Vancouver CoastalHealth

Infection Prevention and Control (IPAC) Diseases and Conditions Table

Transmission Based Precautions and Recommendations for Management of Patients, Residents, and Clients in Vancouver Coastal Health Settings

June 17, 2025

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

Territorial Acknowledgement

We wish to acknowledge that the land on which we gather is the traditional and unceded territory of the Coast Salish Peoples, including the Musqueam, Squamish, and Tsleil-Waututh Nations.

Vancouver Coastal Health is committed to delivering exceptional care to 1.25 million people, including the First Nations, Métis and Inuit, within the traditional territories of the Heiltsuk, Kitasoo-Xai'xais, Lil'wat, Musqueam, N'Quatqua, Nuxalk, Samahquam, shíshálh, Skatin, Squamish, Tla'amin, Tsleil-Waututh, Wuikinuxv and Xa'xtsa.

Introduction

The Diseases and Conditions Table is a comprehensive reference manual to support staff with managing known or presumed infectious patients, clients or residents. The primary objective is to mitigate the risk of disease transmission to susceptible populations within healthcare settings including staff, patients, residents, clients and visitors.

This manual was developed using current evidenced-based sources, such as the British Columbia Centre for Disease Control (BCCDC), Public Health Agency of Canada (PHAC), academic literature, as well as subject matter experts, including physicians and infection control practitioners. The recommendations extend beyond the Acute Care hospital setting to include Ambulatory, Community, Long-Term Care, Mental Health and Pediatric settings, reflecting the diverse communities of care within the Vancouver Coastal Health (VCH) region.

This document provides guidance on the transmission characteristics of diseases, conditions, and microorganisms based on etiology or symptomology. Recommendations are provided on routine practices and appropriate additional precautions that can be implemented by frontline staff as required.

Instructions For Use

This manual is organized in a table format, listing diseases, conditions, and microorganisms in alphabetical order by either their common or scientific name. The most current version of the electronic document will be available on the Infection Prevention and Control (IPAC) website.

1. Viewing a disease, condition, or microorganism in the Table:

- Use the alphabet at the bottom of the page to navigate to the first letter of the disease, condition, or microorganism you are looking for. This will take you to the index. Click the page you would like to see.

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2. If the disease, condition, or microorganism is not listed:

- Follow Routine Practices and if there are any questions or concerns, contact IPAC.

3. For any disease, condition, or microorganism page:

- Any page that recommends Additional Precautions also includes the use of Routine Practices.

- Reportable diseases are taken from the Public Health Act Schedule of listed communicable diseases, last amended in March 2024. The most up to date version of the schedule is available online through the Ministry of Health or BCCDC.

- This manual uses public health case definitions for invasive disease, available through the BCCDC website.

- Additional Precautions signage and Routine Practices information sheets referenced in the table are colour coded and hyperlinked below:

  - ◊ **Routine Practices**
  - ◊ **Contact Precautions**
  - ◊ **Contact Plus Precautions**
  - ◊ **Droplet Precautions**
  - ◊ **Droplet and Contact Precautions**
  - ◊ **Airborne Precautions**
  - ◊ **Airborne and Contact Precautions**
  - ◊ **Enhanced Barrier Precautions for Long-Term Care**

- Routine practices refer to the minimum practices that should be used with all clients, patients or residents. All blood, body fluids, secretions, mucous membranes, non-intact skin, or soiled items must be considered potentially infectious. To prevent the spread of microorganisms, routine practices should be used routinely with all patients, residents, or clients at all times, in all healthcare settings, regardless of medical status.

- Consistently and appropriately using Routine Practices lessens the transmission risks in healthcare settings.

- Additional Precautions are used in addition to Routine Practices for individuals who have a known or presumed illness or microorganism that require an increased level of intervention to prevent transmission. The type of Additional Precautions used may differ depending on the healthcare setting and the population being served (e.g., acute, long-term care, community, pediatric, mental health, or high-risk units).

- Enhanced Barrier Precautions are measures designed to minimize the spread of organisms transmitted through direct or indirect contact, particularly during higher-risk, direct patient care activities in long-term care (e.g., toileting, dressing, bathing, etc.). Enhanced Barrier Precautions employs targeted Personal Protective Equipment (PPE) used during high contact resident care activities, in addition to routine practices.

For more information on Routine Practices, Additional Precautions, and Enhanced Barrier Precautions, please visit the IPAC website.

Please contact IPAC or your local Medical Health Officer or designate with any questions.

Index of Diseases and Conditions

A

B

C

Chancroid (*Haemophilus ducreyi*)
Chickenpox - Exposed Susceptible Contact
Chickenpox - Known Case
Chikungunya Virus (*Alphavirus*)
Chlamydia (*Chlamydia trachomatis*)
Chlamydia pneumoniae
Chlamydia psittaci
Cholera (Vibrio cholerae)
Clostridioides difficile Infection (CDI, C. difficile)
Clostridium botulinum
Clostridium perfringens (Food Poisoning)
Clostridium perfringens (Gas Gangrene)
Coccidioidomycosis (*Coccidioides* spp.)
Coltivirus
Colorado Tick Fever (*Coltivirus*)
Congenital Rubella
Conjunctivitis, Bacterial
Conjunctivitis, Viral
Coronavirus, Human (HCoV) – Common Cold (not SARS/MERS/COVID-19)
Coronavirus, COVID-19 (SARS-CoV-2)
Coronavirus, SARS & MERS
Corynebacterium diphtheriae (Diphtheria)
Coxiella burnetii
Coxsackievirus Infections
Creutzfeldt-Jakob Disease, Classic (CJD) and Variant (vCJD)
Crimean-Congo Hemorrhagic Fever, Viral Hemorrhagic Fever (VHF)
Croup, not yet diagnosed (NYD)
Cryptococcosis (*Cryptococcus neoformans, C. gattii*)
Cryptosporidiosis (*Cryptosporidium parvum*)
Cyclosporiasis (*Cyclospora* spp.)
Cystic Fibrosis (CF)
Cytomegalovirus (CMV)

