocysts)	Fecal-oral, Direct Contact, Indirect Contact

Precautions Needed

Acute Care	**Routine Practices** Adult	**Contact Precautions** Pediatric Adult if: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
Long-Term Care	**Routine Practices**	**Contact Precautions** For adults as described above
Home & Community	**Routine Practices** Adult	**Contact Precautions** Pediatric

Duration of Precautions

Until symptoms have stopped for 48 hours OR (for adults) until patient is continent and has good hygiene

Incubation Period	**Period of Communicability**
1-12 days	From onset of symptoms until several weeks after symptoms are resolved

Comments

- Precautions required are in addition to **Routine Practices**
- Reportable Disease

Suspected/Known Disease or Microorganism

Cyclosporiasis (*Cyclospora cayetanensis*)

Clinical Presentation

Vomiting, diarrhea, weight loss, abdominal pain, nausea, fever, or may be asymptomatic

Infectious Substances	**How it is Transmitted**
Contaminated water, fruits and vegetables. Imported, fresh raspberries, other fruits and lettuce from Central America	Fecal-oral ingestion of contaminated food or water Direct person-to-person transmission is unlikely

Precautions Needed

Acute Care	**Routine Practices** Adult	**Contact Precautions** Pediatric Adult if: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
Long-Term Care	**Routine Practices**	**Contact Precautions** For adults as described above
Home & Community	**Routine Practices** Adult	**Contact Precautions** Pediatric

Duration of Precautions

Until symptoms have stopped for 48 hours OR (for adults) until patient is continent and has good hygiene

Incubation Period	**Period of Communicability**
2-14 days	No person-to-person transmission

Comments

- Precautions required are in addition to **Routine Practices**
- Reportable Disease

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Suspected/Known Disease or Microorganism

Cystic Fibrosis (CF)

Clinical Presentation

Variable with patients age at presentation, most diagnosed by age 1.

Infectious Substances	**How it is Transmitted**
CF is genetic not infectious, CF patients are at high risk for infection and colonization with AROs	CF patients can transmit organisms to other CF patients by Direct Contact, Indirect Contact, Droplet

Precautions Needed

Acute Care	**Contact Precautions**	
Long-Term Care	**Routine Practices**	
Home & Community	**Routine Practices** Home care	**Contact Precautions** Outpatient clinics in community settings, minimize time in common waiting rooms & contact with other CF patients

Duration of Precautions

As directed by Infection Prevention and Control

Incubation Period	**Period of Communicability**
Not applicable	Not applicable

Comments

Precautions required are in addition to **Routine Practices**

- Segregate newly diagnosed cystic fibrosis (CF) patients from other CF patients in all settings until IPAC education has been provided
- Cystic Fibrosis Canada Infection Prevention and Control
- Infection Prevention and Control Guidelines for Cystic Fibrosis: 2013 Update

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Suspected/Known Disease or Microorganism

Cytomegalovirus (CMV)

Clinical Presentation

Usually asymptomatic; congenital infection, retinitis, mononucleosis, pneumonia, disseminated infection in immunocompromised person

Infectious Substances	**How it is Transmitted**
Saliva, genital secretions, urine, breastmilk, transplanted organs	Sexual Contact, Direct Contact, Vertical (mother to child in utero, at birth or through breast milk), Transfusion, Transplantation

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
Unknown for person-to-person transmission 3-12 weeks for blood transfusions, 1-4 months for tissue transplants	Neonates: 5-6 years Adults: Variable, linked to immuno-suppressed status

Comments

- Requires intimate personal contact for transmission. No additional precautions necessary for pregnant healthcare workers.
- **Congenital CMV is a** Reportable Disease**,** CMV immunoglobulin

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D

Decubitus Ulcer – Pressure Ulcer (various organisms)
Dengue Fever (Arbovirus)
Dermatitis, Infected (Various Organisms)
Diarrhea – (Various Organisms)
Diphtheria (*Corynebacterium diphtheriae* – toxigenic)

Suspected/Known Disease or Microorganism

Decubitus Ulcer – Pressure Ulcer (various organisms)

Clinical Presentation

Abscess, draining pressure sores

Infectious Substances	**How it is Transmitted**
Wound Drainage	Direct Contact, Indirect Contact

Precautions Needed

Acute Care	**Routine Practices** Minor drainage contained by dressing	**Contact Precautions** Major drainage not contained by dressing	**Droplet & Contact Precautions** For first 24 hours antimicrobial therapy if invasive group A strep suspected
Long-Term Care	**Routine Practices** Minor drainage contained by dressing	**Contact Precautions** Major drainage not contained by dressing	
Home & Community	**Routine Practices** Minor drainage contained by dressing	**Contact Precautions** Major drainage not contained by dressing	

Duration of Precautions

Until symptoms resolve or return to baseline

Incubation Period	**Period of Communicability**
Not applicable	Not applicable

Comments

Precautions required are in addition to **Routine Practices**

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Suspected/Known Disease or Microorganism

Dengue Fever (Arbovirus)

Clinical Presentation

Fever, joint pain, rash

Infectious Substances	**How it is Transmitted**
Human/mosquito and monkey/mosquito cycles	Bite of infected mosquito (insect/vectorborne) No person to person transmission

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
3-14 days	Not applicable

Comments

- Reportable Disease

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Suspected/Known Disease or Microorganism

Dermatitis, Infected (Various Organisms)

Clinical Presentation

Multiple presentations on skin: inflammation, rash, blisters, scaly patches

Infectious Substances	**How it is Transmitted**
Drainage	Direct Contact, Indirect Contact

Precautions Needed

If a pathogen is identified, follow organism specific instructions in this manual.

Acute Care	**Routine Practices** Minor drainage contained by dressing	**Contact Precautions** Major drainage not contained by dressing
Long-Term Care	**Routine Practices** Minor drainage contained by dressing	**Contact Precautions** Major drainage not contained by dressing
Home & Community	**Routine Practices** Minor drainage contained by dressing	**Contact Precautions** Major drainage not contained by dressing

Duration of Precautions

Until symptoms resolve or return to baseline

Incubation Period	**Period of Communicability**
Not applicable	Not applicable

Comments

Precautions required are in addition to **Routine Practices**

- If compatible with scabies take appropriate precautions pending diagnosis (See Scabies)

Suspected/Known Disease or Microorganism

Diarrhea – (Various Organisms)

Clinical Presentation: Diarrhea

Infectious Substances	How it is Transmitted
Feces	Fecal-oral, Direct Contact, Indirect Contact

Precautions Needed

If a pathogen is identified, follow organism specific instructions in this manual.

Acute Care	**Contact Plus Precautions** Diarrhea and/or vomiting NYD and gastroenteritis is suspected
Long-Term Care	**Contact Plus Precautions** Diarrhea and/or vomiting NYD and gastroenteritis is suspected
Home & Community	**Contact Precautions** Diarrhea and/or vomiting NYD and gastroenteritis is suspected

Duration of Precautions

Refer to specific organism. If no organism identified, until symptoms resolved for 48 hours or until infectious cause is ruled out.

Incubation Period	Period of Communicability
Not applicable	Not applicable

Comments

Precautions required are in addition to **Routine Practices**

- **Refer to** GI Assessment Algorithm
- **Refer to** GI Adult Patient Placement Algorithm
- **Refer to** GI Outbreak Resources

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Suspected/Known Disease or Microorganism

Diphtheria (*Corynebacterium diphtheriae* – toxigenic)

Clinical Presentation
Cutaneous (skin) or nasopharyngeal ulcerative lesions. Nasopharyngeal lesions are asymmetric with grayish white membranes.

Infectious Substances	**How it is Transmitted**
Lesion drainage and/or nasopharyngeal secretions	Direct Contact, Indirect Contact, Droplet

Precautions Needed

Acute Care	**Contact Precautions** Cutaneous	**Droplet & Contact Precautions** Pharyngeal
Long-Term Care	**Contact Precautions** Cutaneous	**Droplet & Contact Precautions** Pharyngeal
Home & Community	**Contact Precautions** Cutaneous	**Droplet & Contact Precautions** Pharyngeal

Duration of Precautions

Until after antimicrobial therapy is complete AND two cultures from skin lesions and/or both nose and throat cultures, collected at least 24 hours apart, are negative

Incubation Period	**Period of Communicability**
2-5 days	If untreated, 2 weeks to several months

Comments

Precautions required are in addition to **Routine Practices**

- Reportable Disease **Physician report respiratory diphtheria to Medical Health Officer**
- If cultures are not available, maintain precautions until 2 weeks after completion of treatment
- Toxigenic strains produce diphtheria toxin. Not all *Corynebacterium diphtheriae* strains produce toxin
- Close contacts require antimicrobial prophylaxis

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E

Eastern Equine Encephalitis Virus
Arthropod-borne viral encephalitis
Ebola Viral Disease (Viral Hemorrhagic Fever)
Echinococcosis/Hydatidosis (*Echinococcus granulosis, Echinococcus multilocularis*)
Encephalitis – (Herpes Simplex Virus [HSV types 1 and 2], Enterovirus, Arbovirus)
Endometritis (Puerperal Sepsis)
Enterobiasis (Pinworm) (Oxyuriasis, *Enterobius vermicularis*)
Enteroviral Infections non-polio – (Echovirus, Coxsackievirus)
Epiglottitis – (*Haemophilus influenzae* type B [HIB], Group A Streptococcus, *Staphylococcus aureus, Streptococcus pneumoniae*)
Epstein-Barr Virus (Human Herpes Virus 4)
Erysipelas – (Group A Streptococcus)
ESBL (Extended Spectrum Beta Lactamase producers)
***Escherichia coli* 0157: H7 – Enteropathogenic and Enterohemorrhagic strains**

Suspected/Known Disease or Microorganism

Eastern Equine Encephalitis Virus

Arthropod-borne viral encephalitis

Clinical Presentation

Fever, encephalomyelitis (headache, chills, vomiting, disorientation, seizures)

Infectious Substances	**How it is Transmitted**
Aedes mosquito bite (virus found in birds, bats, and possibly rodents)	Bite of infected mosquito (Insect/vectorborne)

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
4-10 days	No person-to-person transmission

Comments

- Reportable Disease

Suspected/Known Disease or Microorganism

Ebola Viral Disease (Viral Hemorrhagic Fever)

Clinical Presentation

Fever, myalgias, pharyngitis, nausea, vomiting and diarrhea.

Hemorrhagic fever in late clinical presentation.

Infectious Substances	**How it is Transmitted**
Blood, body fluids and respiratory secretions	Direct Contact, Indirect Contact, Droplet

Precautions Needed

Acute Care	**Airborne & Contact Precautions + Droplet**
Long-Term Care	**Airborne & Contact Precautions + Droplet**
Home & Community	**Airborne & Contact Precautions + Droplet**

Duration of Precautions: Until symptoms resolved, two negative PCR tests at least 24 hours apart *and* **as directed by IPAC**

Incubation Period	**Period of Communicability**
2-21 days	Until all symptoms resolve and no virus circulating in the blood

Comments

Precautions required are in addition to **Routine Practices**

- Reportable Disease **Physician report to the Medical Health Officer at suspect stage**
- Consult IPAC immediately if EVD suspected
- For general information visit the BC MOH Ebola webpage
- VCH Response Procedures for Viral Hemorrhagic Fever and Other Unusual Communicable Diseases

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Suspected/Known Disease or Microorganism

Echinococcosis/Hydatidosis (*Echinococcus granulosus, Echinococcus multilocularis*)

Clinical Presentation

Cyst present in various organs, typically asymptomatic except for noticeable mass. Rupture or leaking cysts can cause anaphylactic reactions or even death.

Infectious Substances	How it is Transmitted
Worm eggs in feces from infected dogs. Contaminated food, soil, and water. Fur may be contaminated.	Fecal-oral, contact with infected animals

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community Care	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	Period of Communicability
Months to years	No person to person transmission

Comments

- Acquired by ingestion of eggs passed in the feces of infected animals.

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Suspected/Known Disease or Microorganism

Encephalitis – (Herpes Simplex Virus [HSV types 1 and 2], Enterovirus, Arbovirus)

Clinical Presentation

Acute onset febrile illness with altered level of consciousness, +/- focal neurological deficits and seizures. Once organism identified refer to that specific page

Infectious Substances	How it is Transmitted
Feces and respiratory secretions	Direct Contact, Indirect Contact, Droplet

Precautions Needed

If a pathogen is identified, follow organism specific instructions in this manual.

Acute Care	**Routine Practices** Adult	**Contact Precautions** Pediatric	**Droplet & Contact Precautions** NICU
Long-Term Care	**Routine Practices**		
Home & Community	**Routine Practices** Adult	**Contact Precautions** Pediatric	

Duration of Precautions

Until specific etiology established

Incubation Period	Period of Communicability
Not applicable	Not applicable

Comments

Precautions required are in addition to **Routine Practices**

- Reportable Disease
- May be associated with measles, mumps, varicella, *Mycoplasma pneumoniae*, Epstein-Barr Virus (EBV). If so, take appropriate precautions for associated organism.

Suspected/Known Disease or Microorganism

Endometritis (Puerperal Sepsis)

Clinical Presentation

Abdominal distension or swelling, abnormal vaginal bleeding or discharge, fever, lower abdominal pain

Infectious Substances	**How it is Transmitted**
Not applicable	Not applicable

Precautions Needed

Acute Care	**Routine Practices** Adult	**Droplet & Contact Precautions** for signs of toxic shock for the first 24 hours of antimicrobial therapy if invasive Group A *Streptococcus* suspected
Long-Term Care	**Routine Practices** Adult	**Droplet & Contact Precautions** for signs of toxic shock for the first 24 hours of antimicrobial therapy if invasive Group A *Streptococcus* suspected – transfer to acute care
Home & Community	**Routine Practices** Adult	**Droplet & Contact Precautions** for signs of toxic shock for the first 24 hours of antimicrobial therapy if invasive Group A *Streptococcus* suspected – transfer to acute care

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
Not applicable	Not applicable

Comments

Precautions required are in addition to **Routine Practices**

Suspected/Known Disease or Microorganism

Enterobiasis (Pinworm) (Oxyuriasis, *Enterobius vermicularis*)

Clinical Presentation

Nocturnal perianal itching. Occasionally ulcer-like bowel lesions

Infectious Substances	**How it is Transmitted**
Ova in perianal region, contaminated fomites	Fecal-oral, Direct Contact, Indirect Contact

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
1-2 months	Until effective treatment

Comments

- There can be a secondary bacterial infection due to the irritation and scratching of the anal area.
- All household contacts and caretakers of the infected person should be treated at the same time.
- Careful handling of contaminated linens and undergarments.

Suspected/Known Disease or Microorganism

Enteroviral Infections non-polio – (Echovirus, Coxsackievirus)

Clinical Presentation: Respiratory tract infection (fever, cold-like symptoms: cough, runny nose, sore throat), headache, upset stomach, diarrhea or skin infections that appear as a rash, blisters or mouth blisters. Acute febrile illness, aseptic meningitis, hand foot and mouth disease.

Infectious Substances	**How it is Transmitted**
Respiratory secretions, fecal and infective secretions or blister fluid	Direct Contact, Indirect Contact, Droplet

Precautions Needed

	Routine Practices	Contact Precautions	Droplet & Contact Precautions	Airborne & Contact Precautions
Acute Care	Adult **exceptions*	• Pediatric *Conjunctivitis	• Pediatric respiratory Adult respiratory in high risk units*	*Respiratory ICU
Long-Term Care	Routine Practices	Contact Precautions *Conjunctivitis		
Home & Community	Routine Practices Adult	Contact Precautions • Pediatric *Conjunctivitis	Droplet & Contact Precautions • Pediatric respiratory	

Duration of Precautions: Until symptoms resolve

Incubation Period: 2-10 days	**Period of Communicability:** Until symptoms resolve

Comments

Precautions required are in addition to **Routine Practices**

- Minimize exposure of highrisk patients. VCH Bed Placement for Viral Respiratory Illness (VRI)
- Refer to IPAC AGMP Best Practice Guideline

* High risk units: Solid Organ Transplant (SOT), Bone Marrow Transplant (BMT), Intensive Care Unit (ICU), Burns, Trauma, High Acuity (BTHA) and Thoracic

Suspected/Known Disease or Microorganism

Epiglottitis – (*Haemophilus influenzae* type B [HIB], Group A Streptococcus, *Staphylococcus aureus, Streptococcus pneumoniae*)

Clinical Presentation

Sore throat, muffling or change in voice, difficulty speaking or swallowing, fever

Infectious Substances	**How it is Transmitted**
Respiratory secretions	Direct Contact, Indirect Contact

Precautions Needed

Acute Care	**Routine Practices**	**Droplet Precautions** Pediatric if *H. influenza* type b is suspected
Long-Term Care	**Routine Practices**	
Home & Community	**Routine Practices**	**Droplet Precautions** Pediatric if *H. influenza* type b is suspected

Duration of Precautions

24 hours of antimicrobial therapy or until *H. influenza* type b is ruled out

Incubation Period	**Period of Communicability**
2-4 days for HIB 1-3 days for Strep A	Not applicable

Comments

Precautions required are in addition to **Routine Practices**

- Invasive *Haemophilus influenza* type B is a Reportable Disease

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Suspected/Known Disease or Microorganism

Epstein-Barr Virus (Human Herpes Virus 4)

Clinical Presentation

Infectious Mononucleosis; fever, sore throat, lymphadenopathy, splenomegaly, rash

Infectious Substances	**How it is Transmitted**
Direct oropharyngeal route via saliva; transplantation	Direct oropharyngeal route via saliva; transplantation

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
4-6 weeks	Prolonged; pharyngeal excretion may be intermittent or persistent for years

Comments

Suspected/Known Disease or Microorganism

Erysipelas – (Group A Streptococcus)

Clinical Presentation

Purulent inflammation of cellular or subcutaneous tissue

Infectious Substances	**How it is Transmitted**
Wound drainage	Direct Contact, Indirect Contact

Precautions Needed

Acute Care	**Routine Practices** Minor drainage contained by dressing	**Contact Precautions** Major drainage not contained by dressing	**Droplet & Contact Precautions** Pediatric
Long-Term Care	**Routine Practices** Minor drainage contained by dressing	**Contact Precautions** Major drainage not contained by dressing	
Home & Community	**Routine Practices** Minor drainage contained by dressing	**Contact Precautions** Major drainage not contained by dressing	**Droplet & Contact Precautions** Pediatric

Duration of Precautions

Duration of drainage

Pediatrics until 24 hours after appropriate antimicrobial therapy

Incubation Period	**Period of Communicability**
Not applicable	Not applicable

Comments

Precautions required are in addition to **Routine Practices**

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Suspected/Known Disease or Microorganism

ESBL (Extended Spectrum Beta Lactamase producers)

***E. coli, Klebsiella* sp., Others**

Clinical Presentation

Asymptomatic or various infections

Infectious Substances	**How it is Transmitted**
Depends on location of colonized/infected body sites	Direct Contact, Indirect Contact

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions
Not applicable

Incubation Period	**Period of Communicability**
Variable	Variable

Comments

Suspected/Known Disease or Microorganism

Escherichia coli 0157: H7 – Enteropathogenic and Enterohemorrhagic strains

Clinical Presentation

Diarrhea, haemolytic-uremic syndrome (HUS), thrombotic thrombocytopenic purpura

Infectious Substances	**How it is Transmitted (fecal – oral)**
Feces, contaminated foods	Foodborne, Direct Contact, Indirect Contact

Precautions Needed

Acute Care	**Routine Practices** Adult	**Contact Precautions** Pediatric Adult if: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
Long-Term Care	**Routine Practices**	**Contact Precautions** For adults as described above
Home & Community	**Routine Practices** Adult	**Contact Precautions** Pediatric

Duration of Precautions

Until symptoms have stopped for 48 hours OR for adults, until patient is continent and has good hygiene

If HUS: Until two (2) successive negative stool samples for E. coli 0157: H7 or 10 days after onset of diarrhea and symptoms have resolved.

Incubation Period	**Period of Communicability**
1 - 8 days	Duration of shedding

Comments

Precautions required are in addition to **Routine Practices**

- Reportable Disease

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F

Febrile Respiratory Illness, Acute Respiratory Tract Infection

Fever of unknown origin, Fever without focus (acute) – (Various Organisms)

Fifth Disease – Parvovirus B-19

Food Poisoning – (*Bacillus cereus, Clostridium perfringens, Staphylococcus aureus*, *Salmonella* sp., *Vibrio paraheaemolyticus*, *Escherichia coli* 0157: H7, *Listeria monocytogenes, Toxoplasma gondii*)

Suspected/Known Disease or Microorganism

Febrile Respiratory Illness, Acute Respiratory Tract Infection

Refer to VCH Respiratory and/or Febrile Illness Assessment Algorithm

Clinical Presentation: Fever, cough, runny nose, sneezing

Infectious Substances	**How it is Transmitted**
Respiratory Secretions	Direct Contact, Indirect Contact, Droplet

Precautions Needed

If a pathogen is identified, follow organism specific instructions in this manual.

Acute Care	**Droplet & Contact Precautions** Acute respiratory tract infection NYD	If AGMP indicated **Refer to** IPAC AGMP Best Practice Guideline
Long-Term Care	**Droplet & Contact Precautions** Acute respiratory tract infection NYD	
Home & Community	**Droplet & Contact Precautions** Acute respiratory tract infection NYD	

Duration of Precautions
If organism identified, refer to specific organism otherwise until acute symptoms resolved

Incubation Period	**Period of Communicability**
Variable	Until symptoms resolve

Comments

Precautions required are in addition to **Routine Practices**

- Minimize exposure of immunocompromised patients, children with chronic cardiac or lung disease, nephritic syndrome, neonates. These patients **should not** be cohorted
- Refer to VCH Bed Placement for Viral Respiratory Illness (VRI)
- Refer to Viral Respiratory Illness (VRI) Outbreak resources

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Suspected/Known Disease or Microorganism

Fever of unknown origin, Fever without focus (acute) – (Various Organisms)

Clinical Presentation: Fever

Infectious Substances	**How it is Transmitted**
Feces and respiratory secretions	Direct Contact, Indirect Contact

Precautions Needed

If a pathogen is identified, follow organism specific instructions in this manual.

Acute Care	**Routine Practices** Adult	**Contact Precautions** Pediatric
Long-Term Care	**Routine Practices**	
Home & Community	**Routine Practices** Adult	**Contact Precautions** Pediatric

Duration of Precautions

Variable

Incubation Period	**Period of Communicability**
Variable	Variable

CommentsPrecautions required are in addition to Routine Practices

- If findings suggest a specific transmissible infection, take precautions for that infection, or symptoms such as influenza like illness, pending diagnosis.
- Refer to VCH Respiratory and/or Febrile Illness Assessment Algorithm

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Suspected/Known Disease or Microorganism

Fifth Disease – Parvovirus B-19

Clinical Presentation

Erythema Infectiosum (slapped-cheek rash), aplastic crisis

Infectious Substances	**How it is Transmitted**
Respiratory secretions	Droplet, Direct Contact, Vertical mother to fetus

Precautions Needed

Acute Care	**Routine Practices**	**Droplet Precautions** • Aplastic crisis • Chronic infection in immunocompromised patient • Papular-purpuric gloves-socks syndrome
Long-Term Care	**Routine Practices**	**Droplet Precautions** As above
Home & Community	**Routine Practices**	**Droplet Precautions** As above

Duration of Precautions

For patients with transient aplastic or erythrocyte crisis maintain precautions for 7 days.
For immunocompromised patients with chronic infection, or those with papular purpuric gloves and socks syndrome (PPGS), maintain precautions for duration of hospitalization.

Incubation Period	**Period of Communicability**
4-21 days	Immunocompetent patients are no longer infectious by the time the rash appears

Comments

Precautions required are in addition to **Routine Practices**

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Suspected/Known Disease or Microorganism

Food Poisoning – (*Bacillus cereus, Clostridium perfringens, Staphylococcus aureus*, *Salmonella* sp., *Vibrio paraheaemolyticus*, *Escherichia coli* 0157: H7, *Listeria monocytogenes, Toxoplasma gondii*)

Clinical Presentation: Nausea, vomiting, diarrhea, abdominal cramps/pain

Infectious Substances	**How it is Transmitted (fecal-oral)**
Feces	Foodborne, Direct Contact, Indirect Contact

Precautions Needed

If a pathogen is identified, follow organism specific instructions in this manual.

	Routine Practices	**Contact Precautions**
Acute Care	Adult	Pediatric Adult if: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
Long-Term Care		For adults as described above
Home & Community	Adult	Pediatric

Duration of Precautions

Until symptoms have stopped for 48 hours OR (for adults) until patient is continent and has good hygiene

Incubation Period	**Period of Communicability**
Not applicable	Not applicable

Comments
Precautions required are in addition to **Routine Practices**

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G

Gas Gangrene (Exo-toxin producing *Clostridium* sp.)
GAS – Group A Streptococcus (*Streptococcus pyogenes*) – Skin Infection
GAS – Group A Streptococcus *(Streptococcus pyogenes*) – Invasive
GAS – Group A Streptococcus *(Streptococcus pyogenes*) – Scarlet Fever, pharyngitis
Gastroenteritis – (Various Organisms)
German Measles (Rubella virus) – Acquired
German Measles (Rubella virus) – Exposed Susceptible Contact
Giardiais (*Giardia lamblia*)
Gingivostomatitis (primary HSV infection)
Gonococcus (*Neisseria gonorrheae*)
Granuloma inguinale (Donovanosis, *Klebsiella granulomatis*)
Guillain-Barre Syndrome

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Suspected/Known Disease or Microorganism

Gas Gangrene (Exo-toxin producing *Clostridium* sp.)

Clinical Presentation

Crepitus, abscesses, myonecrosis

Infectious Substances	**How it is Transmitted**
Normal gut flora, soil	No person to person transmission

Precautions Needed

Acute Care	**Routine Practices** Minor drainage contained by dressing	**Contact Precautions** Major drainage not contained by dressing
Long-Term Care	**Routine Practices** Minor drainage contained by dressing	**Contact Precautions** Major drainage not contained by dressing
Home & Community	**Routine Practices** Minor drainage contained by dressing	**Contact Precautions** Major drainage not contained by dressing

Duration of Precautions

If on **Contact Precautions**, discontinue isolation when drainage is contained by dressings

Incubation Period	**Period of Communicability**
Variable	No person to person transmission

Comments

Precautions required are in addition to **Routine Practices**

- Infection related to devitalized tissue

Suspected/Known Disease or Microorganism

GAS – Group A Streptococcus (*Streptococcus pyogenes*) – Skin Infection

Clinical Presentation

Wound or burn infection, skin infection, impetigo, cellulitis.

Infectious Substances	**Infectious Substances**
Infected body fluids	Direct Contact, Indirect Contact

Precautions Needed

Acute Care	**Routine Practices** Minor drainage contained by dressing	**Contact Precautions** • Major drainage not contained by dressing • Pediatrics
Long-Term Care	**Routine Practices** Minor drainage contained by dressing	**Contact Precautions** Major drainage not contained by dressing
Home & Community	**Routine Practices** Minor drainage contained by dressing	**Contact Precautions** • Major drainage not contained by dressing • Pediatrics

Duration of Precautions

Until 24 hours after effective antimicrobial therapy or until drainage contained

Incubation Period	**Period of communicability**
1 – 3 days	Until 24 hours of effective antimicrobial therapy completed

Comments

Precautions required are in addition to **Routine Practices**

Suspected/Known Disease or Microorganism

GAS – Group A Streptococcus (*Streptococcus pyogenes*) – Invasive

Clinical Presentation

Pneumonia, epiglottitis; meningitis; bacteremia, septic arthritis, necrotizing fasciitis, myonecrosis/myositis, toxic shock

Infectious Substances	**How it is Transmitted**
Respiratory secretions and wound drainage	Direct Contact, Indirect Contact, Droplet

Precautions Needed

Acute Care	**Droplet & Contact Precautions**
Long-Term Care	**Droplet & Contact Precautions**
Home & Community	**Droplet & Contact Precautions**

Duration of Precautions

Until 24 hours of effective antimicrobial therapy completed

Incubation Period	**Period of Communicability**
Typically 1-3 days	10-21 days in untreated, uncomplicated cases

Comments

Precautions required are in addition to **Routine Practices**

- Exposed contacts of invasive disease may require prophylaxis.
- Reportable Disease

Suspected/Known Disease or Microorganism

GAS – Group A Streptococcus (*Streptococcus pyogenes*) – Scarlet Fever, pharyngitis

Clinical Presentation

Scarlet Fever, pharyngitis, strep throat

Infectious Substances	**Infectious Substances**
Respiratory secretions	Large droplets

Precautions Needed

Acute Care	**Routine Practices** Adult	**Droplet & Contact Precautions** Pediatric
Long-Term Care	**Routine Practices**	
Home & Community	**Routine Practices** Adult	**Droplet & Contact Precautions** Pediatric

Duration of Precautions

Until 24 hours of effective antimicrobial therapy completed

Incubation Period	**Incubation Period**
2-5 days	While organism in respiratory secretions, 10-21 days if not treated

Comments

Precautions required are in addition to **Routine Practices**

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Suspected/Known Disease or Microorganism

Gastroenteritis – (Various Organisms)

Clinical Presentation

Diarrhea and/or vomiting

Infectious Substances	**How it is Transmitted (fecal-oral)**
Feces, emesis	Direct Contact, Indirect Contact

Precautions Needed

If a pathogen is identified, follow organism specific instructions in this manual.

Acute Care	**Contact Plus Precautions** **Add Droplet if vomiting** Gastroenteritis NYD	
Long-Term Care	**Contact Plus Precautions** **Add Droplet if vomiting** Gastroenteritis NYD	
Home & Community	**Contact Precautions** Gastroenteritis NYD	**Droplet & Contact Precautions** If vomiting

Duration of Precautions

Refer to specific organism. If no organism identified, until symptoms resolved for 48 hours or until infectious cause is ruled out.

Incubation Period	**Period of Communicability**
Variable	Until symptoms resolve and stools are normal

Comments

Precautions required are in addition to **Routine Practices**

- **Refer to** GI Assessment Algorithm
- **Refer to** GI Patient Placement Algorithm
- **Refer to** GI Outbreak Resources

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Suspected/Known Disease or Microorganism

German Measles (Rubella virus) – Acquired

Clinical Presentation: Fever and maculopapular rash

Infectious Substances	**How it is Transmitted**
Respiratory secretions	Direct Contact, Droplet

Precautions Needed

Acute Care	**Droplet Precautions**	**Droplet & Contact Precautions** Congenital Rubella
Long-Term Care	**Droplet Precautions**	
Home & Community	**Droplet Precautions**	

Duration of Precautions

Until 7 days after onset of rash, consult IPAC before discontinuing precautions.

Congenital: continue precautions for 1 year unless 2 negative urine and nasopharyngeal results after 3 months of age

Incubation Period	**Period of Communicability**
14-21 days	• One week before rash onset to 7 days after • Can be contagious up to 14 days after rash appears • Congenitally infected infants may shed virus for up to 3 years

Comments

Precautions required are in addition to **Routine Practices**

- Defer non-urgent admission if rubella is present. May admit after rash has resolved
- If possible, only immune HCWs, caretakers and visitors should enter the room
- Reportable Disease
- **Droplet Precautions** should be maintained for exposed susceptible contacts for 7 days after first contact through to 21 days after last contact
- Administer vaccine to exposed susceptible non-pregnant persons within 3 days of exposure

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Suspected/Known Disease or Microorganism

German Measles (Rubella virus) – Exposed Susceptible Contact

Clinical Presentation: Asymptomatic

Infectious Substances	**How it is Transmitted**
Respiratory Secretions	Direct Contact, Droplet

Precautions Needed

Acute Care	**Droplet Precautions**
Long-Term Care	**Droplet Precautions**
Home & Community	**Droplet Precautions**

Duration of Precautions

Droplet Precautions should be maintained for exposed susceptible patients for 7 days after first contact through to 21 days after last contact

Incubation Period	**Period of Communicability**
14-21 days	One week before rash onset to 7 days after. Can be contagious up to 14 days after rash appears

Comments

Precautions required are in addition to **Routine Practices**

- Defer non-urgent admission if rubella is present. May admit after rash has resolved
- Administer vaccine to exposed susceptible non-pregnant persons within 3 days of exposure

Suspected/Known Disease or Microorganism

Giardiais (*Giardia lamblia*)

Clinical Presentation

Diarrhea, abdominal cramps, bloating, flatulence, dehydration

Infectious Substances	**How it is Transmitted (fecal-oral)**
Feces	Direct Contact, Indirect Contact

Precautions Needed

Acute Care	**Routine Practices** Adult	**Contact Precautions** Pediatric Adult if: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
Long-Term Care	**Routine Practices**	**Contact Precautions** For adults as described above
Home & Community	**Routine Practices** Adult	**Contact Precautions** Pediatric

Duration of Precautions

Until symptoms have stopped for 48 hours OR for adults, until patient is continent and has good hygiene

Incubation Period	**Period of Communicability**
3-25 days	2-6 weeks, may continue for months

Comments

Precautions required are in addition to **Routine Practices**

- Reportable Disease

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Suspected/Known Disease or Microorganism

Gingivostomatitis (primary HSV infection)

Clinical Presentation

Inflammation of the oral mucosa and gingiva. Primary Herpes Simplex infection

Infectious Substances	**How it is Transmitted**
Lesions	Direct contact

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**

Comments

- Use **Contact Precautions** if extensive disease

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Suspected/Known Disease or Microorganism

Gonococcus (*Neisseria gonorrheae*)

Clinical Presentation

Ophthalmia, neonatorum, gonorrhea, arthritis, pelvic inflammatory disease

Infectious Substances	**How it is Transmitted**
Infected mucous membranes, urogenital discharge	Vertical (mother to child), Sexual Contact, Rarely Direct/Indirect Contact

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
2-7 days	May extend for months in untreated individuals

Comments

- Reportable Disease

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Suspected/Known Disease or Microorganism

Granuloma inguinale (Donovanosis, *Klebsiella granulomatis*)

Clinical Presentation

Painless genital ulcers, inguinal ulcers, nodules

Infectious Substances	**How it is Transmitted**
Lesions	Sexual Contact

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
Unknown, likely 1 – 16 weeks	Unknown, likely for the duration of open lesions on the skin or mucous membranes

Comments

Reportable Disease

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Suspected/Known Disease or Microorganism

Guillain-Barre Syndrome

Clinical Presentation

Acute infective polyneuritis with motor weakness and abolition of tendon reflexes

Infectious Substances	**How it is Transmitted**
Not applicable	Not applicable

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
Not applicable	Not applicable

Comments

- May follow within weeks of a respiratory or gastrointestinal infection, e.g. *Mycoplasma pneumoniae*, *Campylobacter jejuni*
- Associated with many infections, if a specific pathogen is identified, follow organism specific instructions in this manual

H

Haemophilus influenzae type B (HiB) – Invasive disease

Hand, Foot and Mouth Disease – (Enterovirus, Coxsackie A & B viruses)

Hantavirus

Helicobacter pylori

Hemolytic Uremic Syndrome (HUS) – May be associated with _Escherichia coli_ 0157: H7

Hemorrhagic fever acquired in identified endemic geographic location – (Ebola virus, Lassa virus, Marburg virus, others)

Hepatitis – A, E

Hepatitis – B, C, D, and other unspecified non-A, non-B

Herpangina (vesicular pharyngitis) – (Enteroviruses)

Herpes Simplex Virus (HSV 1 and HSV 2)

Herpes Zoster: Shingles (Varicella Zoster Virus) – Disseminated

Herpes Zoster: Shingles (Varicella Zoster Virus) – Exposed Susceptible Contact**

Herpes Zoster: Shingles (Varicella Zoster Virus) – Localized

Histoplasmosis (_Histoplasma capsulatum_)

Hook Worm (_Necator americanus, Ancyclostoma duodenale_)

Human Immunodeficiency Virus (HIV)

Human Metapneumovirus

Suspected/Known Disease or Microorganism

Haemophilus influenzae type B (HiB) – Invasive disease

Clinical Presentation

Pneumonia, epiglottitis, meningitis, bacteremia, septic arthritis, cellulitis

Infectious Substances	**How it is Transmitted**
Respiratory secretions	Direct Contact, Droplet

Precautions Needed

Acute Care	**Routine Practices**	**Droplet Precautions** Pediatric
Long-Term Care	**Routine Practices**	
Home & Community	**Routine Practices**	**Droplet Precautions** Pediatric

Duration of Precautions

Until 24 hours of effective antimicrobial therapy completed

Incubation Period	**Period of Communicability**
Exact incubation period is unknown Likely approximately 2-4 days	Infectious in the week prior to onset of illness and during the illness until treated. HI is non-communicable within 24 to 48 hours of starting effective antibiotics

Comments

Precautions required are in addition to **Routine Practices**

- Close contact <48 months old, who are not immune may require chemoprophylaxis
- For guidelines on treatment and chemoprophylaxis for invasive HIB disease, see the American Academy of Pediatrics Red Book
- Household contacts of infected children should also receive prophylaxis. Mask visitors who will have extensive contact with non-immune infants.
- Immunization information
- Reportable Disease

Suspected/Known Disease or Microorganism

Hand, Foot and Mouth Disease – (Enterovirus, Coxsackie A & B viruses)

Clinical Presentation

Fever, mouth sores, skin rash

Infectious Substances	**How it is Transmitted**
Feces and respiratory secretions, blister fluid	Fecal-oral, Direct Contact, Indirect Contact, Droplet

Precautions Needed

Acute Care	**Routine Practices** Adult	**Contact Precautions** Pediatric
Long-Term Care	**Routine Practices**	
Home & Community	**Routine Practices** Adult	**Contact Precautions** Pediatric

Duration of Precautions

Until symptoms are resolved for 48 hours

Incubation Period	**Period of Communicability**
4-6 days	Most contagious during first week of illness. Virus can remain in the body weeks after symptoms have resolved

Comment

Precautions required are in addition to **Routine Practices**

Suspected/Known Disease or Microorganism

Hantavirus

Clinical Presentation

Fever, fatigue, muscle aches, pneumonia

Infectious Substances	**How it is Transmitted**
Acquired from inhalation of rodent droppings, urine, and saliva	With the exception of the Andes hantavirus, the virus does not spread through person-to-person contact

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
A few days to 6 weeks	Person to person transmission is very rare

Comments

- Reportable Disease

Suspected/Known Disease or Microorganism

Helicobacter pylori

Clinical Presentation

Gastritis, duodenal and gastric ulcers

Infectious Substances	**How it is Transmitted**
Stool and gastric biopsies	Direct Contact (possibly oral-fecal or fecal-oral) Transmission may also occur through foodborne, airborne, or waterborne pathways, as the water sewage system has been found to be an agent of dissemination

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
5-10 days	Not applicable

Comments

- Humans are likely the major reservoir

Suspected/Known Disease or Microorganism

Hemolytic Uremic Syndrome (HUS) – May be associated with *Escherichia coli* 0157: H7

Clinical Presentation

Symptoms of HUS vary. Patients may present with seizures, stroke, kidney issues, blood transfusion requirements

Infectious Substances	How it is Transmitted
Feces and respiratory secretions	Fecal-oral, Direct Contact, Indirect Contact

Precautions Needed

Acute Care	**Routine Practices** Adult	**Contact Precautions** Pediatric Adult if: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
Long-Term Care	**Routine Practices**	**Contact Precautions** For adults as described above
Home & Community	**Routine Practices** Adult	**Contact Precautions** Pediatric

Duration of Precautions

Until symptoms have stopped for 48 hours OR for adults, until patient is continent and has good hygiene

Incubation Period	Period of Communicability
Most *E. coli* strains, 10 hours to 6 days *E. coli* O157:H7, 1-10 days	Until 2 stools are negative for *E. coli* O157:H7 or 10 days after onset of diarrhea

Comments

Precautions required are in addition to **Routine Practices**

- Reportable Disease

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Suspected/Known Disease or Microorganism

Hemorrhagic fever acquired in identified endemic geographic location – (Ebola virus, Lassa virus, Marburg virus, others)

Clinical Presentation
Variable. Often fever, fatigue, dizziness, muscle aches, exhaustion. Signs of bleeding under the skin, internal organs, or other body orifices

Infectious Substances	**How it is Transmitted**
Blood and bloody body fluids and respiratory secretions	Direct Contact, Indirect Contact, Droplet

Precautions Needed*

Acute Care	**Droplet & Contact Precautions**	If AGMP indicated **Refer to** IPAC AGMP Best Practice Guideline
Long-Term Care	**Droplet & Contact Precautions**	If AGMP indicated **Refer to** IPAC AGMP Best Practice Guideline
Home & Community	**Droplet & Contact Precautions**	If AGMP indicated **Refer to** IPAC AGMP Best Practice Guideline

Duration of Precautions
Until symptoms resolve *and* directed by Infection Prevention and Control

Incubation Period	**Period of Communicability**
Variable	Variable

Comments
Precautions required are in addition to **Routine Practices**

- Reportable Disease **Physician report to the Medical Health Officer at suspect stage**
- Consult IPAC immediately if EVD suspected
- For general information visit the BC MOH Ebola webpage
- VCH Response Procedures for Viral Hemorrhagic Fever and Other Unusual Communicable Diseases

Suspected/Known Disease or Microorganism

Hepatitis – A, E

Clinical Presentation: Hepatitis, anicteric acute febrile illness

Infectious Substances	**How it is Transmitted (fecal-oral)**
Feces and fecal-contaminated food or water	Direct Contact, Indirect Contact

Precautions Needed

Acute Care	**Routine Practices** Adult	**Contact Precautions** Pediatric Adult if: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
Long-Term Care	**Routine Practices**	**Contact Precautions** For adults as described above
Home & Community	**Routine Practices** Adult	**Contact Precautions** Pediatric

Duration of Precautions

One week after symptom onset or duration of symptoms whichever is longer , OR (for adults) until continent with good hygiene

Incubation Period	**Period of Communicability**
Hepatitis A: 15 – 50 days Hepatitis E: 16-60 days	Hepatitis A: Two (2) weeks before to one (1) week after onset of symptoms; shedding is prolonged in the newborn (up to 6 months) Hepatitis E: fecal shedding continues at least two (2) weeks Virus excretion in stool has been demonstrated from 1 week prior to onset up to 30 days after the onset of jaundice

Comments

Precautions required are in addition to **Routine Practices**

- Reportable Disease Post-exposure prophylaxis indicated for non-immune contacts with significant exposure to Hepatitis A
- Hepatitis A Immunization information

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Suspected/Known Disease or Microorganism

Hepatitis – B, C, D, and other unspecified non-A, non-B

Clinical Presentation: Often asymptomatic; hepatitis, cirrhosis, hepatic cancer

Infectious Substances	**How it is Transmitted**
Blood and certain body fluids, including saliva, semen, SCF, vaginal, synovial, pleural, peritoneal, pericardial, amniotic fluids	Mucosal or percutaneous exposure to infective body fluids includes mother to newborn

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices** Note patients in hemodialysis may require special precautions

Duration of Precautions
Not applicable

Incubation Period	**Period of Communicability**
Hepatitis B: 2 – 3 months Hepatitis C: 2 weeks – 6 months Hepatitis D: 2 – 8 weeks	From onset of infection. All people who are Hep B surface-antigen positive are infectious. Hep D indefinite. Hep C indefinite unless treated and showing sustained virologic response after 6 months.

Comments

- VCH BBF Exposure Protocol
- Canadian Immunization Guide
- Reportable Disease

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Suspected/Known Disease or Microorganism

Herpangina (vesicular pharyngitis) – (Enteroviruses)

Clinical Presentation

Fever, headache, loss of appetite, sore throat, ulcers in mouth and throat

Infectious Substances	**How it is Transmitted**
Feces and respiratory secretions	Direct Contact, Indirect Contact, Droplet

Precautions Needed

Acute Care	**Routine Practices** Adult	**Contact Precautions** Pediatric	**Droplet & Contact Precautions** Neonatal ICU
Long-Term Care	**Routine Practices**		
Home & Community	**Routine Practices** Adult	**Contact Precautions** Pediatric	

Duration of Precautions

Until symptoms resolved

Incubation Period	**Period of Communicability**
3-6 days for non-poliovirus	Duration of Illness

Comments

Precautions required are in addition to **Routine Practices**

Suspected/Known Disease or Microorganism

Herpes Simplex Virus (HSV 1 and HSV 2)

Clinical Presentation: Skin or mucosal lesions, CNS infection.

Infectious Substances	**How it is Transmitted**
Skin or mucosal lesions, oral secretions, genital secretions	Direct Contact, Sexual Contact, Vertical (mother to child)

Precautions Needed

	Routine Practices	Contact Precautions
Acute Care	• Recurrent, localized • Adult encephalitis	• Extensive, disseminated • Severe mucocutaneous disease • Labouring & post-partum women with HSV lesions • Infected or exposed neonates* • Pediatric encephalitis
Long-Term Care	Recurrent, localized	• Extensive, disseminated • Severe mucocutaneous disease
Home & Community	Recurrent, localized	• Extensive, disseminated • Severe mucocutaneous disease

Duration of Precautions

- Until lesions are dried and crusted
- Exposed neonates: birth to 6 weeks of age or until HSV infection has been ruled out. Exposure includes infants delivered vaginally (or by C-section if membranes have been ruptured more than 4 hours) to women with active genital HSV infections

Incubation Period	**Period of Communicability**
2 days to 2 weeks, neonates: birth to 6 weeks	While lesions present

Comments

Precautions required are in addition to **Routine Practices**

- A patient with herpetic lesions should not be roomed with newborns, children with eczema, burn patients or immunocompromised patients.
- **Herpes genitalis and congenital HSV infection are reportable diseases**

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Suspected/Known Disease or Microorganism

Herpes Zoster: Shingles (Varicella Zoster Virus) – Disseminated

Clinical Presentation

Vesicular lesions that involve multiple areas (>2 dermatomes, 2 or more non-adjacent or bilateral dermatomes) with possible visceral complications, refer to Dermatome Chart

VCH Rash Assessment Algorithm

Infectious Substances	How it is Transmitted
Vesicular fluid, respiratory secretions	Direct Contact, Indirect Contact, Airborne

Precautions Needed

Acute Care	**Airborne & Contact Precautions**
Long-Term Care	**Airborne & Contact Precautions**
Home & Community	**Airborne & Contact Precautions**

Duration of Precautions

Until all lesions have crusted and dried

Incubation Period	Period of Communicability
Not applicable	Until all lesions have crusted and dried

Comments

Precautions required are in addition to **Routine Practices**

- Defer non-urgent admissions if chicken pox or disseminated zoster is present
- Confirmed or suspect VZV expression in the absence of lesions (e.g., Ramsay-hunt, meningitis) refer to VZV- no visible lesions
- Individuals with known immunity (history of past illness or vaccination with 2 appropriately timed doses of varicella vaccine) are not required to wear the N95 respirator when entering the room
- Susceptible HCWs should not enter the room if immune staff are available. If they must enter the room, an N95 respirator must be worn. Other non-immune persons should not enter except in urgent or compassionate circumstances. If immunity is unknown, assume person is non-immune
- On discharge or transfer, keep room on Airborne Precautions per Air Clearance/Settle time.
- **If other patients exposed,** notify IPAC and refer to exposure follow-up instruction in this manual
- Shingles immunization information

Suspected/Known Disease or Microorganism

Herpes Zoster: Shingles (Varicella Zoster Virus) – Exposed** Susceptible Contact

****Exposure to disseminated or uncovered shingles, notify IPAC**

Clinical Presentation: Asymptomatic - if simply exposed. May develop fluid-filled vesicles

Infectious Substances	**How it is Transmitted**
If lesions develop, lesion drainage, respiratory secretions and exhaled droplets and particles	Direct Contact, Indirect Contact and Droplets and Particles

Precautions Needed

Acute Care	**Airborne Precautions** 8 days after first contact and until 21 days after last contact with case (extend to 28 days if given VZIG)	**Airborne & Contact Precautions** If lesions develop see Chickenpox known case
Long-Term Care	**Airborne Precautions** 8 days after first contact and until 21 days after last contact with case (extend to 28 days if given VZIG)	**Airborne & Contact Precautions** If lesions develop see Chickenpox known case
Home & Community	**Airborne Precautions** 8 days after first contact and until 21 days after last contact with case (extend to 28 days if given VZIG)	**Airborne & Contact Precautions** If lesions develop see Chickenpox known case

Duration of Precautions
From 8 days after first contact until 21 days after last contact (or 28 days if patient received VZIG)

Incubation Period	**Period of Communicability**
10 – 21 days	Until all skin lesions have crusted and dried (if infected)

Comments
Precautions required are in addition to **Routine Practices**

- If VZIG indicated, administer within 96 hours (can be administered up to 10 day post exposure)
- Individuals with known immunity (history of past illness or vaccination with 2 appropriately timed doses of varicella vaccine) are not required to wear the N95 respirator when entering the room
- Consult IPAC **if VZV exposure occurred in a healthcare setting**
- An exposed susceptible person will develop chicken pox (varicella), not shingles (herpes zoster).
- Susceptible contact refers to exposed person who has no evidence of VZV immunity

Suspected/Known Disease or Microorganism

Herpes Zoster: Shingles (Varicella Zoster Virus) – Localized

Clinical Presentation
Vesicular lesions in a dermatomal distribution, refer to Dermatome Chart. ***Localized refers to 1 dermatome or 2 adjacent dermatome.*** VCH Rash Assessment Algorithm**.**

Infectious Substances	**How it is Transmitted**
Vesicular fluid, possibly respiratory secretions	Direct Contact, Indirect Contact, Airborne

Precautions Needed

Acute Care	**Contact Precautions** Localized rash that **can be covered** in a normal host (not severely immunocompromised)	**Airborne & Contact Precautions** • Localized rash in severely immunocompromised host • Localized rash in normal host that **cannot be covered** (e.g., on face)
Long-Term Care	**Contact Precautions** As above, same in all health care settings	**Airborne & Contact Precautions** As above, same in all health care settings
Home & Community	**Contact Precautions** As above, same in all health care settings	**Airborne & Contact Precautions** As above, same in all health care settings

Duration of Precautions: Contact IPAC for discontinuation of precautions.
- Until lesions are dried and crusted
- Localized & covered rash in severely immunocompromised host: Until 24 hours of effective antiviral therapy completed AND no new lesions, then drop down to Contact Precautions until lesions dried and crusted. If untreated, maintain **Airborne and Contact** until all lesions are dried and crusted

Incubation Period: Not applicable	**Period of Communicability:** Until lesions have dried and crusted

Comments
Precautions required are in addition to **Routine Practices**
- Confirmed or suspect VZV expression in the absence of lesions (e.g., Ramsay-hunt, meningitis) refer to VZV- no visible lesions
- Individuals with known immunity (history of past illness or vaccination with 2 appropriately timed doses of varicella vaccine) are not required to wear the N95 respirator when entering the room
- Susceptible HCWs should not enter the room if immune staff are available. If they must enter the room, an N95 respirator must be worn. Other non-immune persons should not enter except in urgent or compassionate circumstances. If immunity is unknown, assume person is non-immune
- On discharge or transfer, keep room on **Airborne Precautions** per Air Clearance/Settle time**.**
- **If other patients exposed,** notify IPAC and refer to exposure follow-up instruction in this manual
- Shingles immunization information

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Suspected/Known Disease or Microorganism

Histoplasmosis (*Histoplasma capsulatum*)

Clinical Presentation

Pneumonia, lymphadenopathy, fever

Infectious Substances	**How it is Transmitted**
Rarely transmissible person-to-person Transmission sometimes occurs with organ transplantation	Acquired from spores in soil; associated with bat guano and bird droppings

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
3-17 days	No person to person transmission

Comments

- Transmission occurs by inhalation of spore laden soil

Suspected/Known Disease or Microorganism

Hook Worm (*Necator americanus, Ancyclostoma duodenale*)

Clinical Presentation

Usually asymptomatic

Infectious Substances	**How it is Transmitted**
No person-to-person transmission	Acquired from larvae in soil, feces, and other contaminated surfaces through exposed skin, oral ingestion, and from mother to fetus/infant

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
Few weeks to many months	No person to person transmission

Comments

- Larvae must hatch in soil to become infectious

Suspected/Known Disease or Microorganism

Human Immunodeficiency Virus (HIV)

Clinical Presentation

Asymptomatic; multiple clinical presentations

Infectious Substances	**How it is Transmitted**
Blood and body fluids including: CSF, breast milk, semen, vaginal, synovial, pleural, peritoneal, pericardial, and amniotic fluids	Mucosal or percutaneous exposure to infective body fluids, sexual transmission, mother to child

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
Weeks to years	From onset of infection, until death. Individuals with an undetectable viral load are not capable of transmitting the virus.

Comments

- Contact Provincial Workplace Health Call Centre immediately if HCW has percutaneous, non-intact skin or mucous membrane exposure
- Reportable Disease

Suspected/Known Disease or Microorganism

Human Metapneumovirus

Clinical Presentation

Acute respiratory tract infection; bronchiolitis, pneumonia, croup

Infectious Substances	**How it is Transmitted**
Respiratory secretions	Droplet, Direct Contact, Indirect Contact

Precautions Needed

Acute Care	**Routine Practices** Adult	**Droplet & Contact Precautions** Pediatric; Adult in high risk units* only	If AGMP indicated **Refer to** IPAC AGMP Best Practice Guideline
Long-Term Care	**Routine Practices** Adult		
Home & Community	**Routine Practices** Adult	**Droplet & Contact Precautions** Pediatric	

Duration of Precautions

Until symptoms have stopped

For immunocompromised hosts, isolation precautions need to be maintained for a longer duration.

Contact IPAC **for discontinuation of precautions.**

Incubation Period	**Period of Communicability**
3-5 days	1-2 weeks

Comments

Precautions required are in addition to **Routine Practices**

- Should not share room with high-risk roommates, VCH Bed Placement for Viral Respiratory Illness (VRI)

* High risk units: Solid Organ Transplant (SOT), Bone Marrow Transplant (BMT), Intensive Care Unit (ICU), Burns, Trauma, High Acuity (BTHA) and Thoracic

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Suspected/Known Disease or Microorganism

Human T-cell Leukemia Virus, Human T-Lymphotrophic Virus (HTLV-I, HTLV-II)

Clinical Presentation

Usually asymptomatic; tropical spastic, paraparisis, lymphoma

Infectious Substances	**How it is Transmitted**
Breastmilk, blood and certain other body fluids	Vertical (mother to child), mucosal or percutaneous exposure to infective body fluids

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
Weeks to years	Indefinite

Comments

I

Impetigo – (*Staphylococcus aureus,* Group A Streptococcus, many other bacteria)
Influenza – Avian
Influenza – New Pandemic Strain
Influenza – Seasonal

Suspected/Known Disease or Microorganism

Impetigo – (*Staphylococcus aureus,* Group A Streptococcus, many other bacteria)

Clinical Presentation

Skin lesions

Infectious Substances	**How it is Transmitted**
Drainage from lesions	Direct Contact, Indirect Contact

Precautions Needed

Acute Care	**Routine Practices** Minor drainage contained by dressing	**Contact Precautions** Major drainage not contained by dressing
Long-Term Care	**Routine Practices** Minor drainage contained by dressing	**Contact Precautions** Major drainage not contained by dressing
Home & Community	**Routine Practices** Minor drainage contained by dressing	**Contact Precautions** Major drainage not contained by dressing

Duration of Precautions

Until 24 hours of effective antimicrobial therapy completed

Incubation Period	**Period of Communicability**
1-3 days	Most infectious in the week prior to onset of illness and during illness until treated

Comments

Precautions required are in addition to **Routine Practices**

Suspected/Known Disease or Microorganism

Influenza – Avian

Clinical Presentation: Respiratory tract infection, conjunctivitis

Infectious Substances	**How it is Transmitted**
Excreta of birds Possibly human respiratory tract secretions	Direct Contact, Indirect Contact, Droplet

Precautions Needed

Acute Care	**Airborne and Contact Precautions + Droplet** Use eye protection	
Long-Term Care & Mental Health	**Droplet & Contact Precautions**	If AGMP indicated **Refer to** IPAC AGMP Best Practice Guideline
Home & Community	**Droplet & Contact Precautions**	If AGMP indicated **Refer to** IPAC AGMP Best Practice Guideline

Duration of Precautions
Until asymptomatic or a minimum of 10 days from onset of symptoms. Contact IPAC **for discontinuation of precautions.**

Incubation Period	**Period of Communicability**
7 days or less, often 2-5 days	21 days

Comments

Precautions are used in addition to **Routine Practices**

- Reportable Disease
- Private room preferred, refer to the VCH Bed Placement for Viral Respiratory Illness (VRI)
- Most human infections are thought to result from direct contact with infected birds/animals
- Current information on Avian influenza
- If a patient in a multi-bed room tests positive, move to private room if possible and place roommates on Droplet & Contact Precautions for 3 days

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Suspected/Known Disease or Microorganism

Influenza – New Pandemic Strain

Clinical Presentation

Respiratory tract infection, pneumonia. Cough and fever (or temperature that is abnormal for that patient/resident), myalgia, arthralgia, extreme weakness/fatigue, nasal discharge, sore throat, headache

Infectious Substances	**How it is Transmitted**
Respiratory secretions	Direct Contact, Indirect Contact, Droplet

Precautions Needed

Acute Care	**Droplet & Contact Precautions**	If AGMP indicated **Refer to** IPAC AGMP Best Practice Guideline
Long-Term Care & Mental Health	**Droplet & Contact Precautions**	
Home & Community	**Droplet & Contact Precautions**	

Duration of Precautions

10 days post onset and symptoms resolved. For immunocompromised hosts, isolation precautions need to be maintained for a longer duration. Contact IPAC **for discontinuation of precautions.**

Incubation Period	**Period of Communicability**
Unknown, possibly 1-7 days	Unknown, possibly up to 7 days

Comments

Precautions required are in addition to **Routine Practices**, refer to VCH Pandemic Response Plan

- Reportable Disease
- Minimize exposure of immunocompromised patients, children with chronic cardiac or lung disease, nephritic syndrome, neonates. These patients **should not** be cohorted
- Refer to VCH Respiratory and/or Febrile Illness Assessment Algorithm
- Refer to VCH Bed Placement for Viral Respiratory Illness (VRI)
- Refer to Viral Respiratory Illness (VRI) Outbreak resources
- If a patient in a multi-bed room tests positive, move to private room if possible and place roommates on Droplet & Contact Precautions for 3 days.

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Suspected/Known Disease or Microorganism

Influenza – Seasonal

Clinical Presentation: Respiratory tract infection, pneumonia. Cough and fever (or temperature that is abnormal for that patient/resident), myalgia, arthralgia, extreme weakness/fatigue, nasal discharge, sore throat, headache

Infectious Substances	**How it is Transmitted**
Respiratory secretions	Direct Contact, Indirect Contact, Large Droplets

Precautions Needed

Acute Care	**Droplet & Contact Precautions**	If AGMP indicated **Refer to** IPAC AGMP Best Practice Guideline
Long-Term Care & Mental Health	**Droplet & Contact Precautions**	
Home & Community	**Droplet & Contact Precautions**	

Duration of Precautions

Acute Care - At least 7 days post symptom onset **AND** 24 hours after symptoms resolve. For immuno-compromised hosts, isolation precautions need to be maintained for a longer duration. Contact IPAC **for discontinuation of precautions.**

Long-Term Care, Home & Community, Mental Health – At least 5 days post symptom onset. Precautions remain in place until improvement of symptoms AND resolution of fever for 24 hours hours without the use of fever reduction medication.

Incubation Period	**Period of Communicability**
1-3 days	Generally 3 – 7 days post clinical onset

Comments

Precautions required are in addition to **Routine Practices**, refer to VCH Pandemic Response Plan

- Reportable Disease
- Minimize exposure of immunocompromised patients, children with chronic cardiac or lung disease, nephritic syndrome, neonates. These patients **should not** be cohorted
- Refer to VCH Respiratory and/or Febrile Illness Assessment Algorithm
- Refer to VCH Bed Placement for Viral Respiratory Illness (VRI)
- Refer to Viral Respiratory Illness (VRI) Outbreak resources
- If a patient in a multi-bed room tests positive, move to private room if possible and place roommates on Droplet & Contact Precautions for 3 days.

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J

No organisms at this time

K

Kawasaki Disease

L

Lassa Fever (Lassa Virus) Viral Hemorrhagic Fever (VHF)
Legionella (*Legionella* spp.) - Legionnaires' Disease
Leprosy (*Mycobacterium leprae*) - (Hansen's disease)
Leptospirosis (*Leptospira* sp.)
Lice (Pediculosis) – (*Pediculus humanus, Phthirus pubis*)
Listeriosis (*Listeria monocytogenes*)
Lyme disease (*Borrelia burgdorferi*)
Lymphocytic Choriomeningitis (LCM) virus
Lymphogranuloma Venereum (*Chlamydia trachomatis* serovars L1-3)

Suspected/Known Disease or Microorganism

Kawasaki Disease

Clinical Presentation

Acute febrile, self-limited, systemic vasculitis of early child hood. Mucocutaneous lymph node syndrome.

Infectious Substances	**How it is Transmitted**
Not applicable	Not known to be transmissible

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Not applicable**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
Not applicable	Not applicable

Comments

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Suspected/Known Disease or Microorganism

Lassa Fever (Lassa Virus) Viral Hemorrhagic Fever (VHF)

Clinical Presentation

Gradual onset of fever, malaise, weakness, headache, pharyngitis, cough, nausea and vomiting

Disease may progress to hemorrhaging (in gums, eyes, or nose), respiratory distress, repeated vomiting, facial swelling, pain in the chest, back, and abdomen, shock and deafness

Infectious Substances	**How it is Transmitted**
Blood and body fluids, respiratory secretions, possibly urine and stool	Direct Contact, Indirect Contact, Droplet

Precautions Needed

Acute Care	**Airborne & Contact Precautions + Droplet**
Long-Term Care	**Airborne & Contact Precautions + Droplet**
Home & Community	**Airborne & Contact Precautions + Droplet**

Duration of Precautions: Until symptoms resolve and directed by Infection Prevention and Control

Incubation Period	**Period of Communicability**
5-21 days	Until 3-9 weeks after onset

Comments

Precautions required are in addition to **Routine Practices**

- Reportable Disease **Physician report to the Medical Health Officer at suspect stage**
- Consult IPAC immediately if VHF suspected
- VCH Response Procedures for Viral Hemorrhagic Fever and Other Unusual Communicable Diseases

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Suspected/Known Disease or Microorganism

Legionella (*Legionella* spp.) - Legionnaires' Disease

Clinical Presentation

Severe pneumonia, muscle aches, tiredness, headaches, dry cough and fever

Sometimes diarrhea occurs and confusion may develop

Infectious Substances	**How it is Transmitted**
No person-to-person transmission	Transmission occurs with aerosolization of contaminated water and subsequent airborne spread Acquired from contaminated water by inhalation or aspiration

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
2-10 days	No person-to-person transmission

Comments

- Reportable Disease

Suspected/Known Disease or Microorganism

Leprosy (*Mycobacterium leprae*) - (Hansen's disease)

Clinical Presentation

Chronic disease of skin, nerves, joints, and nasopharyngeal mucosa; loss of sensation on affected areas of skin

Infectious Substances	**How it is Transmitted**
Nasal secretions, skin lesions	Direct Contact (requires prolonged and extensive personal contact)

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
9 months to 20 years	Until treatment is established

Comments

- Transmits person to person only with very prolonged extensive personal contact.
- Household contacts should be assessed and may be given prophylaxis
- Reportable Disease

Suspected/Known Disease or Microorganism

Leptospirosis (*Leptospira* sp.)

Clinical Presentation

Fever, jaundice, aseptic meningitis, headache, chills, muscle pain

Infectious Substances	**How it is Transmitted**
Rare person-to-person transmission Leptospires may be excreted in urine for usually 1 month but has been observed as long as 11 months after the acute illness	Transmitted through skin contact with urine or tissues of infected animals or water contaminated with the urine of infected animals

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community Care	**Routine Practices**

Duration of Precautions

Not Applicable

Incubation Period	**Period of Communicability**
2-30 days	Direct person-to-person transmission is rare

Comments

- Acquired through contact with animals
- Reportable Disease

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Suspected/Known Disease or Microorganism

Lice (Pediculosis) – (*Pediculus humanus, Phthirus pubis*)

Clinical Presentation

Infestation may result in severe itching and excoriation of the scalp or body

Infectious Substances	**How it is Transmitted**
Direct and indirect contact with louse	Contact with louse directly or indirectly

Precautions Needed

Acute Care	**Contact Precautions**
Long-Term Care	**Contact Precautions**
Home & Community	**Contact Precautions**

Duration of Precautions

24 hours after effective treatment

Incubation Period	**Period of Communicability**
6-10 days	Until effective treatment to kill lice and ova and observed to be free of lice

Comments

Precautions required are in addition to **Routine Practices**

- Apply treatment (pediculicide) as directed on label. If live lice found after therapy, repeat treatment
- Manually remove nits. As no pediculicide is 100% ovicidal, removal of nits decreases the risk of self-reinfestation
- Head lice: wash headgear, combs, pillow cases, towels with hot water or dry clean or seal in plastic bag and store for 10 days
- Body lice: as above and all exposed clothing and bedding

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Suspected/Known Disease or Microorganism

Listeriosis (*Listeria monocytogenes*)

Clinical Presentation

Fever, muscle aches, meningitis, diarrhea/gastrointestinal symptoms, congenital or neonatal infection

Infectious Substances	**How it is Transmitted**
Rare person-to-person transmission	Foodborne: Acquired from ingestion of contaminated food, Vertical: mother to fetus in utero or newborn at birth

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
Average 21 days, 30 – 70 days	Rare person-to-person transmission

Comments

- Rare nosocomial outbreaks reported in newborn nurseries attributed to contaminated equipment
- Listeria grows well at low temperatures and is able to multiple in refrigerated foods that are contaminated
- Although relatively rare, human listeriosis is often severe and mortality rates can approach 50%,
- PHAC Pathogen Safety Data Sheet
- Reportable Disease

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Suspected/Known Disease or Microorganism

Lyme disease (*Borrelia burgdorferi*)

Clinical Presentation
Fever, arthritis, meningitis, headache, fatigue, characteristic skin rash called erythema migrans

Infectious Substances	**How it is Transmitted**
Bite of tick	Tickborne (blacklegged or deer ticks)

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions
Not applicable

Incubation Period	**Period of Communicability**
Rash occurs in 3-30 days after exposure, mean 7 – 10 days	No person-to-person transmission

Comments
- Infection in humans is incidental and is acquired most frequently during blood feeding by the infected tick. In most cases, the tick must be attached for 36-48 hours or more before the Lyme disease bacterium can be transmitted. Infected people are often unaware that they have been bitten.
- Reportable Disease

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Suspected/Known Disease or Microorganism

Lymphocytic Choriomeningitis (LCM) virus

Clinical Presentation

Fever, cough, malaise, myalgia, headache, photophobia, nausea, vomiting, adenopathy, and sore throat. Progression to meningitis, encephalitis, meningoencephalitis

Infectious Substances	**How it is Transmitted**
No person-to-person transmission	Transmission occurs through skin or mucous membrane contact with rodents (urine), inhalation of aerosolized virus (through dust), ingestion of contaminated food Vertical: mother to fetus in utero

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
6 – 21 days, 15-21 days before any meningeal symptoms appear	No person-to-person transmission

Comments

Suspected/Known Disease or Microorganism

Lymphogranuloma Venereum (*Chlamydia trachomatis* serovars L1-3)

Clinical Presentation

Genital ulcers, inguinal adenopathy

Infectious Substances	**How it is Transmitted**
Sexually transmitted, mother to newborn	Sexual Contact

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
3-30 days for primary lesion	As long as organism present in secretions

Comments

- Caused by *C. trachomatis* serovars L1-3
- Reportable Disease

M

Malaria (*Plasmodium* spp.)
Marburg virus
Measles – (Rubeola)
Measles – (Rubeola) Exposed Susceptible Contact
Melioidosis (*Burkholderia pseudomallei*)
Meningitis
Meningococcus (*Neisseria meningitidis*)
Methicillin Resistant *Staphylococcus aureus* (MRSA)
MERS CoV – (Middle East Respiratory Syndrome Coronavirus)
Molluscum Contagiosum (Molluscum contagiosum virus)
Mpox (Monkeypox)
Mononucleosis (Epstein-Barr virus)
Mucormycosis (phycomycosis, zygomycosis) – (*Mucor* sp., *Rhizopus* sp., others)
Multi-drug Resistant Gram Negative Bacilli (see, Carbapenemase Producing Organism) including the following but not exclusive: *E. coli, Klebsiella* spp., *Serratia* spp., *Providencia* spp., *Proteus* spp., *Citrobacter* spp., *Enterobacter* spp., *Morganella* spp., *Salmonella* spp., *Hafnia* spp.
Mumps (Mumps virus, Parotitis) – Known Case
Mumps (Mumps virus) – Exposed Susceptible Contact
***Mycobacterium* – Non-tuberculosis (atypical) (e.g. *Mycobacterium avium* complex)**
***Mycobacterium tuberculosis* (TB) – Extrapulmonary disease**
***Mycobacterium tuberculosis* (TB) – Pulmonary disease**
Mycoplasma pneumoniae

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Suspected/Known Disease or Microorganism

Malaria (*Plasmodium* sp.)

Clinical Presentation

Fever, chills, body aches, headache, general malaise (these are symptoms common to a range of infections, recent travel history must be considered)

Infectious Substances	**How it is Transmitted**
Blood	Mosquito bite, rarely vertical (mother to fetus), blood transfusion

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
Variable, 9 – 14 days for *P. falciparum*	Not usually person-to-person transmission

Comments

- Infection in humans is incidental and is acquired most frequently during blood feeding by the infected mosquito
- Can be transmitted via blood transfusion
- Reportable Disease

Suspected/Known Disease or Microorganism

Marburg virus

Clinical Presentation

Fever, myalgias, pharyngitis, nausea, vomiting and diarrhea. Maculopapular rash after day 5 of onset of symptoms and hemorrhagic fever in late clinical presentation

History of travel and/or contact with persons and non-human primates from endemic countries must be considered at triage

Infectious Substances	How it is Transmitted
Blood, body fluids and respiratory secretions	Direct Contact, Indirect Contact and Droplets

Precautions Needed

Acute Care	**Airborne & Contact Precautions + Droplet**
Long-Term Care	**Airborne & Contact Precautions + Droplet**
Home & Community	**Airborne & Contact Precautions + Droplet**

Duration of Precautions

Until symptoms resolve and directed by Infection Prevention and Control

Incubation Period	Period of Communicability
5-10 days	Until all symptoms resolve

Comments

Precautions required are in addition to **Routine Practices**

- Reportable Disease **Physician report to the Medical Health Officer at suspect stage**
- Consult IPAC immediately if VHF suspected
- VCH Response Procedures for Viral Hemorrhagic Fever and Other Unusual Communicable Diseases

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Suspected/Known Disease or Microorganism

Measles – (Rubeola)

Clinical Presentation

Fever, cough, coryza, conjunctivitis (3Cs), maculopapular skin rash, Koplik spots inside mouth, especially the cheeks

Infectious Substances	**How it is Transmitted**
Respiratory secretions	Airborne

Precautions Needed

Acute Care	**Airborne Precautions**
Long-Term Care	**Airborne Precautions**
Home & Community	**Airborne Precautions**

Duration of Precautions

4 days after start of rash in immunocompetent patients or until all symptoms are gone in immunocompromised patients

Incubation Period	**Period of Communicability**
7-18 days to onset of fever, rarely as long as 21 days	5 days before onset of rash (1 – 2 days before symptom onset) until 4 days after onset of rash

Comments

Precautions required are in addition to **Routine Practices**

- Reportable Disease
- Individuals with known immunity are not required to wear the N95 respirator when entering the room:
  - serological proof of immunity, or documentation of 2 appropriately timed doses of vaccine, or received a minimum dose of Immunoglobulin (0.25/kg) within 5 months of exposure
- Susceptible HCWs should not enter the room if immune staff are available. If they must enter the room, an N95 respirator **must be** worn. Other non-immune persons should not enter except in urgent or compassionate circumstances. If immunity is unknown, assume person is non-immune Immunoprophylaxis is indicated for susceptible contacts
- Precautions should be taken with neonates born to mother with measles infection at delivery
- On discharge or transfer, keep room on Airborne precautions per Air Clearance/Settle time
- **If other patients exposed,** notify IPAC and refer Measles – (Rubeola) Exposed Susceptible Contact

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Suspected/Known Disease or Microorganism

Measles – (Rubeola) Exposed Susceptible Contact

Clinical Presentation

May be asymptomatic

Infectious Substances	**How it is Transmitted**
Respiratory secretions	Airborne

Precautions Needed

Acute Care	**Airborne Precautions**
Long-Term Care	**Airborne Precautions**
Home & Community	**Airborne Precautions**

Duration of Precautions

5 days after first exposure until 21 days after last exposure

Incubation Period	**Period of Communicability**
7-18 days	Potentially communicable during last 2 days of incubation period

Comments

Precautions required are in addition to **Routine Practices**

- Defer non-urgent admission if a susceptible person is incubating the disease
- Individuals with known immunity (serological proof of immunity; immunization with 2 appropriately timed doses of measles-containing vaccine) are not required to wear the N95 respirator.
- Susceptible HCWs should not enter the room if immune staff are available. If they must enter the room, an N95 respirator **must be** worn. Other non-immune persons should not enter except in urgent or compassionate circumstances. If immunity is unknown, assume person is non-immune
- Place newborns of mothers with measles on precautions at delivery
- If immunoglobulin indicated, administer within 6 days
- Consult IPAC **if measles exposure occurred in a healthcare setting**

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Suspected/Known Disease or Microorganism

Melioidosis (*Burkholderia pseudomallei*)

Clinical Presentation

Pneumonia, fever, papules with umbilicated centres

Infectious Substances	**How it is Transmitted**
Contaminated soil	No person-to-person transmission

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Variable

Incubation Period	**Period of Communicability**
Variable	Person-to-person transmission has not been proven

Comments

- Direct contact with contaminated water or soil, aspiration or ingestion of contaminated water or inhalation of contaminated dust

Suspected/Known Disease or Microorganism

Meningitis

Various causative agents: **Bacterial**: *Neisseria meningitides*, *H. influenza* type B (possible in non-immune infant younger than 2 years of age), *Streptococcus pneumoniae,* Group B Streptococcus, *Listeria monocytogenes*, *E.coli* and other Gram-negative rods, *Mycobacterium tuberculosis.* **Viral**: enteroviruses, arboviruses **Fungal**: *Cryptococcus, Histoplasma*

Clinical Presentation: Acute onset of meningeal symptoms commonly including headache, photophobia, stiff neck, vomiting, fever, and/or rash

Infectious Substances	**How it is Transmitted**
Respiratory secretions and feces	Bacterial: Direct contact, Droplet Viral: Direct and Indirect contact (including fecal/oral)

Precautions Needed

If a pathogen is identified, follow organism specific instructions in this manual

	Routine Practices	Contact Precautions	Droplet Precautions	Droplet & Contact Precautions
Acute Care	• Adult viral • Fungal • Other bacterial*	Pediatric viral	• **Adult meningitis NYD** • *Neisseria meningiditis* (adult and pediatric)* • *H. flu type b** (pediatric)	**Pediatric meningitis NYD**
Long-Term Care	**Same as acute care**			
Home & Community	**Same as acute care**			

Duration of Precautions: Variable. See specific organism.

Incubation Period: Variable	**Period of Communicability:** Variable

Comments

- For *Mycobacterium tuberculosis* meningitis rule out associated respiratory TB. May be associated with measles, mumps, varicella, or herpes simplex. If identified, take appropriate precautions for **associated pathogen**
- Reportable Disease **(all cause meningitis)**

Suspected/Known Disease or Microorganism

Meningococcus (*Neisseria meningitidis*)

Clinical Presentation

Meningococcemia, meningitis, pneumonia

Infectious Substances	**How it is Transmitted**
Respiratory secretions	Direct Contact, Droplet

Precautions Needed

Acute Care	**Droplet Precautions**
Long-Term Care	**Droplet Precautions**
Home & Community	**Droplet Precautions**

Duration of Precautions

Until 24 hours of effective antimicrobial therapy completed

Incubation Period	**Period of Communicability**
Usually 2-10 days	Until 24 hours of effective therapy completed

Comments

Precautions required are in addition to **Routine Practices**

- Reportable Disease
- Close contacts may require chemoprophylaxis as directed by the Medical Health Officer or Provincial Workplace Health Call Centre
- Immunization information

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Suspected/Known Disease or Microorganism

Methicillin Resistant *Staphylococcus aureus* (MRSA)

Clinical Presentation

Asymptomatic or various infections of skin, soft tissue, pneumonia, bacteremia, urinary tract, etc.

Infectious Substances	**How it is Transmitted**
Surface skin, infected or colonized secretions, excretions	Direct Contact, Indirect Contact

Precautions Needed

Acute Care	**Contact Precautions**	**Droplet & Contact Precautions** If MRSA found in sputum or tracheostomy and productive cough or ventilated.
Long-Term Care	**Routine Practices** MRSA colonization	**Contact Precautions** MRSA infection Use **Droplet & Contact Precautions** if MRSA found in sputum or tracheostomy and active respiratory infection
Home & Community	**Routine Practices** Home care and low risk community settings. Use **Droplet & Contact Precautions** if MRSA found in sputum or tracheostomy and active respiratory infection	**Contact Precautions** High risk community settings Use **Droplet & Contact Precautions** if MRSA found in sputum or tracheostomy and active respiratory infection

Duration of Precautions

For duration of admission or visit. Contact IPAC prior to stopping droplet precautions (respiratory infection acute care)

Incubation Period: Variable	**Period of Communicability: Variable**

Comments

Precautions required are in addition to **Routine Practices**
Refer to ARO Acute Patient Placement Algorithm. **Contact screening as directed by IPAC**

Suspected/Known Disease or Microorganism

MERS CoV – (Middle East Respiratory Syndrome Coronavirus)

Clinical Presentation

Respiratory tract infection (fever, cold-like symptoms: cough, runny nose, sore throat); pneumonia (shortness of breath, discomfort during breathing)

Infectious Substances	**How it is Transmitted**
Respiratory secretions and exhaled droplets and particles, stool	Direct Contact, Indirect Contact, Droplet

Precautions Needed

Acute Care	**Airborne & Contact Precautions** **Droplet Precautions** Add Droplet, eye protection indicated for all encounters	
Long-Term Care	**Droplet & Contact Precautions**	If AGMP indicated **Refer to** IPAC AGMP Best Practice Guideline
Home & Community	**Droplet & Contact Precautions**	If AGMP indicated **Refer to** IPAC AGMP Best Practice Guideline

Duration of Precautions

Duration of precautions should be determined on a case-by-case basis and in conjunction with Infection Prevention and Control, and the Medical Officer of Health

Incubation Period	**Period of Communicability**
14 days	Not yet determined

Comments

Precautions required are in addition to **Routine Practices**

- Reportable Disease **Physicians report to Medical Health Officer at suspect stage**
- Notify IPAC**, contact Medical Microbiologist on call**
- Refer to Emerging Issues on the IPAC website

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Suspected/Known Disease or Microorganism

Molluscum Contagiosum (Molluscum contagiosum virus)

Clinical Presentation

Umbilicated papules (small raised, pearly papules with a central depression)

Infectious Substances	**How it is Transmitted**
Contents of the papules	Direct Contact, including Sexual Contact, or fomites

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
2 weeks to 6 months	Unknown

Comments

- Close direct personal contact needed for transmission

Suspected/Known Disease or Microorganism

Mpox (Monkeypox)

Clinical Presentation

Resembles smallpox, swollen lymph nodes

Infectious Substances	How it is Transmitted
Infected blood and body fluids, pox secretions	Bite from infected animal or direct contact with their blood, body fluid or rash Direct contact with cuteanous or mucosal lesions Indirect contact with fomites (i.e. contaminated material such as linens or clothing) Respiratory droplets from prolonged face-to-face contact

Precautions Needed

Acute Care	**Droplet & Contact Precautions** **Airborne Precautions** Use N95 respirator for uncertain risk or airborne transmission and single room with door closed
Long-Term Care	**Droplet & Contact Precautions** **Airborne Precautions** Use N95 respirator for uncertain risk or airborne transmission and single room with door closed
Home & Community	**Droplet & Contact Precautions** **Airborne Precautions** Single room with door closed for uncertain risk of airborne transmission; N95 respirator not considered essential in this setting

Duration of Precautions

As directed by Infection Prevention and Control

Incubation Period	Period of Communicability
7-14 days, but can range from 5-21 days	2-4 weeks

Comments

Precautions required are in addition to Routine Practices.

- It is unknown if airborne transmission occurs, as it has not yet been reported.
- Refer to IPAC AGMP Best Practice Guideline

- Reportable Disease
- Notify IPAC
- Transmission in hospital settings unlikely

- BCCDC information on Mpox
- PHAC Interim Guidance on Mpox
- PICNet Interim Guidelines on Mpox

Suspected/Known Disease or Microorganism

Mononucleosis (Epstein-Barr virus)

Clinical Presentation

Fever, sore throat, lymphadenopathy, splenomegaly

Infectious Substances	**How it is Transmitted**
Saliva, transplanted tissues	Direct oropharyngeal route via saliva; occasionally by blood transfusion

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
30-50 days	Prolonged; pharyngeal excretion may be intermittent or persistent for years

Comments

Suspected/Known Disease or Microorganism

Mucormycosis (phycomycosis, zygomycosis) – (*Mucor* sp., *Rhizopus* sp., others)

Clinical Presentation

Skin, wound, rhinocerebral infection, pulmonary, gastrointestinal, disseminated infection

Infectious Substances	**How it is Transmitted**
Fungal spores in dust and soil	Inhalation or ingestion of fungal spores. No person-to-person transmission

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
Unknown	No person-to-person transmission

Comments

- Immunocompromised patients are at risk of infection

Suspected/Known Disease or Microorganism

Multi-drug Resistant Gram Negative Bacilli (see, Carbapenemase Producing Organism) including the following but not exclusive: *E. coli, Klebsiella* spp., *Serratia* spp., *Providencia* spp., *Proteus* spp., *Citrobacter* spp., *Enterobacter* spp., *Morganella* spp., *Salmonella* spp., *Hafnia* spp.

Clinical Presentation
Colonization or Infections. Symptoms based on sites involved

Infectious Substances	**How it is Transmitted**
Colonized or infected body fluids/sites	Direct Contact, Indirect Contact

Precautions Needed

Acute Care	**Contact Precautions** Private room with dedicated bathroom or commode. Dedicate equipment whenever possible.	**Droplet & Contact Precautions** if productive cough
Long-Term Care	**Routine Practices** CPO colonization – *contact IPAC for resident-specific direction*	**Contact Precautions** CPO infection Use **Droplet & Contact Precautions** if productive cough
Home & Community	**Routine Practices** Home care and low risk community settings. Use **Droplet & Contact Precautions** if productive cough	**Contact Precautions** High risk community settings Use **Droplet & Contact Precautions** if productive cough

Duration of Precautions: As directed by Infection Prevention and Control

Incubation Period: Variable	**Period of Communicability:** Not applicable

Comments
Precautions required are in addition to **Routine Practices**
Refer to ARO Acute Patient Placement Algorithm

- Reportable Disease
- IPAC will direct ring screening as required. Complete admission screening per VCH protocol
- See CPO resources on the IPAC website

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Suspected/Known Disease or Microorganism

Mumps (Mumps virus, Parotitis) – Known Case

Clinical Presentation

Swelling of salivary glands, orchitis

Infectious Substances	**How it is Transmitted**
Saliva, respiratory secretions	Direct Contact, Droplet

Precautions Needed

Acute Care	**Droplet Precautions**
Long-Term Care	**Droplet Precautions**
Home & Community	**Droplet Precautions**

Duration of Precautions

Maintain isolation until 5 days after the onset of parotid swelling

Incubation Period	**Period of Communicability**
Usually 16 – 18 days, range 14-25 days	2 days before and up to 5 days after onset of symptoms

Comments

Precautions required are in addition to **Routine Practices**

- **Droplet Precautions** for exposed susceptible patients and healthcare workers should begin 10 days after first contact and continue through 26 days after last exposure.
- Immunization information
- Reportable Disease

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Suspected/Known Disease or Microorganism

Mumps (Mumps virus) – Exposed Susceptible Contact

Clinical Presentation

May be asymptomatic

Infectious Substances	**How it is Transmitted**
Saliva, respiratory secretions	Direct Contact and Large Droplets

Precautions Needed

Acute Care	**Droplet Precautions**
Long-Term Care	**Droplet Precautions**
Home & Community	**Droplet Precautions**

Duration of Precautions

Should begin 10 days after first contact and continue until 26 days after last exposure

Incubation Period	**Period of Communicability**
Usually 16 – 18 days, range 14-25 days	2 days before and up to 5 days after onset of parotid swelling

Comments

Precautions required are in addition to **Routine Practices**

- Defer non-urgent admission if a susceptible person is incubating the disease

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Suspected/Known Disease or Microorganism

Mycobacterium – Non-tuberculosis (atypical) (e.g. *Mycobacterium avium* complex)

Clinical Presentation

Lymphadenitis, pneumonia, disseminated disease in immunocompromised host

Infectious Substances	**How it is Transmitted**
Acquired from soil, water, animal reservoirs	No person-to-person transmission

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
Unknown	Communicability of disease not seen

Comments

Suspected/Known Disease or Microorganism

Mycobacterium tuberculosis (TB) – Extrapulmondary Disease

Clinical Presentation

Extrapulmonary: meningitis, bone, joint infection, draining lesions

Infectious Substances	**How it is Transmitted**
Drainage	Not applicable

Precautions Needed

	Routine Practices	**Airborne Precautions**
Acute Care		• Any procedure that may aerosolize drainage from the affected site • Until Pulmonary TB ruled out • Contact IPAC if drain present
Long-Term Care	**Routine Practices**	**Airborne Precautions** • Any procedure that may aerosolize drainage • Until Pulmonary TB ruled out • Contact IPAC if drain present
Home & Community	**Routine Practices**	**Airborne Precautions** • Any procedure that may aerosolize drainage • Until Pulmonary TB ruled out • Contact IPAC if drain present

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
Weeks to years	Not applicable

Comments

Precautions required are in addition to **Routine Practices**

- Assess for concurrent pulmonary tuberculosis

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Suspected/Known Disease or Microorganism

Mycobacterium tuberculosis (TB) including species: M. africanum, M. bovis BCG, M. canettii, M. caprae, M. microti, M. orygis, M. pinnipedii and M. tuberculosis – Pulmonary disease

Clinical Presentation
Confirmed or suspected pulmonary tuberculosis (may include pneumonia, cough, fever, night sweats, weight loss), laryngeal tuberculosis

Infectious Substances	**How it is Transmitted**
Respiratory secretions	Airborne

Precautions Needed

Acute Care	**Airborne Precautions**
Long-Term Care	**Airborne Precautions**
Home & Community	**Airborne Precautions**

Duration of Precautions: Contact IPAC **prior to stopping precautions**

- Tuberculosis ruled out until: After 3 negative AFBs, alternate diagnosis & patient improvement, OR Physician no longer suspecting TB
- Tuberculosis confirmed until:

1. Receipt of 2 weeks effective treatment, AND
2. Clinical improvement, AND
3. Three (3) consecutive negative Acid Fast Bacilli sputums collected

Incubation Period	**Period of Communicability**
Weeks to years	While organisms are in sputum

Comments

Precautions required are in addition to **Routine Practices**

- **Refer to:** TB checklist**; Refer to:** Specimens for TB
- On discharge or transfer, keep room on Airborne precautions per Air Clearance/Settle time
- Canadian TB Standards
- Reportable Disease

Suspected/Known Disease or Microorganism

Mycoplasma pneumoniae

Clinical Presentation

Pneumonia

Infectious Substances	**How it is Transmitted**
Respiratory secretions	Direct Contact and Large Droplets

Precautions Needed

Acute Care	**Droplet Precautions**
Long-Term Care	**Droplet Precautions**
Home & Community	**Droplet Precautions**

Duration of Precautions

Until symptoms have stopped

Incubation Period	**Period of Communicability**
1-4 weeks	Unknown

Comments

Precautions required are in addition to **Routine Practices**

N

Necrotizing Enterocolitis
Necrotizing Fasciitis - (Group A Streptococcus *[Streptococcus pyogenes*])
Neisseria gonorrhoeae
Neisseria meningitidis
Nocardiosis (*Nocardia* sp.)
Norovirus (Calicivirida)

Suspected/Known Disease or Microorganism

Necrotizing Enterocolitis

Clinical Presentation

Abdominal distention, blood in the stool, diarrhea, feeding intolerance, lethargy, temperature instability, vomiting

Infectious Substances	**How it is Transmitted**
Unknown Probably many organisms can cause this	Probably indirect contact, outbreaks would result from transmission on hands/equipment

Precautions Needed

Acute Care	**Routine Practices**	**Contact Precautions** If outbreak suspected
Long-Term Care	**Routine Practices**	**Contact Precautions** If outbreak suspected
Home & Community	**Routine Practices**	**Contact Precautions** If outbreak suspected

Duration of Precautions

Duration of outbreak

Incubation Period	**Period of Communicability**
Not applicable	Unknown

Comments

Precautions required are in addition to **Routine Practices**

Suspected/Known Disease or Microorganism

Necrotizing Fasciitis - *(*Group A Streptococcus *[Streptococcus pyogenes*])

Clinical Presentation

Necrosis and edema of superficial fascia

Infectious Substances	**How it is Transmitted**
Respiratory secretions and wound drainage	Direct Contact, Indirect Contact, Droplet

Precautions Needed

Acute Care	**Droplet & Contact Precautions**
Long-Term Care	**Droplet & Contact Precautions**
Home & Community	**Droplet & Contact Precautions**

Duration of Precautions

Until 24 hours of effective antimicrobial therapy completed

Incubation Period	**Period of Communicability**
Typically 1-3 days	10-21 days in untreated, uncomplicated cases

Comments

Precautions required are in addition to **Routine Practices**

- Exposed contacts of invasive disease may require prophylaxis.
- Reportable Disease

Suspected/Known Disease or Microorganism

Neisseria gonorrhoeae

Clinical Presentation

Ophthalmia, neonatorum, urogenital/rectal/pharyngeal gonorrhea, arthritis, pelvic inflammatory disease

Infectious Substances	**How it is Transmitted**
	Vertical (mother to child), Sexual Contact and Rarely Direct/Indirect Contact

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
2-7 days	May extend for months in untreated individuals

Comments

- Reportable Disease

Suspected/Known Disease or Microorganism

Neisseria meningitidis

Clinical Presentation

Meningococcemia, meningitis, pneumonia

Infectious Substances	**How it is Transmitted**
Respiratory secretions	Direct Contact, Droplet

Precautions Needed

Acute Care	**Droplet Precautions**
Long-Term Care	**Droplet Precautions**
Home & Community Care	**Droplet Precautions**

Duration of Precautions

Until after 24 hours of effective therapy completed

Incubation Period	**Period of Communicability**
Usually 2-10 days	Until 24 hours of effective therapy completed

Comments

Precautions required are in addition to **Routine Practices**

- Reportable Disease
- Close contacts may require chemoprophylaxis as directed by the Medical Health Officer or Provincial Workplace Health Call Centre
- Immunization information

Suspected/Known Disease or Microorganism

Nocardiosis (*Nocardia* sp.)

Clinical Presentation

Fever, pulmonary or Central Nervous System infection

Infectious Substances	**How it is Transmitted**
Acquired from organisms in the soil and dust	No person-to-person transmission

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
Unknown	Not applicable

Comments

- Transmission occurs by inhalation of the microorganism in dust; infections in immunocompromised patients may be associated with construction

Suspected/Known Disease or Microorganism

Norovirus (Calicivirida)

Clinical Presentation

Nausea, vomiting, diarrhea

Infectious Substances	**How it is Transmitted**
Feces, emesis/vomit	Fecal-oral, Direct Contact, Indirect Contact, Droplet

Precautions Needed

Acute Care	**Contact Plus Precautions** **Add Droplet** if vomiting	
Long-Term Care	**Contact Plus Precautions** **Add Droplet** if vomiting	
Home & Community	**Contact Precautions**	**Droplet & Contact Precautions** If vomiting

Duration of Precautions

Until symptoms have stopped for 48 hours.

For immunocompromised hosts, isolation precautions need to be maintained for a longer duration. Contact IPAC **for discontinuation of precautions.**

Incubation Period	**Period of Communicability**
24-48 hours, range 10-50 hours	Duration of viral shedding, usually 48 hours after diarrhea resolves

Comments

Precautions required are in addition to **Routine Practices**

- Reportable Disease
- Common causes of outbreaks. Refer to the VCH GI Outbreak Resources
- If a patient in an acute care multi-bed room tests positive, move to a private room if possible and place asymptomatic, exposed (> 4 hours in the same room as index case) roommates on Contact Plus Precautions

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O

Orf – Parapoxvirus

Osteomyelitis (*Staphylococcus aureus, Streptococcus sp., Gram negative bacilli,* other bacteria)

Otitis, draining (Group A Streptococcus, *Staphylococcus aureus,* many other bacteria)

Suspected/Known Disease or Microorganism

Orf – Parapoxvirus

Clinical Presentation

Skin lesions

Infectious Substances	**How it is Transmitted**
Infected animals	Contact with infected animals (usually sheep and goats) No person-to-person transmission

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
3-6 days	Not applicable

Comments

Suspected/Known Disease or Microorganism

Osteomyelitis (*Staphylococcus aureus, Streptococcus sp., Gram negative bacilli,* other bacteria)

Clinical Presentation

Inflammation, fever, wound drainage

Infectious Substances	**How it is Transmitted**

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
Variable	Not applicable

Comments

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Suspected/Known Disease or Microorganism

Otitis, draining (Group A Streptococcus, *Staphylococcus aureus,* many other bacteria)

Clinical Presentation

Ear drainage, ear pain

Infectious Substances	**How it is Transmitted**
Drainage	Direct Contact, Indirect Contact

Precautions Needed

Acute Care	**Routine Practices** Minor drainage contained by dressing	**Contact Precautions** Major drainage not contained by dressing
Long-Term Care	**Routine Practices** Minor drainage contained by dressing	**Contact Precautions** Major drainage not contained by dressing
Home & Community	**Routine Practices** Minor drainage contained by dressing	**Contact Precautions** Major drainage not contained by dressing

Duration of Precautions

Until symptoms resolve or return to baseline

Incubation Period	**Period of Communicability**
Variable	Variable

Comments

Precautions required are in addition to **Routine Practices**

P

Parainfluenza virus

Parvovirus B19 – Fifth Disease, Erythema infectiosum (rash), Aplastic crisis

Pediculosis (Lice) – (*Pediculus humanus, Phthirus pubis*)

Pertussis (Whooping Cough) – *Bordetella pertussis*

Pharyngitis – (Group A Streptococcus, *Corynebacterium diphtheriae*, many viruses)

Pink Eye (Conjunctivitis) - Bacterial or Viral

Pinworm (Oxyuriasis, *Enterobius vermicularis*)

Plague – Bubonic (*Yersinia pestis*)

Plague – Pneumonic (*Yersinia pestis*)

Pleurodynia (Group B Coxsackieviruses)

***Pneumocystis jiroveci* Pneumonia (PJP) – formerly known as *P. carinii* (PCP)**

Pneumonia, cause unknown (*Mycoplasma pneumoniae, Streptococcus pneumoniae, Haemophilius influenzae*, *Staphylococcus aureus*, Group A Streptococcus, Gram negative bacilli, *Chlamydia pneumoniae*, *Legionella*, Fungi)

Poliomyelitis

Prion Disease – Creutzfeldt-Jakob Disease (CJD); classic and variant (vCJD)

Pseudomembranous colitis – (*Clostridium difficile*)

***Pseudomonas aeruginosa* (Metallo-Carbapenamase producing, see CPO)**

Psittacosis (Ornithosis) – (*Chlamydia psittaci*)

Suspected/Known Disease or Microorganism

Parainfluenza virus

Clinical Presentation

Respiratory tract infection

Infectious Substances	**How it is Transmitted**
Respiratory secretions	Direct Contact, Indirect Contact, Droplet

Precautions Needed

Acute Care	**Routine Practices** Adult	**Droplet & Contact Precautions** Pediatric Adult in high risk units* only	If AGMP indicated **Refer to** IPAC AGMP Best Practice Guideline
Long-Term Care & Mental Health	**Routine Practices** Adult		
Home & Community	**Routine Practices** Adult	**Droplet & Contact Precautions** Pediatric	

Duration of Precautions

Until symptoms resolve

For immunocompromised hosts, isolation precautions need to be maintained for a longer duration. Contact IPAC **for discontinuation of precautions.**

Incubation Period	**Period of Communicability**
2-6 days	1-3 weeks

Comments

Precautions required are in addition to **Routine Practices**

- Minimize exposure of highrisk patients. VCH Bed Placement for Viral Respiratory Illness (VRI)

* High risk units: Solid Organ Transplant (SOT), Bone Marrow Transplant (BMT), Intensive Care Unit (ICU), Burns, Trauma, High Acuity (BTHA) and Thoracic

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Suspected/Known Disease or Microorganism

Parvovirus B19 – Fifth Disease, Erythema infectiosum (rash), Aplastic crisis

Clinical Presentation

Erythema Infectiosum (rash), aplastic or erythrocytic crisis, fever, headache, rhinitis

Infectious Substances	How it is Transmitted
Respiratory secretions	Direct Contact, Indirect Contact, Vertical (mother to fetus)

Precautions Needed

	Routine Practices	Droplet Precautions
Acute Care		• Aplastic crisis • Chronic infection in immunocompromised patient • Papular purpuric gloves-socks syndrome
Long-Term Care		As above
Home & Community		As above

Duration of Precautions

If patient with transient aplastic or erythrocyte crisis maintain precautions for 7 days. For immune-suppressed patients with chronic infection or those with papular purpuric gloves and socks syndrome (PPGS), maintain precautions for duration of hospitalization

Incubation Period	Period of Communicability
4-21 days	• Aplastic or erythrocytic crisis: Up to 1 week after onset of crisis • Fifths disease: no longer infectious by the time the rash appears • Chronic infection in immunocompromised patient: months to years

Comments

Precautions required are in addition to **Routine Practices**

Suspected/Known Disease or Microorganism

Pediculosis (Lice) – (*Pediculus humanus, Phthirus pubis*)

Clinical Presentation

Infestation may result in severe itching and excoriation of the scalp or body

Infectious Substances	**How it is Transmitted**
Direct and indirect contact with louse	Contact with louse directly or indirectly

Precautions Needed

Acute Care	**Contact Precautions**
Long-Term Care	**Contact Precautions**
Home & Community	**Contact Precautions**

Duration of Precautions

Continue until a minimum of 24 hours after start of effective therapy

Incubation Period	**Period of Communicability**
6-10 days	Until effective treatment to kill lice and ova and observed to be free of lice

Comments

Precautions required are in addition to **Routine Practices**

- Apply treatment (pediculicide) as directed on label. If live lice found after therapy, repeat treatment
- Manually remove nits. As no pediculicide is 100% ovicidal, removal of nits decreases the risk of self-reinfestation
- Head lice: wash headgear, combs, pillow cases, towels with hot water or dry clean or seal in plastic bag and store for 10 days
- Body lice: as above and all exposed clothing and bedding

Suspected/Known Disease or Microorganism

Pertussis (Whooping Cough) – *Bordetella pertussis*

Clinical Presentation

Violent coughing without inhalation followed by high pitched inspiratory crowing or "whoop", vomiting after coughing, non-specific respiratory tract infection in infants

Infectious Substances	**How it is Transmitted**
Respiratory secretions	Large Droplets

Precautions Needed

Acute Care	**Droplet Precautions**
Long-Term Care	**Droplet Precautions**
Home & Community	**Droplet Precautions**

Duration of Precautions

Untreated: Up to 3 weeks after onset of paroxysms

Treated: after 5 days of effective antimicrobial treatment

Incubation Period	**Period of Communicability**
Average 9-10 days; range of 6-20 days	At onset of mild respiratory tract symptoms (catarrhal stage) up to 3 weeks after onset of paroxysms or coughing if not treated

Comments

Precautions required are in addition to **Routine Practices**

- Close contacts may need chemoprophylaxis
- Immunization information
- Reportable Disease

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Suspected/Known Disease or Microorganism

Pharyngitis – (Group A Streptococcus, *Corynebacterium diphtheriae*, many viruses)

Clinical Presentation

Sneezing, coughing, fever, headache, sore throat

Infectious Substances	**How it is Transmitted**
Respiratory secretions	Direct Contact, Indirect Contact and Large Droplets

Precautions Needed

If a pathogen is identified, follow organism specific instructions in this manual.

Acute Care	**Routine Practices** Adult	**Droplet & Contact Precautions** Pediatric
Long-Term Care	**Routine Practices** Adult	
Home & Community	**Routine Practices** Adult	**Droplet & Contact Precautions** Pediatric

Duration of Precautions

Until symptoms resolve or return to baseline

If Group A *Streptococcus*: until 24 hours of effective antimicrobial therapy completed

Incubation Period	**Period of Communicability**
Variable	Until acute symptoms resolve If Group A *Streptococcus*: until 24 hours of effective antimicrobial therapy

Comments

Precautions required are in addition to **Routine Practices**

Suspected/Known Disease or Microorganism

Pink Eye (Conjunctivitis) - Bacterial or Viral

Clinical Presentation

Inflammation of the conjunctiva, redness of the whites of the eyes, purulent or watery discharge.

Infectious Substances	**How it is Transmitted**
Eye discharge	Direct Contact, Indirect Contact

Precautions Needed

	Routine Practices	**Contact Precautions**
Acute Care	Adult bacterial, unless caused by ARO then refer to specific organism	Pediatric Adult viral
Long-Term Care	Bacterial	Viral
Home & Community	Adult bacterial	Pediatrics Adult viral

Duration of Precautions

Bacterial- Until 24 hours of effective antimicrobial therapy completed

Viral cause- Until symptoms are resolved or a non-viral cause is found

Incubation Period	**Period of Communicability**
Bacterial: 24-72 hours Viral: See Conjunctivitis-Viral for types	Bacterial: During active infection Viral: Up to 14 days

Comments

Precautions required are in addition to **Routine Practices**

- See Conjunctivitis – Bacterial
- See Conjunctivitis – Viral

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Suspected/Known Disease or Microorganism

Pinworm (Oxyuriasis, *Enterobius vermicularis*)

Clinical Presentation

Nocturnal perianal itching. Occasionally ulcer-like bowel lesions

Infectious Substances	**How it is Transmitted**
Ova in perianal region, contaminated fomites	Fecal-oral, Direct Contact, Indirect Contact

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
1-2 months	Until effective treatment

Comments

- There can be a secondary bacterial infection due to the irritation and scratching of the anal area.
- All household contacts and caretakers of the infected person should be treated at the same time.
- Careful handling of contaminated linens and undergarments

Suspected/Known Disease or Microorganism

Plague – Bubonic (*Yersinia pestis*)

Clinical Presentation

Lymphadenitis, fever, chills, headache, extreme fatigue and one or more swollen, tender and painful lymph nodes (called buboes)

Infectious Substances	**How it is Transmitted**
Bite of an infected flea	Fleaborne Contact with contaminated fluid or tissue e.g., touching or skinning infected animals

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
1-7 days	Not applicable

Comments

- Reportable Disease

Suspected/Known Disease or Microorganism

Plague – Pneumonic (*Yersinia pestis*)

Clinical Presentation

Pneumonia, cough, fever, hemoptysis

Infectious Substances	**How it is Transmitted**
Respiratory secretions	Droplet

Precautions Needed

Acute Care	**Droplet Precautions**
Long-Term Care	**Droplet Precautions**
Home & Community	**Droplet Precautions**

Duration of Precautions

Until 48 hours of effective antibiotic treatment

Incubation Period	**Period of Communicability**
1-4 days	Until 48 hours of effective antibiotic treatment

Comments

Precautions required are in addition to **Routine Practices**

- Reportable Disease
- Close contacts may require prophylaxis

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Suspected/Known Disease or Microorganism

Pleurodynia (Group B Coxsackieviruses)

Clinical Presentation

Fever, severe chest and abdominal/lower back pain, headache, malaise

Infectious Substances	**How it is Transmitted**
Feces and respiratory secretions	Direct Contact, Indirect Contact, Large Droplets

Precautions Needed

Acute Care	**Routine Practices** Adult	**Contact Precautions** Pediatric
Long-Term Care	**Routine Practices**	
Home & Community	**Routine Practices** Adult	**Contact Precautions** Pediatric

Duration of Precautions

Duration of illness

Incubation Period	**Period of Communicability**
3-5 days	Duration of illness

Comments

Precautions required are in addition to **Routine Practices**

Suspected/Known Disease or Microorganism

Pneumocystis jiroveci Pneumonia (PJP) – formerly known as *P. carinii* (PCP)

Clinical Presentation

Pneumonia in an immunocompromised host

Infectious Substances	**How it is Transmitted**
N/A	Unknown

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
Unknown	Unknown

Comments

- Ensure roommate is not immunocompromised

Suspected/Known Disease or Microorganism

Pneumonia, cause unknown (*Mycoplasma pneumoniae, Streptococcus pneumoniae, Haemophilius influenzae*, *Staphylococcus aureus*, Group A Streptococcus, Gram negative bacilli, *Chlamydia pneumoniae*, *Legionella*, Fungi)

Clinical Presentation: Fever, cough, chest pain, shortness of breath

Infectious Substances	**How it is Transmitted**
Respiratory secretions	Direct Contact, Indirect Contact, Droplet

Precautions Needed

If a pathogen is identified, follow organism specific instructions in this manual. Use appropriate precautions if viral respiratory infection not ruled out.

Acute Care	**Routine Practices** Adult	**Droplet & Contact Precautions** Pediatric Adult if Group A Strep, *Mycoplasma*
Long-Term Care	**Routine Practices** Adult	**Droplet & Contact Precautions** Pediatric Adult if Group A Strep, *Mycoplasma*
Home & Community	**Routine Practices** Adult	**Droplet & Contact Precautions** Pediatric Adult if Group A Strep, *Mycoplasma*

Duration of Precautions
Until infectious etiology ruled out or symptoms resolve. Refer to specific organism if pathogen identified
GAS: 24 hours after appropriate antimicrobial therapy

Incubation Period	**Period of Communicability**
Variable	Duration of Illness or until infectious etiology ruled out

Comments
Precautions required are in addition to **Routine Practices.**
- Use precautions if causative organism is an ARO
- Minimize exposure of immunocompromised patients, patients with chronic cardiac or lung disease

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Suspected/Known Disease or Microorganism

Poliomyelitis

Clinical Presentation

Flaccid paralysis, fever, aseptic meningitis

Infectious Substances	**How it is Transmitted**
Feces, respiratory secretions	Direct Contact (fecal-oral), Indirect Contact

Precautions Needed

Acute Care	**Contact Precautions**
Long-Term Care	**Contact Precautions**
Home & Community	**Contact Precautions**

Duration of Precautions

Until 6 weeks from start of illness or until feces PCR negative

Incubation Period	**Period of Communicability**
3-35 days	Throat: 1 week Feces: 3 – 6 weeks

Comments

Precautions required are in addition to **Routine Practices**

- Reportable Disease
- Close contacts who are not immune should receive immunoprophylaxis
- Immunization information

Suspected/Known Disease or Microorganism

Prion Disease – Creutzfeldt-Jakob Disease (CJD); classic and variant (vCJD)

Clinical Presentation: Subacute onset of confusion, progressive dementia, chronic encephalopathy

Infectious Substances	How it is Transmitted
Tissues of infected animals and humans. High Risk Tissue: Brain, dura mater, spinal cord, CSF, posterior eyes	Contaminated surgical instruments (classical). Tissue grafts from infected donors Ingestion of infected central nervous system tissue

Precautions Needed

Acute Care	**Routine Practices** Except special precautions are needed for surgery and autopsy in all suspect cases
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions
Not applicable

Incubation Period	Period of Communicability
Months to years	Highest level of infectivity during symptomatic illness

Comments
Special precautions for surgery and autopsy:

- Immediately consult IPAC if CJD is suspected. Special precautions are needed for neurosurgical procedures, autopsy and handling/autopsy of body after death. Refer to VCH IPAC Guidelines for Management of CJD and other Prion Diseases
- Reportable Disease

Suspected/Known Disease or Microorganism

Pseudomembranous colitis – (*Clostridium difficile*)

Clinical Presentation

Diarrhea, abdominal cramps

Infectious Substances	**How it is Transmitted (fecal–oral)**
Feces	Direct Contact, Indirect Contact

Precautions Needed

Acute Care	**Contact Plus Precautions**
Long-Term Care	**Contact Plus Precautions**
Home & Community	**Contact Precautions**

Duration of Precautions

Until symptoms have stopped for 72 hours

A negative *Clostridium difficile* test is NOT required to discontinue **Contact Plus Precautions**

Incubation Period	**Period of Communicability**
Variable	Until symptoms resolve

Comments

Precautions required are in addition to **Routine Practices**

- Use soap and water for hand washing, alcohol-based hand rubs are not as effective for spores
- Bacterial spores persist in the environment , careful discharge cleaning is required (UV if available)
- Only send specimens on **symptomatic individuals**, do not test children < 1 yr

Suspected/Known Disease or Microorganism

Pseudomonas aeruginosa (Metallo-Carbapenamase producing, see CPO)

Clinical Presentation

Asymptomatic or various infections of skin, soft tissue, pneumonia, bacteremia, urinary tract, etc.

Infectious Substances	**How it is Transmitted**
Colonized/infected body sites	Direct Contact, Indirect Contact

Precautions Needed

Acute Care	**Contact Precautions** Private room with dedicated bathroom or commode. Dedicate equipment whenever possible.	**Droplet & Contact Precautions** if productive cough **Airborne & Contact Precautions** if ventilated
Long-Term Care	**Routine Practices**	
Home & Community	**Routine Practices** Home care and low risk community settings	**Contact Precautions** High risk community settings

Duration of Precautions: As directed by Infection Prevention and Control

Incubation Period	**Period of Communicability**
Not applicable	Variable

Comments

Precautions required are in addition to **Routine Practices**

- **Refer to** ARO Acute Patient Placement Algorithm
- Reportable Disease
- **VCH lab results will clearly indicate "CPO" otherwise use routine practices for this organism**
- IPAC will direct ring screening as required. Complete admission screening per VCH protocol
- See VCH CPO resources on the IPAC website
- Refer to IPAC AGMP Best Practice Guideline

Suspected/Known Disease or Microorganism

Psittacosis (Ornithosis) – (*Chlamydia psittaci*)

Clinical Presentation

Pneumonia, fever

Infectious Substances	**How it is Transmitted**
Infected birds	Contact with infected birds No person-to-person transmission

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
7-14 days	No person-to-person transmission

Comments

- Reportable Disease
- Acquired by inhalation of desiccated droppings, secretions and dust of infected birds

Q

Q Fever (*Coxiella burnetii*)

Suspected/Known Disease or Microorganism

Q Fever (*Coxiella burnetii*)

Clinical Presentation

Pneumonia, fever

Infectious Substances	**How it is Transmitted**
Infected animals, raw milk	Acquired from contact with infected animals or from raw milk No person-to-person transmission

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
14-39 days	No person-to-person transmission

Comments

- Reportable Disease

R

Rabies
Rash, compatible with scabies – (Ectoparasite) *Sarcoptes scabiei*
Rash, maculopapular – Potential Rubeola virus (Measles)
Rash, petechial or purpuric – (Potential pathogen *Neisseria meningitidis*)
Rash, vesicular – (Potential pathogen Varicella Zoster Virus)
Rat-bite fever – (*Streptobacillus Moniliformis*, *Spirillum minus*)
Relapsing fever (*Borrelia* sp.)
Rhinovirus
Rickettsialpox (*Rickettsia akari*)
Ringworm (Tinea) – (*Trichophyton* sp., *Microsporum* sp., *Epidermophyton* sp.)
Ritter's Disease – Staphylococcal Scalded Skin Syndrome (SSSS)
Rocky Mountain Spotted Fever (*Rickettsia rickettsii*)
Roseola Infantum – Human Herpes Virus 6
Rotavirus
Roundworm – Ascariasis (*Ascaris* spp.)
RSV – Respiratory Syncytial Virus
Rubella (German Measles) – Acquired
Rubella – Congenital
Rubella (German measles) – Exposed Susceptible Contact
Rubeola – Measles
Rubeola – (Measles) Exposed Susceptible Contact

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Suspected/Known Disease or Microorganism

Rabies

Clinical Presentation: Acute encephalomyelitis. First symptoms similar to those of the flu: headache, fever, malaise. There may be discomfort, or a prickling/itching sensation at the site of the bite. As the disease progresses, delirium, abnormal behavior, hallucinations and insomnia may occur.

Infectious Substances	How it is Transmitted
Saliva	• Acquired from saliva or bite of infected animals • Rarely documented via other routes such as contamination of mucous membranes (eyes, nose and mouth) aerosol transmission and corneal and organ transplantations

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions: Not applicable

Incubation Period	Period of Communicability
Highly variable, usually 3-8 weeks, rarely as short as 9 days or as long as 7 years	Person-to-person transmission is theoretically possible but rare and not well documented. Good Routine Practice adherence will reduce transmission risk

Comments

- Reportable Disease
- Post-exposure prophylaxis is recommended for percutaneous or mucosal contamination with saliva of rabid animal
- Immunoglobulin information
- Immunization information

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Suspected/Known Disease or Microorganism

Rash, compatible with scabies – (Ectoparasite) *Sarcoptes scabiei*

Clinical Presentation

Intense itching especially at night, pimple like rash, scales or blisters. Track like burrows in the skin. In early stages can look like acne, mosquito bites.

Infectious Substances	**How it is Transmitted**
Mite	Direct Contact, Indirect Contact

Precautions Needed

If pathogen is identified, follow pathogen specific instructions in this manual.

Acute Care	**Contact Precautions**
Long-Term Care	**Contact Precautions**
Home & Community	**Contact Precautions**

Duration of Precautions

Until infectious cause ruled out, if confirmed see Scabies

Incubation Period	**Period of Communicability**
See Scabies	See Scabies

Comments

Precautions required are in addition to **Routine Practices**

- Refer to: VCH Rash Assessment Algorithm
- See Scabies
- Consult IPAC as needed

Suspected/Known Disease or Microorganism

Rash, maculopapular – Potential Rubeola virus (Measles)

Clinical Presentation
Fever, coryza, conjunctivitis, cough. Potential pathogen: measles (Rubeola virus)

Infectious Substances	**How it is Transmitted**
Respiratory secretions	Airborne

Precautions Needed

If pathogen is identified, follow pathogen specific instructions in this manual.

Acute Care	**Airborne Precautions**
Long-Term Care	**Airborne Precautions**
Home & Community	**Airborne Precautions**

Duration of Precautions
Until Measles ruled out: if confirmed see Measles

Incubation Period	**Period of Communicability**
See Measles	See Measles

Comments
Precautions required are in addition to **Routine Practices**

- See Measles
- Refer to: VCH Rash Assessment Algorithm
- Consult IPAC if measles suspected

Suspected/Known Disease or Microorganism

Rash, petechial or purpuric – (Potential pathogen *Neisseria meningitidis*)

Clinical Presentation: Rash (petechial/purpuric) with fever

Infectious Substances	**How it is Transmitted**
Respiratory secretions	Droplet, Direct Contact

Precautions Needed

If pathogen is identified, follow pathogen specific instructions in this manual.

Acute Care	**Droplet Precautions** If *N. meningitis* is suspected, otherwise Routine Practices
Long-Term Care	**Droplet Precautions** If *N. meningitis* is suspected, otherwise Routine Practices
Home & Community	**Droplet Precautions** If *N. meningitis* is suspected, otherwise Routine Practices

Duration of Precautions
Until *N. meningitidis* ruled out: otherwise, maintain until 24 hours of effective antimicrobial therapy completed, see Meningococcus

Incubation Period	**Period of Communicability**
see Meningococcus	see Meningococcus

Comments
Precautions required are in addition to **Routine Practices**

- Refer to: VCH Rash Assessment Algorithm
- See Meningococcus
- Consult IPAC as needed

Suspected/Known Disease or Microorganism

Rash, vesicular – (Potential pathogen Varicella Zoster Virus)

Clinical Presentation

Fever, rash

Infectious Substances	**How it is Transmitted**
Respiratory secretions, skin lesion drainage	Airborne, Direct Contact, Indirect Contact

Precautions Needed

If pathogen is identified, follow pathogen specific instructions in this manual.

Acute Care	**Airborne & Contact Precautions** Chicken pox, disseminated zoster, localized zoster in severely immunocompromised host, localized zoster that cannot be covered	**Contact Precautions** Localized zoster in immunocompetent host that can be covered
Long-Term Care	**Airborne & Contact Precautions** Chicken pox, disseminated zoster, localized zoster in severely immunocompromised host, localized zoster that cannot be covered	**Contact Precautions** Localized zoster in immunocompetent host that can be covered
Home & Community	**Airborne & Contact Precautions** Chicken pox, disseminated zoster, localized zoster in severely immunocompromised host, localized zoster that cannot be covered	**Contact Precautions** Localized zoster in immunocompetent host that can be covered

Duration of Precautions

If varicella infection is confirmed: until all lesions are dry and crusted, see Varicella

Incubation Period	**Period of Communicability**
See Varicella	See Varicella

Comments

Precautions required are in addition to Routine Practices

- Refer to: VCH Rash Assessment Algorithm
- See Varicella, select appropriate expression (chicken pox, localized or disseminated shingles)
- Consult IPAC as needed

Suspected/Known Disease or Microorganism

Rat-bite fever – (*Streptobacillus Moniliformis*, *Spirillum minus*)

Clinical Presentation

Fever, arthralgia. Additional symptoms can vary for the two types of rat-bite fever

Infectious Substances	**How it is Transmitted**
Saliva of infected rodents; contaminated milk	Bite from infected rodents, ingestion of contaminated milk. No person to person transmission

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions: Not applicable

Incubation Period	**Period of Communicability**
3-10 days for *S. moniliformis* 7-21 days for *S. minus*	No person to person transmission

Comments

- *S. moniliformis:* acquired from rats and other animals, contaminated milk
- *S minus:* acquired from rats, mice only

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Suspected/Known Disease or Microorganism

Relapsing fever (*Borrelia* sp.)

Clinical Presentation

Fever comes (2-7 days duration) and goes (4-14 days), transitory petechial rashes

Infectious Substances	**How it is Transmitted**
Bite of louse or tick	Insectborne: Acquired by bite of lice or ticks. No person to person transmission

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
2-18 days	No person-to-person transmission

Comments

Suspected/Known Disease or Microorganism

Rhinovirus

Clinical Presentation: Respiratory tract infection, common cold

Infectious Substances	**How it is Transmitted**
Respiratory secretions	Direct Contact, Indirect Contact, Droplet

Precautions Needed

Acute Care	**Routine Practices** Adult	**Droplet & Contact Precautions** Pediatric; Adult in high risk units* only	If AGMP indicated **Refer to** IPAC AGMP Best Practice Guideline
Long-Term Care	**Routine Practices** Adult		
Home & Community	**Routine Practices** Adult	**Droplet & Contact Precautions** Pediatric	

Duration of Precautions

Until symptoms resolve. For immunocompromised hosts, isolation precautions need to be maintained for a longer duration. Contact IPAC.

Contact IPAC **for discontinuation of precautions**

Incubation Period	**Period of Communicability**
2-3 days	Until acute symptoms resolve

Comments

Precautions required are in addition to **Routine Practices**

- Minimize exposure of highrisk patients. VCH Bed Placement for Viral Respiratory Illness (VRI)

* High risk units: Solid Organ Transplant (SOT), Bone Marrow Transplant (BMT), Intensive Care Unit (ICU), Burns, Trauma, High Acuity (BTHA) and Thoracic

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Suspected/Known Disease or Microorganism

Rickettsialpox (*Rickettsia akari*)

Clinical Presentation

Fever, rash

Infectious Substances	**How it is Transmitted**
Acquired by bite of mouse mite.	Miteborne No person to person transmission

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
9-14 days	No person to person transmission

Comments

- Reportable Disease

Suspected/Known Disease or Microorganism

Ringworm (Tinea) – (*Trichophyton* sp., *Microsporum* sp., *Epidermophyton* sp.)

Clinical Presentation

Erythema, scaling, lesions (skin, beard, scalp, groin, perineal region), athlete's foot, pityriasis versicolor

Infectious Substances	**How it is Transmitted**
Organism in skin or hair	Direct contact with animals, close person to person contact, shared combs, brushes, sheets

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
4-14 days	While lesion(s) are present

Comments

- While under treatment for *Trichophyton*, patient should be excluded from swimming pools and activities likely to lead to exposure of others
- Outbreaks are rare, use **Contact Precautions** if outbreak occurs

Suspected/Known Disease or Microorganism

Ritter's Disease – Staphylococcal Scalded Skin Syndrome (SSSS)

Clinical Presentation

Painful rash with thick white/brown flakes

Infectious Substances	**How it is Transmitted**
Skin exudates/drainage	Direct Contact, Indirect Contact

Precautions Needed

Acute Care	**Routine Practices** Minor drainage contained by dressing	**Contact Precautions** Major drainage not contained by dressing
Long-Term Care	**Routine Practices** Minor drainage contained by dressing	**Contact Precautions** Major drainage not contained by dressing
Home & Community	**Routine Practices** Minor drainage contained by dressing	**Contact Precautions** Major drainage not contained by dressing

Duration of Precautions

Until drainage resolved or contained by dressings

Incubation Period	**Period of Communicability**
Variable	While organism is present in drainage

Comments

Precautions required are in addition to **Routine Practices**

Suspected/Known Disease or Microorganism

Rocky Mountain Spotted Fever (*Rickettsia rickettsii*)

Clinical Presentation

Fever, petechial rash, encephalitis

Infectious Substances	**How it is Transmitted**
Acquired by bite of tick	Tick-borne

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
3-14 days	No person to person transmission

Comments

- Infection in humans is incidental and is acquired most frequently during blood feeding by the infected tick, rarely through transfusion

Suspected/Known Disease or Microorganism

Roseola Infantum – Human Herpes Virus 6

Clinical Presentation

Rash, fever

Infectious Substances	**How it is Transmitted**
Saliva	Direct Contact

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
10 days	Unknown

Comments

- Transmission requires close direct personal contact

Suspected/Known Disease or Microorganism

Rotavirus

Clinical Presentation

Acute fever, vomiting followed by watery diarrhea in 24 to 48 hours

Diarrhea may persist for up to 8 days

Infectious Substances	**How it is Transmitted (fecal-oral)**
Feces, contaminated objects (e.g. toys)	Direct Contact, Indirect Contact

Precautions Needed

Acute Care	**Contact Plus Precautions**
Long-Term Care	**Contact Plus Precautions**
Home & Community Care	**Contact Precautions**

Duration of Precautions

Until symptoms have stopped for 48 hours: contact IPAC before discontinuing precautions.

Incubation Period	**Period of Communicability**
1-3 days	Until symptoms resolve

Comments

Precautions required are in addition to **Routine Practices**

- Prolonged fecal shedding may occur in immunocompromised patients after diarrhea has ceased; **Contact Precautions** should be maintained until laboratory results are negative
- **Contact Precautions** for 14 days after immunization date for infants who receive the Rotavirus vaccine while admitted to hospital
- Reportable Disease

Suspected/Known Disease or Microorganism

Roundworm – Ascariasis (*Ascaris* spp.)

Clinical Presentation

Usually asymptomatic

Infectious Substances	**How it is Transmitted**
Contaminated soil or water	Ingestion of infective eggs/larvae

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Life cycle requires 4-8 weeks for completion.

Incubation Period	**Period of Communicability**
2-8 days	As long as mature, fertilized worms continue to live in the intestine, producing eggs. No person-to person transmission

Comments

- Transmission occurs by ingestion of infective eggs from contaminated soil
- Ova must hatch in soil to become infectious

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Suspected/Known Disease or Microorganism

RSV – Respiratory Syncytial Virus

Clinical Presentation
Respiratory tract infection

Infectious Substances	**How it is Transmitted**
Respiratory secretions	Direct Contact, Indirect Contact, Droplet

Precautions Needed

Acute Care	**Droplet & Contact Precautions**	If AGMP indicated **Refer to** IPAC AGMP Best Practice Guideline
Long-Term Care & Mental Health	**Droplet & Contact Precautions**	
Home & Community	**Droplet & Contact Precautions**	

Duration of Precautions
Acute Care, Long-Term Care and Mental Health - At least 7 days post symptom onset **AND** 24 hours after symptoms resolve. For immunocompromised hosts, isolation precautions need to be maintained for a longer duration.
Acute Care and Mental Health Contact IPAC **for discontinuation of isolation precautions**.

Incubation Period	**Period of Communicability**
2-8 days	Until acute symptoms resolve

Comments
Precautions required are in addition to **Routine Practices**
- Minimize exposure of highrisk patients. VCH Bed Placement for Viral Respiratory Illness (VRI)
- High risk units: solid organ transplant (SOT), bone marrow transplant (BMT), burns, trauma, high acuity (BTHA), and Thoracic

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Suspected/Known Disease or Microorganism

Rubella (German Measles) – Acquired

Clinical Presentation

Fever and maculopapular rash

Infectious Substances	**How it is Transmitted**
Respiratory secretions	Direct Contact, Droplet

Precautions Needed

Acute Care	**Droplet Precautions**
Long-Term Care	**Droplet Precautions**
Home & Community	**Droplet Precautions**

Duration of Precautions: Until 7 days after onset of rash

Incubation Period	**Period of Communicability**
14-21 days	One week before and after onset of rash

Comments

Precautions required are in addition to **Routine Practices**

- Defer non-urgent admission if rubella is present. May admit after rash has resolved
- If possible, only immune HCWs, caretakers and visitors should enter the room
- Reportable Disease
- **Droplet Precautions** should be maintained for exposed susceptible contacts for 7 days after first contact through to 21 days after last contact
- Administer vaccine to exposed susceptible non-pregnant persons within 3 days of exposure

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Suspected/Known Disease or Microorganism

Rubella – Congenital

Clinical Presentation

Congenital rubella syndrome

Infectious Substances	**How it is Transmitted**
Respiratory secretions, urine	Direct Contact, Indirect Contact, Droplet

Precautions Needed

Acute Care	**Droplet & Contact Precautions**
Long-Term Care	**Not applicable**
Home & Community	**Droplet & Contact Precautions**

Duration of Precautions

Until 1 year of age unless nasopharyngeal and urine cultures done after 3 months of age are negative

Incubation Period	**Period of Communicability**
14-21 days	Prolonged shedding in respiratory tract and urine can be up to one year

Comments

Precautions required are in addition to **Routine Practices**

- Defer non-urgent admission if rubella is present. May admit after rash has resolved
- If possible, only immune HCWs, caretakers and visitors should enter the room
- Reportable Disease
- **Droplet Precautions** should be maintained for exposed susceptible contacts for 7 days after first contact through to 21 days after last contact
- Administer vaccine to exposed susceptible non-pregnant persons within 3 days of exposure

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Suspected/Known Disease or Microorganism

Rubella (German measles) – Exposed Susceptible Contact

Clinical Presentation

Asymptomatic

Infectious Substances	**How it is Transmitted**
Respiratory secretions	Direct Contact , Droplet

Precautions Needed

Acute Care	**Droplet Precautions**
Long-Term Care	**Droplet Precautions**
Home & Community	**Droplet Precautions**

Duration of Precautions

Droplet Precautions should be maintained for exposed susceptible patients for 7 days after first contact through to 21 days after last contact.

Incubation Period	**Period of Communicability**
14-21 days	One week before to 7 days after onset of rash

Comments

Precautions required are in addition to **Routine Practices**

- Defer non-urgent admission if rubella is present. May admit after rash has resolved
- If possible, only immune HCWs, caretakers and visitors should enter the room
- Administer vaccine to exposed susceptible non-pregnant persons within 3 days of exposure

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Suspected/Known Disease or Microorganism

Rubeola – Measles

Clinical Presentation

Fever, cough, coryza, conjunctivitis (3Cs), maculopapular skin rash, Koplik spots inside mouth, especially the cheeks

Infectious Substances: Respiratory secretions	**How it is Transmitted:** Airborne

Precautions Needed

Acute Care	**Airborne Precautions**
Long-Term Care	**Airborne Precautions**
Home & Community Care	**Airborne Precautions**

Duration of Precautions: 4 days after start of rash in immunocompetent patients or until all symptoms are gone in immunocompromised patients

Incubation Period	**Period of Communicability**
7-18 days to onset of fever, rarely as long as 21 days	5 days before onset of rash (1 – 2 days before symptom onset) until 4 days after onset of rash

Comments

Precautions required are in addition to **Routine Practices**

- Reportable Disease
- Individuals with known immunity are not required to wear the N95 respirator when entering the room:
  - serological proof of immunity, or documentation of 2 appropriately timed doses of vaccine, or received a minimum dose of Immunoglobulin (0.25/kg) within 5 months of exposure
- Susceptible HCWs should not enter the room if immune staff are available. If they must enter the room, an N95 respirator **must be** worn. Other non-immune persons should not enter except in urgent or compassionate circumstances. If immunity is unknown, assume person is non-immune Immunoprophylaxis is indicated for susceptible contacts
- Precautions should be taken with neonates born to mother with measles infection at delivery
- On discharge or transfer, keep room on Airborne precautions per Air Clearance/Settle time
- **If other patients exposed,** notify IPAC and refer to exposure follow-up instruction in this manual

Suspected/Known Disease or Microorganism

Rubeola – (Measles) Exposed Susceptible Contact

Clinical Presentation

May be asymptomatic

Infectious Substances	**How it is Transmitted**
Respiratory secretions	Airborne

Precautions Needed

Acute Care	**Airborne Precautions**
Long-Term Care	**Airborne Precautions**
Home & Community Care	**Airborne Precautions**

Duration of Precautions: 5 days after first exposure until 21 days after last exposure

Incubation Period	**Period of Communicability**
7-18 days	Potentially communicable during last 2 days of incubation period

Comments

Precautions required are in addition to **Routine Practices**

- Defer non-urgent admission if a susceptible person is incubating the disease
- Individuals with known immunity (serological proof of immunity; immunization with 2 appropriately timed doses of measles-containing vaccine) are not required to wear the N95 respirator.
- Susceptible HCWs should not enter the room if immune staff are available. If they must enter the room, an N95 respirator **must be** worn. Other non-immune persons should not enter except in urgent or compassionate circumstances. If immunity is unknown, assume person is non-immune
- Place newborns of mothers with measles on precautions at delivery
- If immunoglobulin indicated, administer within 6 days
- Consult IPAC **if measles exposure occurred in a healthcare setting**

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S

Salmonella (_Salmonella_ spp.) – including _Salmonella_ Typhi (Typhoid Fever)
SARS CoV – (Severe Acute Respiratory Syndrome Coronavirus)
Scabies (_Sarcoptes scabiei_)
Scarlet Fever – _Streptococcus pyogenes_ (Group A Streptococcus)
Schistosomiasis (_Schistosoma_ sp.)
Septic Arthritis – (Group A Streptococcus, _Staphylococcus aureus_, _Neisseria gonorrhoeae, Haemophilus influenza,_ many other bacteria)
Shigella (_Shigella_ sp.)
Shingles: (Herpes Zoster) Varicella Zoster Virus – Disseminated
Shingles: (Herpes Zoster) Varicella Zoster Virus – Exposed Susceptible Contact**
Shingles: (Herpes Zoster) Varicella Zoster Virus – Localized
Skin Infection – (_Staphylococcus aureus_, Group A Streptococcus, many other bacteria)
Smallpox (Variola Virus)
Sporotrichosis (_Sporothrix schenckii_)
Staphylococcal Scalded Skin Syndrome (SSSS, Ritter's Disease)
Staphylococcus aureus, Methicillin-resistant (MRSA)
Staphylococcus aureus – Food poisoning (Toxin Mediated)
Staphylococcus aureus, Methicillin-sensitive – Pneumonia
Staphylococcus aureus, Methicillin-sensitive – Skin infection (MSSA)
Staphylococcus aureus – Toxic Shock Syndrome
Stenotrophomonas maltophilia
Streptobacillus moniliformis, _Spirillum minus_ - Rat-bite Fever
Streptococcus agalactiae (Group B Streptoccoccus)
Streptococcus pyogenes (Group A Streptoccoccus) – Skin Infection
Streptococcus pyogenes (Group A Streptoccoccus) – Invasive
Streptococcus pyogenes (Group A Streptoccoccus) – Scarlet Fever, pharyngitis
Streptococcus pneumoniae (Pneumococcus)
Strongyloidiasis (_Strongyloides stercoralis_)
Syphilis (_Treponema pallidum_)

Suspected/Known Disease or Microorganism

Salmonella (*Salmonella* spp.) – including *Salmonella* Typhi (Typhoid Fever)

Clinical Presentation

Diarrhea, enteric fever, typhoid fever, food poisoning

Infectious Substances	**How it is Transmitted (fecal-oral)**
Feces	Direct Contact, Indirect Contact, Foodborne

Precautions Needed

Acute Care	**Routine Practices** Adult	**Contact Precautions** Pediatric Adult if: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
Long-Term Care	**Routine Practices**	**Contact Precautions** For adults as described above
Home & Community	**Routine Practices** Adult	**Contact Precautions** Pediatric

Duration of Precautions

Until symptoms have stopped for 48 hours OR for adults, until patient is continent and has good hygiene

Incubation Period	**Period of Communicability**
6-72 hours for diarrhea; 3-60 days for enteric fever	Variable

Comments

Precautions required are in addition to **Routine Practices**

- Reportable Disease

Suspected/Known Disease or Microorganism

SARS CoV – (Severe Acute Respiratory Syndrome Coronavirus)

Clinical Presentation

Malaise, myalgia, headache, fever, respiratory symptoms (cough, increasing shortness of breath), pneumonia, acute respiratory distress syndrome

Infectious Substances	**How it is Transmitted**
Respiratory secretions and exhaled droplets and particles, stool	Direct Contact, Indirect Contact, Droplet

Precautions Needed

Contact and Droplet Precautions

Acute Care	**Airborne & Contact Precautions** **Droplet Precautions** Add Droplet, eye protection indicated for all encounters	
Long-Term Care	**Droplet & Contact Precautions**	If AGMP indicated **Refer to** IPAC AGMP Best Practice Guideline
Home & Community	**Droplet & Contact Precautions**	If AGMP indicated **Refer to** IPAC AGMP Best Practice Guideline

Duration of Precautions: 10 days following resolution of fever if respiratory symptoms have also resolved.

Incubation Period	**Period of Communicability**
3-10 days	Undetermined, suggested to be less than 21 days

Comments

Precautions required are in addition to **Routine Practices**

- Reportable Disease **Physicians report to Medical Health Officer at suspect stage**
- Notify IPAC**, contact Medical Microbiologist on call**

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Suspected/Known Disease or Microorganism

Scabies (*Sarcoptes scabiei*)

Clinical Presentation

Lesions in skin fold, severe itching, dermatitis, scaling

Infectious Substances	**How it is Transmitted**
Mite	Direct Contact, Indirect Contact

Precautions Needed

Acute Care	**Contact Precautions**
Long-Term Care	**Contact Precautions**
Home & Community	**Contact Precautions**

Duration of Precautions

Until 24 hours after initiation of effective treatment

Incubation Period	**Period of Communicability**
Initial infestation: 2-6 weeks Re-infection: 1-4 days after re-exposure	Until mites and eggs are destroyed by treatment, usually after 1 or 2 courses of treatment, a week apart

Comments

Precautions required are in addition to **Routine Practices**

- Apply scabicide as directed on label
- Wash clothes and bedding in hot water, dry clean or seal in a plastic bag and store for 1 week
- Household and sexual contacts should be treated
- Scabies Fact Sheet

Suspected/Known Disease or Microorganism

Scarlet Fever – *Streptococcus pyogenes* (Group A Streptococcus)

Clinical Presentation

Red rash with a sandpaper-like feel, with strawberry tongue which evolves to red colour

Infectious Substances	**Infectious Substances**
Respiratory secretions	Droplet

Precautions Needed

Acute Care	**Routine Practices** Adult	**Droplet & Contact Precautions** Pediatric
Long-Term Care	**Routine Practices**	
Home & Community	**Routine Practices** Adult	**Droplet & Contact Precautions** Pediatric

Duration of Precautions

Until 24 hours of effective antimicrobial therapy completed

Incubation Period	**Incubation Period**
2-5 days	While organism in respiratory secretions, 10-21 days if not treated

Comments

Precautions required are in addition to **Routine Practices**

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Suspected/Known Disease or Microorganism

Schistosomiasis (*Schistosoma* sp.)

Clinical Presentation

Diarrhea, fever, itchy rash, hepatosplenomegaly, hematuria

Infectious Substances	**How it is Transmitted**
Acquired by contact with larvae in contaminated water	Waterborne No person to person transmission

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
Unknown	No person to person transmission

Comments

Suspected/Known Disease or Microorganism

Septic Arthritis – (Group A Streptococcus, *Staphylococcus aureus*, *Neisseria gonorrhoeae, Haemophilus influenza,* many other bacteria)

Clinical Presentation

Voluntary lack of movement of the limb with the infected joint secondary to pain (pseudoparalysis), intense joint pain, joint swelling, joint redness, low fever

Infectious Substances	**How it is Transmitted**
Respiratory secretions if HIB	Direct Contact, Droplet if HIB

Precautions Needed

Acute Care	**Routine Practices**	**Droplet Precautions** Pediatric if HiB otherwise Routine Practices
Long-Term Care	**Routine Practices**	
Home & Community Care	**Routine Practices**	**Droplet Precautions** Pediatric if HiB otherwise Routine Practices

Duration of Precautions

Until 24 hours of effective antimicrobial therapy or until HiB ruled out

Incubation Period	**Period of Communicability**
Variable	See *Haemophilus influenza* type B

Comments

Precautions required are in addition to **Routine Practices**

- See *Haemophilus influenza* type B

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Suspected/Known Disease or Microorganism

Shigella (*Shigella* sp.)

Clinical Presentation

Diarrhea,

Infectious Substances	**How it is Transmitted (fecal-oral)**
Feces	Direct Contact, Indirect Contact

Precautions Needed

Acute Care	**Routine Practices** Adult	**Contact Precautions** Pediatric Adult if: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
Long-Term Care	**Routine Practices**	**Contact Precautions** For adults as described above
Home & Community	**Routine Practices** Adult	**Contact Precautions** Pediatric

Duration of Precautions

Until symptoms have stopped for 48 hours OR for adults, until patient is continent and has good hygiene

Incubation Period	**Period of Communicability**
1-3 days	• Usually 4 weeks unless treated • Treatment with effective antibiotic shortens period of infectivity

Comments

Precautions required are in addition to **Routine Practices**

- Reportable Disease

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Suspected/Known Disease or Microorganism

Shingles: (Herpes Zoster) Varicella Zoster Virus – Disseminated

Clinical Presentation

Vesicular lesions that involve multiple areas (>2 dermatomes, 2 or more non-adjacent or bilateral dermatomes) with possible visceral complications, refer to Dermatome Chart.

VCH Rash Assessment Algorithm

Infectious Substances	**How it is Transmitted**
Vesicular fluid, respiratory secretions	Direct Contact, Indirect Contact, Airborne

Precautions Needed

Acute Care	**Airborne & Contact Precautions**
Long-Term Care	**Airborne & Contact Precautions**
Home & Community	**Airborne & Contact Precautions**

Duration of Precautions: Until all lesions have crusted and dried

Incubation Period: Not applicable	**Period of Communicability:** Until lesions are crusted and dried

Comments

Precautions required are in addition to **Routine Practices**

- Defer non-urgent admissions if chicken pox or disseminated zoster is present
- Confirmed or suspect VZV expression in the absence of lesions (e.g., Ramsay-hunt, meningitis) refer to VZV- no visible lesions
- Individuals with known immunity (history of past illness or vaccination with 2 appropriately timed doses of varicella vaccine) are not required to wear the N95 respirator when entering the room
- Susceptible HCWs should not enter the room if immune staff are available. If they must enter the room, an N95 respirator must be worn. Other non-immune persons should not enter except in urgent or compassionate circumstances. If immunity is unknown, assume person is non-immune
- On discharge or transfer, keep room on Airborne precautions per Air Clearance/Settle time.
- **If other patients exposed,** notify IPAC and refer to exposure follow-up instruction in this manual
- Shingles immunization information

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Suspected/Known Disease or Microorganism

Shingles: (Herpes Zoster) Varicella Zoster Virus – Exposed** Susceptible Contact

****Exposure to disseminated or uncovered shingles, notify IPAC**

Clinical Presentation: Asymptomatic - if simply exposed. May develop fluid-filled vesicles

Infectious Substances	**How it is Transmitted**
If lesions develop, lesion drainage, respiratory secretions and exhaled droplets and particles	Direct Contact, Indirect Contact, Airborne

Precautions Needed

Acute Care	**Airborne Precautions** 8 days after first contact and until 21 days after last contact with case (extend to 28 days if given VZIG)	**Airborne & Contact Precautions** If lesions develop see Chickenpox known case
Long-Term Care	**Airborne Precautions** 8 days after first contact and until 21 days after last contact with case (extend to 28 days if given VZIG)	**Airborne & Contact Precautions** If lesions develop see Chickenpox known case
Home & Community	**Airborne Precautions** 8 days after first contact and until 21 days after last contact with case (extend to 28 days if given VZIG)	**Airborne & Contact Precautions** If lesions develop see Chickenpox known case

Duration of Precautions
From 8 days after first contact until 21 days after last contact (or 28 days if patient received VZIG)

Incubation Period	**Period of Communicability**
10 – 21 days	Until all skin lesions have crusted and dried (if infected)

Comments

Precautions required are in addition to **Routine Practices**

- If VZIG indicated, administer within 96 hours (can be administered up to 10 day post exposure)
- Individuals with known immunity (history of past illness or vaccination with 2 appropriately timed doses of varicella vaccine) are not required to wear the N95 respirator when entering the room
- Consult IPAC **if VZV exposure occurred in a healthcare setting**
- An exposed susceptible person will develop chicken pox (varicella), not shingles (herpes zoster).

Suspected/Known Disease or Microorganism

Shingles: (Herpes Zoster) Varicella Zoster Virus – Localized

Clinical Presentation
Vesicular lesions in a dermatomal distribution, refer to Dermatome Chart. ***Localized refers to 1 dermatome or 2 adjacent dermatomes.*** VCH Rash Assessment Algorithm

Infectious Substances	**How it is Transmitted**
Vesicular fluid, possibly respiratory secretions	Direct Contact, Indirect Contact, Airborne

Precautions Needed

Acute Care	**Contact Precautions** Localized rash that **can be covered** in a normal host (not severely immunocompromised)	**Airborne & Contact Precautions** • Localized rash in severely immunocompromised host • Localized rash in normal host that **cannot be covered** (e.g., on face)
Long-Term Care	**Contact Precautions** As above, same in all health care settings	**Airborne & Contact Precautions** As above, same in all health care settings
Home & Community	**Contact Precautions** As above, same in all health care settings	**Airborne & Contact Precautions** As above, same in all health care settings

Duration of Precautions: Contact IPAC for discontinuation of precautions.
- Until lesions are dried and crusted
- Localized & covered rash in severely immunocompromised host: Until 24 hours of effective antiviral therapy completed AND no new lesions, then drop down to **Contact Precautions** until lesions dried and crusted. If untreated, maintain **Airborne and Contact** until all lesions are dried and crusted

Incubation Period: Not applicable	**Period of Communicability:** Until lesions have dried and crusted

Comments
Precautions required are in addition to **Routine Practices**
- Confirmed or suspect VZV expression in the absence of lesions (e.g., Ramsay-hunt, meningitis) refer to VZV- no visible lesions
- Individuals with known immunity (history of past illness or vaccination with 2 appropriately timed doses of varicella vaccine) are not required to wear the N95 respirator when entering the room
- Susceptible HCWs should not enter the room if immune staff are available. If they must enter the room, an N95 respirator must be worn. Other non-immune persons should not enter except in urgent or compassionate circumstances. If immunity is unknown, assume person is non-immune
- On discharge or transfer, keep room on **Airborne Precautions** per Air Clearance/Settle time**.**
- **If other patients exposed,** notify IPAC and refer to exposure follow-up instruction in this manual
- Shingles immunization information

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Suspected/Known Disease or Microorganism

Skin Infection – (*Staphylococcus aureus*, Group A Streptococcus, many other bacteria)

Clinical Presentation

Wound with red skin, drainage, pain around wound site

Infectious Substances	**How it is Transmitted**
Drainage/pus	Direct Contact, Indirect Contact

Precautions Needed

Acute Care	**Routine Practices** Minor drainage contained by dressing	**Contact Precautions** Major drainage not contained by dressing	**Droplet & Contact Precautions** For first 24 hours antimicrobial therapy if invasive group A strep suspected
Long-Term Care	**Routine Practices** Minor drainage contained by dressing	**Contact Precautions** Major drainage not contained by dressing	
Home & Community	**Routine Practices** Minor drainage contained by dressing	**Contact Precautions** Major drainage not contained by dressing	

Duration of Precautions

Duration of Drainage

Incubation Period	**Period of Communicability**
Variable	Variable

Comments

Precautions required are in addition to **Routine Practices**

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Suspected/Known Disease or Microorganism

Smallpox (Variola Virus)

Clinical Presentation

Fever, vesicular/pustular lesions in appropriate epidemiologic context

Infectious Substances	**How it is Transmitted**
Skin lesion exudate, oropharyngeal secretions	Direct Contact, Indirect Contact, Airborne

Precautions Needed

Acute Care	**Airborne & Contact Precautions**
Long-Term Care	**Airborne & Contact Precautions**
Home & Community	**Airborne & Contact Precautions**

Duration of Precautions

3-4 weeks after onset of rash when all scabs have crusted and separated

Incubation Period	**Period of Communicability**
7-10 days	From onset of mucosal lesions, until all skin lesions have crusted

Comments

Precautions required are in addition to **Routine Practices**

- Reportable Disease **May be bioterrorism related, physician report to Medial Health Officer at suspect stage**
- Immunization of HCW stopped in1977. Care preferably should be provided by immune HCWs; non-vaccinated HCWs should not provide care if immune HCWs are available. **N95 Respirator for all regardless of vaccination status**

Suspected/Known Disease or Microorganism

Sporotrichosis (*Sporothrix schenckii*)

Clinical Presentation

Skin lesions, disseminated

Infectious Substances	**How it is Transmitted**
Contaminated soil, vegetation	Acquired from spores in soil or vegetation

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
Variable	Rare person-to-person transmission

Comments

Suspected/Known Disease or Microorganism

Staphylococcal Scalded Skin Syndrome (SSSS, Ritter's Disease)

Clinical Presentation

Painful, rash with thick white/brown flakes

Infectious Substances	**How it is Transmitted**
Skin exudates/drainage	Direct Contact and Indirect Contact

Precautions Needed

Acute Care	**Routine Practices** Minor drainage contained by dressing	**Contact Precautions** Major drainage not contained by dressing
Long-Term Care	**Routine Practices** Minor drainage contained by dressing	**Contact Precautions** Major drainage not contained by dressing
Home & Community	**Routine Practices** Minor drainage contained by dressing	**Contact Precautions** Major drainage not contained by dressing

Duration of Precautions

Until drainage resolved or contained by dressings

Incubation Period	**Period of Communicability**
	While organism is present in drainage

Comments

Precautions required are in addition to **Routine Practices**

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Suspected/Known Disease or Microorganism

Staphylococcus aureus, Methicillin-resistant (MRSA)

Clinical Presentation
Asymptomatic or various infections of skin, abscess, impetigo, soft tissue, pneumonia, bacteremia, urinary tract, etc.

Infectious Substances	**How it is Transmitted**
Surface skin, infected or colonized secretions, excretions	Direct Contact, Indirect Contact

Precautions Needed

Acute Care	**Contact Precautions**	**Droplet & Contact Precautions** if MRSA found in sputum or tracheostomy and active respiratory infection
Long-Term Care	**Routine Practices** Use **Droplet & Contact Precautions** as for acute care in all settings	
Home & Community Care	**Routine Practices** Home care and low risk community settings. Use **Droplet & Contact Precautions** as for acute care in all settings	**Contact Precautions** High risk community settings

Duration of Precautions
For duration of admission or visit. Contact IPAC prior to stopping droplet precautions (respiratory infection acute care)

Incubation Period	**Period of Communicability**
Variable	Variable

Comments
Precautions required are in addition to **Routine Practices**

- **Refer to** ARO Acute Patient Placement Algorithm. **Contact screening as directed by IPAC**

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Suspected/Known Disease or Microorganism

Staphylococcus aureus – Food poisoning (Toxin Mediated)

Clinical Presentation: Nausea, vomiting, diarrhea, abdominal cramps/pain

Infectious Substances	**How it is Transmitted (fecal-oral)**
Feces	Foodborne, Direct Contact, Indirect Contact

Precautions Needed

Acute Care	**Routine Practices** Adult	**Contact Precautions** Pediatric Adult if: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
Long-Term Care	**Routine Practices**	**Contact Precautions** For adults as described above
Home & Community	**Routine Practices** Adult	**Contact Precautions** Pediatric

Duration of Precautions

Until symptoms have stopped for 48 hours OR (for adults) until patient is continent and has good hygiene

Incubation Period	**Period of Communicability**
Not applicable	Not applicable

Comments

Precautions required are in addition to **Routine Practices**

Suspected/Known Disease or Microorganism

Staphylococcus aureus, Methicillin-sensitive – Pneumonia (MSSA)

Clinical Presentation

Pneumonia

Infectious Substances	**How it is Transmitted**
Possibly respiratory secretions	Not applicable

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
Variable	Variable

Comments

Suspected/Known Disease or Microorganism

Staphylococcus aureus, Methicillin-sensitive – Skin infection (MSSA)

Clinical Presentation

Wound or burn infections, skin infection, furuncles, impetigo, scalded skin syndrome

Infectious Substances	**How it is Transmitted**
Skin exudates and drainage	Direct Contact, Indirect Contact

Precautions Needed

Acute Care	**Routine Practices** Minor drainage contained by dressing	**Contact Precautions** Major drainage not contained by dressing
Long-Term Care	**Routine Practices** Minor drainage contained by dressing	**Contact Precautions** Major drainage not contained by dressing
Home & Community	**Routine Practices** Minor drainage contained by dressing	**Contact Precautions** Major drainage not contained by dressing

Duration of Precautions

Until drainage has stopped or is able to be contained by dressings

Incubation Period	**Period of Communicability**
Variable	While organism present in drainage

Comments

Precautions required are in addition to **Routine Practices**

Suspected/Known Disease or Microorganism

Staphylococcus aureus – Toxic Shock Syndrome

Clinical Presentation

High fever, diffuse macular rash, hypotension, multisystem organ involvement

Infectious Substances	**How it is Transmitted**
Skin exudates and drainage if wounds or skin lesions present	Direct Contact, Indirect Contact

Precautions Needed

Acute Care	**Routine Practices**	**Contact Precautions** If wound or skin lesions present and not contained by dressing
Long-Term Care	**Routine Practices**	**Contact Precautions** If wound or skin lesions present and not contained by dressing
Home & Community	**Routine Practices**	**Contact Precautions** If wound or skin lesions present and not contained by dressing

Duration of Precautions

Until lesions are contained

Incubation Period	**Period of Communicability**
Variable	Variable

Comments

Precautions required are in addition to **Routine Practices**

Suspected/Known Disease or Microorganism

Stenotrophomonas maltophilia

Clinical Presentation

Infection or colonization of respiratory secretions/sputum

Infectious Substances	**How it is Transmitted**
Respiratory secretions	Direct Contact, Indirect Contact

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
Unknown	Not applicable

Comments

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Suspected/Known Disease or Microorganism

Streptobacillus moniliformis, *Spirillum minus* - Rat-bite Fever

Clinical Presentation

Fever, arthralgia. Additional symptoms can vary for the two types of rat-bite fever

Infectious Substances	**How it is Transmitted**
Saliva of infected rodents; contaminated milk	Bite from infected rodents, Ingestion of contaminated milk. No person-to-person transmission

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions: Not applicable

Incubation Period	**Period of Communicability**
3-10 days for *S. moniliformis* 7-21 days for *S. minus*	No person-to-person transmission

Comments

- *S. moniliformis:* acquired from rats and other animals, contaminated milk
- *S minus:* acquired from rats and mice only

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Suspected/Known Disease or Microorganism

Streptococcus agalactiae (Group B Streptoccoccus)

Clinical Presentation

Newborn sepsis, pneumonia, meningitis

Infectious Substances	**How it is Transmitted**
Normal flora	Mother to infant at birth

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
Early onset: < 7days Late onset: 7 days to 3 months of age	Variable

Comments

- Normal flora
- **Neonatal Group B *Streptococcus* is a** Reportable Disease

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Suspected/Known Disease or Microorganism

Streptococcus pyogenes (Group A Streptoccoccus) – Skin Infection

Clinical Presentation

Wound or burn infection, skin infection, impetigo, cellulitis.

Infectious Substances	**Infectious Substances**
Infected body fluids	Direct Contact, Indirect Contact

Precautions Needed

Acute Care	**Routine Practices** Minor drainage contained by dressing	**Contact Precautions** • Major drainage not contained by dressing • Pediatrics
Long-Term Care	**Routine Practices** Minor drainage contained by dressing	**Contact Precautions** Major drainage not contained by dressing
Home & Community	**Routine Practices** Minor drainage contained by dressing	**Contact Precautions** • Major drainage not contained by dressing • Pediatrics

Duration of Precautions

Until 24 hours after effective antimicrobial therapy

Incubation Period	**Period of communicability**
1 – 3 days	Until 24 hours of effective antimicrobial therapy completed

Comments

Precautions required are in addition to **Routine Practices**

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Suspected/Known Disease or Microorganism

Streptococcus pyogenes (Group A Streptoccoccus) – Invasive

Clinical Presentation

Pneumonia, epiglottitis; meningitis; bacteremia, septic arthritis, necrotizing fasciitis, myonecrosis/myositis, toxic shock

Infectious Substances	**How it is Transmitted**
Respiratory secretions and wound drainage	Direct Contact, Indirect Contact, Droplet

Precautions Needed

Acute Care	**Droplet & Contact Precautions**
Long-Term Care	**Droplet & Contact Precautions**
Home & Community	**Droplet & Contact Precautions**

Duration of Precautions

Until 24 hours of effective antimicrobial therapy completed

Incubation Period	**Period of Communicability**
Typically 1-3 days	10-21 days in untreated, uncomplicated cases

Comments

Precautions required are in addition to **Routine Practices**

- Exposed contacts of invasive disease may require prophylaxis.
- Reportable Disease

Suspected/Known Disease or Microorganism

Streptococcus pyogenes (Group A Streptoccoccus) – Scarlet Fever, pharyngitis

Clinical Presentation

Scarlet Fever, pharyngitis, strep throat

Infectious Substances	**Infectious Substances**
Respiratory secretions	Large droplets

Precautions Needed

Acute Care	**Routine Practices** Adult	**Droplet & Contact Precautions** Pediatric
Long-Term Care	**Routine Practices**	
Home & Community	**Routine Practices** Adult	**Droplet & Contact Precautions** Pediatric

Duration of Precautions

Until 24 hours of effective antimicrobial therapy completed

Incubation Period	**Period of Communicability**
2-5 days	While organism in respiratory secretions, 10-21 days if not treated

Comments

Precautions required are in addition to **Routine Practices**

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Suspected/Known Disease or Microorganism

Streptococcus pneumoniae (Pneumococcus)

Clinical Presentation

Meningitis, bacteremia, pneumonia, epiglottitis

Infectious Substances	**How it is Transmitted**
Normal flora	Not applicable

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
Variable	Not applicable

Comments

- **Invasive *Streptococcus pneumoniae* infection is a** Reportable Disease
- Immunization information

Suspected/Known Disease or Microorganism

Strongyloidiasis (*Strongyloides stercoralis*)

Clinical Presentation

Usually asymptomatic

Infectious Substances	**How it is Transmitted**
Larvae in feces	Penetration of skin by larvae

Precautions Needed

Acute Care	**Routine Practices**	**Contact Precautions** Hyperinfected syndrome and disseminated strongyloidiasis
Long-Term Care	**Routine Practices**	
Home & Community	**Routine Practices**	

Duration of Precautions

Contact Precautions for 48 hours after therapy initiated for hyperinfected syndrome and disseminated strongyloidasis

Incubation Period	**Period of Communicability**
Unknown	Rarely transmitted person to person

Comments

- May cause disseminated disease in immunocompromised patient

Suspected/Known Disease or Microorganism

Syphilis (*Treponema pallidum*)

Clinical Presentation

Painless genital, skin or mucosal ulcers, condylomata lata, rash, disseminated disease, neurological or cardiac disease, latent infection

Infectious Substances	**How it is Transmitted**
Contact with chancre or condyloma; sexual contact	Vertical (mother to newborn or fetus), Sexual Contact, Direct Contact with lesions

Precautions Needed

Acute Care	**Routine Practices** gloves for direct contact with skin lesions	**Contact Precautions** Infants with congenital syphilis
Long-Term Care	**Routine Practices** gloves for direct contact with skin lesions	
Home & Community	**Routine Practices** gloves for direct contact with skin lesions	**Contact Precautions** Infants with congenital syphilis

Duration of Precautions

Not applicable

Infants with congenital syphilis should be on **Contact Precautions** until 24 hours of effective therapy

Incubation Period	**Period of Communicability**
10-90 days, usually 3 weeks	Communicability exists when moist mucocutaneous lesions of primary and secondary syphilis are present (generally after one year of infection)

Comments

Precautions required are in addition to **Routine Practices**

- Reportable Disease

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T

Tapeworm (*Taenia saginata*, *Taenia solium*, *Diphyllobothrium latum*, *Hymenolepsis nana*)
Tetanus (*Clostridium tetani*)
Tinea (Ringworm) – (*Trichophyton* sp., *Microsporum* sp., *Epidermophyton* sp.)
Toxic Shock Syndrome – (*Streptococcus pyogenes* [Group A] - GAS, *Staphylococcus aureus*)
Toxocariasis (*Toxocara canis*, *Toxocara cati*)
Toxoplasmosis (*Toxoplasma gondii*)
Trachoma (*Chlamydia trachomatis,* serovars A, B, C)
Trench Fever (*Bartonella quintana*)
Trichinosis (Roundworm - *Trichinella spiralis*)
Trichomoniasis (*Trichomonas vaginalis*)
Trichuriasis – Whipworm (*Trichuris trichiura*)
Tuberculosis – Extrapulmonary (*Mycobacterium tuberculosis*)
Tuberculosis – Pulmonary Disease (*Mycobacterium tuberculosis*)
Tularemia (*Francisella tularensis*)
Typhoid or Paratyphoid fever (*Salmonella* Typhi, *Salmonella* Paratyphi)
Typhus Fever (Scrub, Epidemic, Murine Typhus) (*Rickettsia typhi*, *Rickettsia prowazekii*)

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Suspected/Known Disease or Microorganism

Tapeworm (*Taenia saginata*, *Taenia solium*, *Diphyllobothrium latum*, *Hymenolepsis nana*)

Clinical Presentation

Usually asymptomatic

Infectious Substances	**How it is Transmitted**
Ova in rodent or human feces, larvae in food	Direct Contact (fecal-oral) , Foodborne

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
Variable when foodborne, 2-4 weeks if contact with feces	*T. saginata* is not directly transmitted person-to-person, however *T. solium* can be. Eggs may be viable in the environment for months.

Comments

- Consumption of larvae in raw or undercooked beef, pork or raw fish; larvae develop into adult tapeworms in gastrointestinal tract

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Suspected/Known Disease or Microorganism

Tetanus (*Clostridium tetani*)

Clinical Presentation

Headache, jaw cramping, sudden involuntary muscle tightening, painful muscle stiffness all over body, trouble swallowing, seizures, fever, sweating, high blood pressure and fast heart rate; systemic effects are caused by toxins produced by bacteria

Infectious Substances	**How it is Transmitted**
Soil or fomites contaminated with animal and human feces	No person to person transmission Tetanus spores are usually introduced through a puncture wound contaminated with soil or feces and germinate in wounds, devitalized tissue

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
1 day to several months	No person to person transmission

Comments

- Reportable Disease
- Immunization information

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Suspected/Known Disease or Microorganism

Tinea (Ringworm) – (*Trichophyton* sp., *Microsporum* sp., *Epidermophyton* sp.)

Clinical Presentation

Erythema, scaling, lesions (skin, beard, scalp, groin, perineal region), athlete's foot, pityriasis versicolor

Infectious Substances	**How it is Transmitted**
Organism in skin or hair	Direct contact with animals, close person-to-person contact, shared combs, brushes, sheets

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
4-14 days	While lesion(s) are present

Comments

- While under treatment for *Trichophyton*, patient should be excluded from swimming pools and activities likely to lead to exposure of others
- Outbreaks are rare, use **Contact Precautions** if outbreak occurs

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Suspected/Known Disease or Microorganism

Toxic Shock Syndrome – (*Streptococcus pyogenes* [Group A] - GAS, *Staphylococcus aureus*)

Clinical Presentation

High fever, diffuse macular rash, hypotension, multisystem organ involvement; toxin mediated

Infectious Substances	**Infectious Substances**
Skin exudates and drainage if TSS is secondary to an infected wound	Direct Contact, Indirect Contact

Precautions Needed

Acute Care	**Routine Practices** Adult	**Droplet & Contact Precautions** GAS
Long-Term Care	**Routine Practices**	
Home & Community	**Routine Practices** Adult	**Droplet & Contact Precautions** GAS

Duration of Precautions

Until GAS ruled out or until 24 hours of effective antimicrobial therapy completed

Incubation Period	**Period of Communicability**
Variable	Variable

Comments

Precautions required are in addition to **Routine Practices**

- Reportable Disease
- Close contacts of invasive GAS disease may require prophylaxis

Suspected/Known Disease or Microorganism

Toxocariasis (*Toxocara canis*, *Toxocara cati*)

Clinical Presentation

Fever, wheeze, rash, eosinophilia

Infectious Substances	**How it is Transmitted**
Acquired from contact with dogs, cats	Ova in dog or cat feces

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
Unknown	No person to person transmission

Comments

Suspected/Known Disease or Microorganism

Toxoplasmosis (*Toxoplasma gondii*)

Clinical Presentation: Asymptomatic or fever, lymphadenopathy, retinitis, encephalitis in immunocompromised host, congenital infection

Infectious Substances	**How it is Transmitted**
Cat feces, contaminated soil	Acquired by contact with infected cat feces or soil contaminated by cats, consumption of raw meat, contaminated raw vegetables or contaminated water Vertical (intrauterine transmission mother to fetus) Transplantation of stem cells or organs

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions: Not applicable

Incubation Period	**Period of Communicability**
5-23 days	No person-to-person transmission except mother to fetus. Oocysts shed by cats become infective 1-5 days later and can remain viable in the soil for a year.

Comments

- **Congenital Toxoplasmosis is a** Reportable Disease

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Suspected/Known Disease or Microorganism

Trachoma (*Chlamydia trachomatis,* serovars A, B, C)

Clinical Presentation

Conjunctivitis

Infectious Substances	**How it is Transmitted**
Conjunctival secretions	Direct contact, Indirect contact

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
5-12 days	As long as organism present in secretions

Comments

- Reportable Disease

Suspected/Known Disease or Microorganism

Trench Fever (*Bartonella quintana*)

Clinical Presentation

Relapsing fevers and rash

Infectious Substances	**How it is Transmitted**
Feces of human body lice	Louse-borne

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
7-30 days	No person to person spread in the absence of lice

Comments

Suspected/Known Disease or Microorganism

Trichinosis (Roundworm - *Trichinella spiralis*)

Clinical Presentation

Fever, rash, diarrhea

Infectious Substances	**How it is Transmitted**
Acquired from consumption of infected meat	Foodborne

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
5-45 days	No person to person transmission

Comments

- Reportable Disease

Suspected/Known Disease or Microorganism

Trichomoniasis (*Trichomonas vaginalis*)

Clinical Presentation

Vaginitis

Infectious Substances	**How it is Transmitted**
Vaginal secretions and urethral discharges of infected people	Sexual Contact

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
4-20 days	Duration of infection

Comments

Suspected/Known Disease or Microorganism

Trichuriasis – Whipworm (*Trichuris trichiura*)

Clinical Presentation

Abdominal pain, diarrhea

Infectious Substances	**How it is Transmitted**
Acquired from ova in soil	Ingestion of contaminated soil

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
Unknown	No person to person transmission

Comments

- Ova must hatch in soil to be infective.

Suspected/Known Disease or Microorganism

Tuberculosis – Extrapulmonary (*Mycobacterium tuberculosis*)

Clinical Presentation

Extrapulmonary: meningitis, bone, joint infection, draining lesions

Infectious Substances	**How it is Transmitted**
Drainage	Not applicable

Precautions Needed

	Routine Practices	**Airborne Precautions**
Acute Care		• Any procedure that may aerosolize drainage • Until Pulmonary TB ruled out • Contact IPAC if drain present
Long-Term Care	**Routine Practices**	**Airborne Precautions** • Any procedure that may aerosolize drainage • Until Pulmonary TB ruled out • Contact IPAC if drain present
Home & Community	**Routine Practices**	**Airborne Precautions** • Any procedure that may aerosolize drainage • Until Pulmonary TB ruled out • Contact IPAC if drain present

Duration of Precautions: Not applicable

Incubation Period	**Period of Communicability**
Weeks to years	Not applicable

Comments

Precautions required are in addition to **Routine Practices**

- Assess for concurrent pulmonary tuberculosis
- Avoid procedures that may generate aerosols, refer to IPAC AGMP Best Practice Guideline

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Suspected/Known Disease or Microorganism

Tuberculosis – Pulmonary Disease (*Mycobacterium tuberculosis* including species: M. africanum, M. bovis BCG, M. canettii, M. caprae, M. microti, M. orygis, M. pinnipedii and M. tuberculosis)

Clinical Presentation: Confirmed or suspected pulmonary tuberculosis (may include pneumonia, cough, fever, night sweats, weight loss), laryngeal tuberculosis

Infectious Substances	**How it is Transmitted**
Respiratory secretions	Airborne

Precautions Needed

Acute Care	**Airborne Precautions**
Long-Term Care	**Airborne Precautions**
Home & Community Care	**Airborne Precautions**

Duration of Precautions: Contact IPAC **prior to stopping precautions**

- Tuberculosis ruled out until: After 3 negative AFBs, alternate diagnosis & patient improvement, OR Physician no longer suspecting TB
- Tuberculosis confirmed until:
  - Receipt of 2 weeks effective treatment, AND
  - Clinical improvement, AND
  - Three (3) consecutive negative Acid Fast Bacilli sputums collected

Incubation Period: Weeks to years	**Period of Communicability:** While organisms are in sputum

Comments

Precautions required are in addition to **Routine Practices**

- **Refer to:** TB checklist**; Refer to:** Specimens for TB
- On discharge or transfer, keep room on Airborne precautions per Air Clearance/Settle time
- Canadian TB Standards
- Reportable Disease

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Suspected/Known Disease or Microorganism

Tularemia (*Francisella tularensis*)

Clinical Presentation

Fever, lymphadenopathy, pneumonia

Infectious Substances	**How it is Transmitted**
Infected animals	Acquired from contact with infected animals

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
1-14 days	No person to person transmission

Comments

- May be Bioterrorism related
- Reportable Disease
- Hazardous to laboratory workers, notify microbiology lab if diagnosis is suspected

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Suspected/Known Disease or Microorganism

Typhoid or Paratyphoid fever (*Salmonella* Typhi, *Salmonella* Paratyphi)

Clinical Presentation

Diarrhea, sustained fever, headache, malaise, anorexia

Infectious Substances	How it is Transmitted
Feces	Fecal-oral, Direct Contact, Indirect Contact, Foodborne

Precautions Needed

Acute Care	**Routine Practices** Adult	**Contact Precautions** Pediatric Adult if: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
Long-Term Care	**Routine Practices**	**Contact Precautions** For adults as described above
Home & Community	**Routine Practices** Adult	**Contact Precautions** Pediatric

Duration of Precautions

Until symptoms have stopped for 48 hours OR for adults, until patient is continent and has good hygiene

Incubation Period	Period of Communicability
6-72 hours for diarrhea; 3-60 days for enteric fever	Variable

Comments

Precautions required are in addition to **Routine Practices**

- Reportable Disease

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Suspected/Known Disease or Microorganism

Typhus Fever (Scrub, Epidemic, Murine Typhus) (*Rickettsia typhi*, *Rickettsia prowazekii*)

Clinical Presentation

Fever, rash

Infectious Substances	**How it is Transmitted**
Acquired from bite of fleas or human body lice	Fleaborne, louseborne

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
1 – 2 weeks	Not transmitted person to person, except *Rickettsia prowazekii* may be transmitted through close personal contact with person who has body lice

Comments

- Reportable Disease

U

Urinary Tract Infection

Suspected/Known Disease or Microorganism

Urinary Tract Infection

Clinical Presentation

Varies from patient to patient. Most common signs and symptoms include: urgency, frequency, dysuria, hematuria, suprapubic pain. Fever may indicate complicated UTI/pyleonephrtis.

Infectious Substances	**How it is Transmitted**
Many	Indirect Contact

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
Variable	Variable

Comments

- Additional precautions not required unless infection caused by an Antibiotic-Resistant Organism, see specific organisms.
- Refer to the VCH Antimicrobial Stewardship UTI Algorithm

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V

Vaccinia Virus (Smallpox Vaccine)
Vancomycin-resistant Enterococcus (VRE)
Vancomycin-resistant Staphylococcus aureus (VRSA)
Varicella Zoster Virus: Chickenpox – Exposed Susceptible Contact
Varicella Zoster Virus: Chickenpox – Known Case
Varicella Zoster Virus: Herpes Zoster (Shingles) – Disseminated
Varicella Zoster Virus: Herpes zoster (Shingles) – Exposed Susceptible Contact
Varicella Zoster Virus: Herpes Zoster (Shingles) Localized
Varicella Zoster Virus: no visible lesions – Meningitis, Ramsay-Hunt Syndrome
***Vibrio cholerae* (Cholera)**
***Vibrio paraheaemolyticus* Enteritis**
Vincents Angina, trench mouth (Acute Necrotizing Ulcerative Gingivitis)
Viral Hemorrhagic Fever – (Lassa, Ebola, Marburg, Crimean-Congo viruses)

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Suspected/Known Disease or Microorganism

Vaccinia Virus (Smallpox Vaccine)

Clinical Presentation

Range of adverse reactions to the virus in the smallpox vaccine: eczema vaccinatum, generalized or progressive vaccinia, other

Infectious Substances	**How it is Transmitted**
Skin exudate	Direct Contact, Indirect Contact

Precautions Needed

Acute Care	**Contact Precautions**
Long-Term Care	**Contact Precautions**
Home & Community	**Contact Precautions**

Duration of Precautions

Until all skin lesions have crusted and separated

Incubation Period	**Period of Communicability**
3-5 days	Until all skin lesions have crusted and separated

Comments

Precautions required are in addition to **Routine Practices**

- Vaccinia may be spread by touching a vaccination site before it has healed or by touching bandages or clothing that may have live virus from the smallpox vaccination site.
- Immunization of HCW stopped in1977.

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Suspected/Known Disease or Microorganism

Vancomycin-resistant Enterococcus (VRE)

Clinical Presentation

Infection or colonization of any body site (infections of the urinary tract, the bloodstream, or of wounds associated with catheters or surgical procedures)

Infectious Substances	**How it is Transmitted**
Infected or colonized secretions, excretions	Direct Contact, Indirect Contact

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

As directed by Infection Prevention and Control

Incubation Period	**Period of Communicability**
Variable	Duration of colonization

Comments

- Enterococci persist in the environment: ensure thorough cleaning

Suspected/Known Disease or Microorganism

Vancomycin-resistant Staphylococcus aureus (VRSA)

Clinical Presentation

Infection or colonization of any body site

Infectious Substances	**How it is Transmitted**
Infected or colonized secretions, excretions	Direct Contact, Indirect Contact, Droplet

Precautions Needed

Acute Care	**Contact Precautions**	**Droplet & Contact Precautions** if VRSA found in sputum or tracheostomy and active respiratory infection
Long-Term Care	**Routine Practices** Use **Droplet & Contact Precautions** as for acute care in all settings	
Home & Community Care	**Routine Practices** Home care and low risk community settings. Use **Droplet & Contact Precautions** as for acute care in all settings	**Contact Precautions** High risk community settings

Duration of Precautions

As directed by Infection Prevention and Control

Incubation Period	**Period of Communicability**
Variable	Duration of colonization

Comments

Precautions required are in addition to **Routine Practices**

- **Theoretical, to date not reported**

Suspected/Known Disease or Microorganism

Varicella Zoster Virus: Chickenpox – Exposed Susceptible Contact

Clinical Presentation: Asymptomatic

Infectious Substances	**How it is Transmitted**
If lesions develop: lesion drainage, respiratory secretions	Direct Contact, Indirect Contact, Airborne

Precautions Needed

Acute Care	**Airborne Precautions** 8 days after first contact and until 21 days after last contact with case (extend to 28 days if given VZIG)	**Airborne & Contact Precautions** If lesions develop see Chickenpox known case
Long-Term Care	**Airborne Precautions** 8 days after first contact and until 21 days after last contact with case (extend to 28 days if given VZIG)	**Airborne & Contact Precautions** If lesions develop see Chickenpox known case
Home & Community	**Airborne Precautions** 8 days after first contact and until 21 days after last contact with case (extend to 28 days if given VZIG)	**Airborne & Contact Precautions** If lesions develop see Chickenpox known case

Duration of Precautions
From 8 days after first contact until 21 days after last contact with rash (or 28 days if given VZIG)

Incubation Period	**Period of Communicability**
10-21 days	2 days before rash starts and until all skin lesions have dried and crusted

Comments
Precautions required are in addition to **Routine Practices**

- If VZIG indicated, administer within 96 hours (can be administered up to 10 day post exposure)
- Consult IPAC **if chicken pox exposure occurred in a healthcare setting**
- Newborn: If mother develops chicken pox <5 days before giving birth, assess for VZIG and place newborn on **Airborne Precautions**. If lesions develop change to **Airborne and Contact Precautions**.
- An exposed susceptible person will develop chicken pox (varicella), not shingles (herpes zoster).
- Exposure to either chicken pox or shingles could result in a chicken pox infection in susceptible contacts.
- Susceptible contact refers to exposed person who has no evidence of VZV immunity

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Suspected/Known Disease or Microorganism

Varicella Zoster Virus: Chickenpox – Known Case

Clinical Presentation

Generalized, itchy, vesicular rash with lesions in varying stages of weeping and crusting; mild fever. Rash usually appears first on the head, chest and back before spreading to the rest of the body. Vesicular lesions are mostly concentrated on the chest and back.

Infectious Substances	**How it is Transmitted**
Lesion drainage, respiratory secretions	Direct Contact, Indirect Contact , Airborne

Precautions Needed

Acute Care	**Airborne & Contact Precautions**
Long-Term Care	**Airborne & Contact Precautions**
Home & Community	**Airborne & Contact Precautions**

Duration of Precautions: Until all lesions have crusted and dried

Incubation Period	**Period of Communicability**
10-21 days	2 days before rash starts and until all skin lesions have crusted and dried

Comments

Precautions required are in addition to **Routine Practices**

- Defer non-urgent admissions if chicken pox or disseminated zoster is present
- Susceptible HCWs should not enter the room if immune staff are available. If they must enter the room, an N95 respirator must be worn. Other non-immune persons should not enter except in urgent or compassionate circumstances. If immunity is unknown, assume person is non-immune
- On discharge or transfer, keep room on Airborne Precautions per Air Clearance/Settle time
- **If other patients exposed,** notify IPAC and refer to exposure follow-up instruction in this manual

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Suspected/Known Disease or Microorganism

Varicella Zoster Virus: Herpes Zoster (Shingles) – Disseminated

Clinical Presentation

Vesicular lesions that involve multiple areas (>2 dermatomes, 2 or more non-adjacent or bilateral dermatomes) with possible visceral complications, refer to Dermatome Map.

VCH Rash Assessment Algorithm

Infectious Substances	How it is Transmitted
Vesicular fluid, respiratory secretions	Direct Contact, Indirect Contact, Airborne

Precautions Needed

Acute Care	**Airborne & Contact Precautions**
Long-Term Care	**Airborne & Contact Precautions**
Home & Community	**Airborne & Contact Precautions**

Duration of Precautions: Until all lesions have crusted and dried

Incubation Period	Period of Communicability
Not applicable	Until all lesions have crusted and dried

Comments

Precautions required are in addition to **Routine Practices**

- Defer non-urgent admissions if chicken pox or disseminated zoster is present
- Susceptible HCWs should not enter the room if immune staff are available. If they must enter the room, an N95 respirator must be worn. Other non-immune persons should not enter except in urgent or compassionate circumstances. If immunity is unknown, assume person is non-immune
- On discharge or transfer, keep room on Airborne precautions per Air Clearance/Settle time.
- **If other patients exposed,** notify IPAC and refer to exposure follow-up instruction in this manual
- Shingles immunization information

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism

Varicella Zoster Virus: Herpes zoster (Shingles) – Exposed Susceptible Contact

Clinical Presentation: Asymptomatic if simply exposed. May develop fluid-filled vesicles

Infectious Substances	**How it is Transmitted**
If lesions develop, lesion drainage, respiratory secretions and exhaled droplets and particles	Direct Contact, Indirect Contact and Droplets and Particles

Precautions Needed

Acute Care	**Airborne Precautions** 8 days after first contact and until 21 days after last contact with case (extend to 28 days if given VZIG)	**Airborne & Contact Precautions** If lesions develop see Chickenpox known case
Long-Term Care	**Airborne Precautions** 8 days after first contact and until 21 days after last contact with case (extend to 28 days if given VZIG)	**Airborne & Contact Precautions** If lesions develop see Chickenpox known case
Home & Community	**Airborne Precautions** 8 days after first contact and until 21 days after last contact with case (extend to 28 days if given VZIG)	**Airborne & Contact Precautions** If lesions develop see Chickenpox known case

Duration of Precautions
From 8 days after first contact until 21 days after last contact (or 28 days if patient received VZIG)

Incubation Period	**Period of Communicability**
10 – 21 days	Until all skin lesions have crusted and dried (if infected)

Comments
Precautions required are in addition to **Routine Practices**

- If VZIG indicated, administer within 96 hours (can be administered up to 10 day post exposure)
- Consult IPAC **if VZV exposure occurred in a healthcare setting**
- An exposed susceptible person will develop chicken pox (varicella), not shingles (herpes zoster).
- Susceptible contact refers to exposed person who has no evidence of VZV immunity

Suspected/Known Disease or Microorganism

Varicella Zoster Virus: Herpes Zoster (Shingles) Localized

Clinical Presentation: Vesicular lesions in a dermatomal distribution, refer to Dermatome Chart. *Localized refers to 1 dermatome or 2 adjacent dermatomes not crossing the midline.* VCH Rash Assessment Algorithm.

Infectious Substances	**How it is Transmitted**
Vesicular fluid, possibly respiratory secretions	Direct Contact, Indirect Contact, Airborne

Precautions Needed

Acute Care	**Contact Precautions** Localized rash that **can be covered** in a normal host (not severely immunocompromised)	**Airborne & Contact Precautions** • Localized rash in severely immunocompromised host • Localized rash in normal host that **cannot be covered** (e.g., on face)
Long-Term Care	**Contact Precautions** As above, same in all health care settings	**Airborne & Contact Precautions** As above, same in all health care settings
Home & Community	**Contact Precautions** As above, same in all health care settings	**Airborne & Contact Precautions** As above, same in all health care settings

Duration of Precautions: Contact IPAC for discontinuation of precautions.

- Until lesions are dried and crusted
- Localized & covered rash in severely immunocompromised host: Until 24 hours of effective antiviral therapy completed AND no new lesions, then drop down to **Contact Precautions** until lesions dried and crusted. If untreated, maintain **Airborne and Contact** until all lesions are dried and crusted

Incubation Period: Not applicable	**Period of Communicability:** Until all lesions have dried

Comments

Precautions required are in addition to **Routine Practices**

- Susceptible HCWs should not enter the room if immune staff are available. If they must enter the room, an N95 respirator must be worn. Other non-immune persons should not enter except in urgent or compassionate circumstances. If immunity is unknown, assume person is non-immune
- On discharge or transfer, keep room on **Airborne Precautions** per Air Clearance/Settle time**.**
- **If other patients exposed,** notify IPAC and refer to exposure follow-up instruction in this manual
- Shingles immunization information **If other patients exposed, notify IPAC** and refer to exposure follow-up instruction in this manual

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Suspected/Known Disease or Microorganism

Varicella Zoster Virus: no visible lesions – Encephalitis – with or without lesions

Clinical Presentation

Encephalitis: headache, mild flu-like symptoms, photophobia, neck stiffness, lethargy, increased irritability, seizures, changes in alertness, confusion, hallucinations, loss of energy, loss of appetite, unsteady gait, nausea and vomiting, personality change

Infectious Substances	How it is Transmitted
Vesicular fluid, respiratory secretions	Direct Contact, Indirect Contact, Airborne

Precautions Needed

Acute Care	**Airborne Precautions**
Long-Term Care	**Airborne Precautions**
Home & Community Care	**Airborne Precautions**

Duration of Precautions

As directed by IPAC on a case by case basis. In absence of rash or visible vesicular lesions, advise ICP of patient immune status, immunosuppressive treatment, antiviral treatment, clinical improvement.

Incubation Period	Period of Communicability
Variable	Variable

Comments

Precautions required are in addition to **Routine Practices**

- **If rash (vesicles) present or develops, use Airborne & Contact Precautions and refer to relevant chicken pox or shingles section of this manual**
- RHS: carefully inspect the auditory canal and in and around the eye for presence of vesicles, if found refer to Shingles – Localized, cannot be covered (**Airborne & Contact Precautions**)

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Suspected/Known Disease or Microorganism

Vibrio cholerae (Cholera)

Clinical Presentation

Voluminous watery diarrhea, dehydration

Infectious Substances	**How it is Transmitted (fecal/oral)**
Contaminated food or water, feces	Direct Contact, Indirect Contact, Ingestion of contaminated food or water

Precautions Needed

Acute Care	**Routine Practices** Adult	**Contact Precautions** Pediatric Adult if: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
Long-Term Care	**Routine Practices**	**Contact Precautions** For adults as described above
Home & Community	**Routine Practices** Adult	**Contact Precautions** Pediatric

Duration of Precautions

Until symptoms have stopped for 48 hours OR, for adults until patient is continent and has good hygiene

Incubation Period	**Period of Communicability**
2 - 3 days	Duration of shedding

Comments

Precautions required are in addition to **Routine Practices**

- Reportable Disease **Physician report to Medical Health Officer when preliminary or final lab confirmation available**

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Suspected/Known Disease or Microorganism

Vibrio paraheaemolyticus Enteritis

Clinical Presentation

Diarrhea, food poisoning

Infectious Substances	**How it is Transmitted**
Contaminated food, particularly seafood	Foodborne

Precautions Needed

	Routine Practices	**Contact Precautions**
Acute Care	Adult	Pediatric Adult if: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
Long-Term Care	**Routine Practices**	**Contact Precautions** For adults as described above
Home & Community	**Routine Practices** Adult	**Contact Precautions** Pediatric

Duration of Precautions

Until symptoms have stopped for 48 hours OR, for adults, until patient is continent and has good hygiene

Incubation Period	**Period of Communicability**
4-30 hours	Duration of illness

Comments

Precautions required are in addition to **Routine Practices**

- Reportable Disease

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Suspected/Known Disease or Microorganism

Vincents Angina, trench mouth (Acute Necrotizing Ulcerative Gingivitis)

Clinical Presentation

Progressive painful infection with ulceration, swelling and sloughing off of dead tissue from the mouth and throat due to the spread of infection from the gum

Infectious Substances	How it is Transmitted
	Not transmitted person to person

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	Period of Communicability
Variable	Not transmitted person to person

Comments

Suspected/Known Disease or Microorganism

Viral Hemorrhagic Fever – (Lassa, Ebola, Marburg, Crimean-Congo viruses)

Clinical Presentation

Fever, myalgias, pharyngitis, nausea, vomiting and diarrhea. Hemorrhagic fever in late clinical presentation.

Infectious Substances	**How it is Transmitted**
Blood, body fluids and respiratory secretions	Direct Contact, Indirect Contact and Droplets

Precautions Needed

Acute Care	**Airborne & Contact Precautions + Droplet**
Long-Term Care	**Airborne & Contact Precautions + Droplet**
Home & Community	**Airborne & Contact Precautions + Droplet**

Duration of Precautions: Until symptoms resolved *and* **as directed by IPAC**

Incubation Period	**Period of Communicability**
Variable	Until all symptoms resolve

Comments

Precautions required are in addition to **Routine Practices**

- Reportable Disease **Physician report to the Medical Health Officer at suspect stage**
- Consult IPAC immediately if VHF suspected
- VCH Specific VHF Documents

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W

West Nile Virus
Western Equine Encephalitis Virus
Whipworm (*Trichuris trichiura*)
Whooping Cough – Pertussis (*Bordetella pertussis*)
Wound Infection – (*Staphylococcus aureus*, Group A Streptococcus, many other bacteria)

Suspected/Known Disease or Microorganism

West Nile Virus

Clinical Presentation

Sudden onset fever, headache, muscle pain and weakness, malaise rash, sensitivity to light

Infectious Substances	**How it is Transmitted**
Culex mosquito	Insect borne (vector) Rare: organ transplant, blood transfusion, by breast milk or transplacentally

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
Variable, usually 3-21 days	Not applicable

Comments

- Reportable Disease

Suspected/Known Disease or Microorganism

Western Equine Encephalitis Virus

Clinical Presentation

Fever, encephalomyelitis

Infectious Substances	**How it is Transmitted**
Aedes and *Culex* mosquito bite	Insectborne

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
5-15 days	No person to person transmission

Comments

- Virus found in birds, bats, and possibly rodents
- Reportable Disease

Suspected/Known Disease or Microorganism

Whipworm (*Trichuris trichiura*)

Clinical Presentation

Abdominal pain, diarrhea

Infectious Substances	**How it is Transmitted**
Acquired from ova in soil	Ingestion of contaminated soil

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
Unknown	No person to person transmission

Comments

- Ova must hatch in soil to be infective.

Suspected/Known Disease or Microorganism

Whooping Cough – Pertussis (*Bordetella pertussis*)

Clinical Presentation

Violent coughing without inhalation followed by high pitched inspiratory crowing or "whoop", vomiting after coughing, non-specific respiratory tract infection in infants

Infectious Substances	**How it is Transmitted**
Respiratory secretions	Large Droplets

Precautions Needed

Acute Care	**Droplet Precautions**
Long-Term Care	**Droplet Precautions**
Home & Community	**Droplet Precautions**

Duration of Precautions

Untreated: Up to 3 weeks after onset of paroxysms

Treated: after 5 days of effective antimicrobial treatment

Incubation Period	**Period of Communicability**
Average 9-10 days; range of 6-20 days	At onset of mild respiratory tract symptoms (catarrhal stage) up to 3 weeks after onset of paroxysms or coughing if not treated

Comments

Precautions required are in addition to **Routine Practices**

- Close contacts may need chemoprophylaxis
- Immunization information
- Reportable Disease

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Suspected/Known Disease or Microorganism

Wound Infection – (*Staphylococcus aureus*, Group A Streptococcus, many other bacteria)

Clinical Presentation: Draining wound, redness or heat around wound

Infectious Substances	**How it is Transmitted**
Drainage	Direct Contact, Indirect Contact

Precautions Needed

If a pathogen is identified, follow organism specific instructions included in this manual.

Acute Care	**Routine Practices** Minor drainage contained by dressing	**Contact Precautions** Major drainage not contained by dressing	**Droplet & Contact Precautions** For first 24 hours antimicrobial therapy if invasive group A strep suspected
Long-Term Care	**Routine Practices** Minor drainage contained by dressing	**Contact Precautions** Major drainage not contained by dressing	
Home & Community Care	**Routine Practices** Minor drainage contained by dressing	**Contact Precautions** Major drainage not contained by dressing	

Duration of Precautions

See specific organism, otherwise; until symptoms resolve or return to baseline

Incubation Period	**Period of Communicability**
Variable	Variable

Comments

Precautions required are in addition to **Routine Practices**

X

No diseases or conditions at this time

Y

Yaws (*Treponema pallidum*, subspecies *pertenue*)
Yellow Fever (*Flavivirus)*
Yersinia enterocolitica*; *Yersinia pseudotuberculosis

Suspected/Known Disease or Microorganism

Yaws (*Treponema pallidum*, subspecies *pertenue*)

Clinical Presentation

Cutaneous lesions, late stage destructive lesions of skin and bone

Infectious Substances	**How it is Transmitted**
Exudates from skin lesions	Direct Contact, Indirect Contact

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
2 weeks to 3 months	Variable

Comments

Suspected/Known Disease or Microorganism

Yellow Fever (*Flavivirus)*

Clinical Presentation

Sudden fever, chills, headache, back and muscle aches, nausea, vomiting, prostration, jaundice

Infectious Substances	**How it is Transmitted**
Human blood	Insectborne (mosquito)

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
3-6 days	No person to person transmission

Comments

- Vaccine preventable (travel)
- Reportable Disease

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Suspected/Known Disease or Microorganism

Yersinia enterocolitica; *Yersinia pseudotuberculosis*

Clinical Presentation

Diarrhea

Infectious Substances	**How it is Transmitted**
Feces	Fecal-oral, Direct Contact, Indirect Contact, Foodborne

Precautions Needed

Acute Care	**Routine Practices** Adult	**Contact Precautions** Pediatric Adult if: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
Long-Term Care	**Routine Practices**	**Contact Precautions** For adults as described above
Home & Community	**Routine Practices** Adult	**Contact Precautions** Pediatric

Duration of Precautions

Until symptoms have stopped for 48 hours OR, for adults, until patient is continent and has good hygiene

Incubation Period	**Period of Communicability**
1-14 days	Duration diarrhea

Comments

Precautions required are in addition to **Routine Practices**

- Reportable Disease

Z

Zika Virus *(Flavivirus)*

Zygomycosis (Phycomycosis, Mucormycosis) – (*Mucor* sp., *Rhizopus* sp., others)

Suspected/Known Disease or Microorganism

Zika Virus *(Flavivirus)*

Clinical Presentation

Fever, skin rashes (maculopapular), conjunctivitis, muscle and joint pain, malaise, and headache

Infectious Substances	**How it is Transmitted**
Blood, body fluids	Mosquito bite (mainly *Aedes aegypti* in tropical regions), vertical (transmission in utero), sexual contact

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
3 – 12 days	Unknown: sexual transmission reported from asymptomatic cases

Comments

- Congenital Zika Syndrome includes a range of neurological and developmental deficits
- Reportable Disease

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Suspected/Known Disease or Microorganism

Zygomycosis (Phycomycosis, Mucormycosis) – (*Mucor* sp., *Rhizopus* sp., others)

Clinical Presentation

Lung, skin, wound, rhino-cerebral infection

Infectious Substances	**How it is Transmitted**
Acquired from fungal spores in dust and soil, especially decaying organic matter such as leaves, grass or wood	Inhalation or ingestion of fungal spores. No person to person transmission

Precautions Needed

Acute Care	**Routine Practices**
Long-Term Care	**Routine Practices**
Home & Community	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	**Period of Communicability**
Unknown	No person to person transmission

Comments

- Immunocompromised patients are at risk of infection

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