D

Dengue Fever (*Orthoflavivirus*)
Diarrhea, not yet diagnosed (NYD)
Diptheria (*Corynebacterium diphtheriae*)

E

Eastern Equine (EEE) and Western Equine (WEE) Encephalitis (*Alphavirus*)
Ebola Viral Disease (EVD) - Viral Hemorrhagic Fever (VHF)
Echinococcosis
Ehrlichiosis (*Ehrlichia* sp.)
Encephalitis, not yet diagnosed (NYD)
Endometritis, not yet diagnosed (NYD)
Enterobiasis (Enterobius vermicularis)
Enteroinvasive E. coli (EIEC)
Enterotoxigenic E. coli (ETEC)

Enteroviral Infections Non-Polio (Echovirus, Coxsackievirus)
Epiglottitis
Epstein-Barr Virus
Erysipelas
Erythema infectiosum
ESBL (Extended Spectrum Beta Lactamase producers)
Escherichia coli O157: H7, Shiga-like toxin-producing E.coli (STEC)

F

Fever of unknown origin, Fever without focus
Fifth Disease
Food Poisoning

G

Gas Gangrene
Group A Streptococcus (GAS) – Skin Infection
Group A Streptococcus – Invasive (iGAS)
Group A Streptococcus (GAS) – Scarlet Fever, Pharyngitis
Group B Streptococcus
Gastroenteritis, not yet diagnosed (NYD)
German Measles - Acquired
German Measles - Exposed Susceptible Contact
Giardiasis (*Giardia lamblia)*
Gingivostomatitis
Gonococcus (*Neisseria gonorrheae)*
Granuloma inguinale (Donovanosis)
Guillain-Barré Syndrome (GBS)

H

Haemophilus ducreyi
Haemophilus influenzae (Hi) – invasive & non-invasive
Hand, Foot and Mouth Disease
Hantavirus
Helicobacter pylori
Hemolytic Uremic Syndrome (HUS)
Hepatitis A Virus (HAV) & Hepatitis E Virus (HEV)
Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) & Hepatitis D Virus (HDV)
Hepatitis of unknown etiology
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Herpes Simplex Virus, type 1 & 2 (HSV1 & 2) - Disseminated or extensive lesions
Herpes Simplex Virus, type 1 & 2 (HSV1 & 2) - Localized lesions
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Herpes Simplex Virus, type 1 - Gingivostomatitis
Herpes Zoster: Shingles - Disseminated
Herpes Zoster: Shingles - Exposed Susceptible Contact
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Histoplasmosis (*Histoplasma capsulatum*)
Hook Worm (*Necator americanus*, *Ancyclostoma Duodenale*)
Human Herpes Virus 6 and 7 (Sixth Disease)
Human Immunodeficiency Virus (HIV)
Human Metapneumovirus
Human Papillomaviruses (HPV)
Human T-cell Leukemia Virus (HTLV-I) & Human T-Lymphotrophic Virus (HTLV-II)

I

Impetigo
Infectious Mononucleosis
Influenza - Avian
Influenza – New Pandemic Strain
Influenza – Seasonal

J

Jamestown Canyon Virus

K

Kawasaki Disease
Klebsiella granulomatis

L

La Crosse Virus
Lassa Fever (Lassa Virus)
Legionellosis (*Legionella* spp.)
Leprosy (Hansen's Disease) (Mycobacterium leprae, Mycobacterium lepromatosis)
Leptospirosis (*Leptospira* sp.)
Lice, Head Lice & Pubic Lice/Crab Lice
Listeriosis (*Listeria monocytogenes*)
Lyme disease (*Borrelia burgdorferi*)
Lymphocytic Choriomeningitis (LCM) Virus
Lymphogranuloma Venereum

M

Malaria (*Plasmodium* spp.)
Marburg Virus
Measles (Rubeola)
Measles (Rubeola) - Exposed Susceptible Contact
Melioidosis (*Burkholderia pseudomallei*)
Meningitis, not yet diagnosed (NYD)
Meningococcal Disease (*Neisseria meningitidis*)
MERS CoV (Middle East Respiratory Syndrome Coronavirus)
Methicillin Resistant *Staphylococcus aureus* (MRSA)
Methicillin-sensitive *Staphylococcus aureus* - Pneumonia (MSSA)

Methicillin-sensitive *Staphylococcus aureus* - Skin Infection (MSSA)
Molluscum Contagiosum
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Mpox
Mucormycosis (Zygomycosis, Phycomycosis)
Multi-Drug Resistant Gram Negative Bacilli
Mumps – Known Case
Mumps – Exposed Susceptible Contact
Mycobacterium - Nontuberculous Mycobacerium (NTM)
Mycobacterium tuberculosis (TB) - Extrapulmonary Disease
Mycobacterium tuberculosis (TB) - Pulmonary Disease
Mycoplasma pneumoniae

N

Necrotizing Enterocolitis (NEC)
Necrotizing Fasciitis
Neisseria gonorrhoeae
Neisseria meningitidis
Nocardiosis (*Nocardia* spp.)
Nontuberculous mycobacterium (NTM)
Norovirus (Norwalk virus)

O

Orf – Parapoxvirus
Orthobunyavirus
Orthonairovirus
Orthoflavivirus (multiple organisms)

P

Parainfluenza Virus
Parvovirus B19
Pertussis (*Bordetella pertussis*)
Pharyngitis, not yet diagnosed (NYD)
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Pinworm (Enterobius vermicularis)
Plague – Bubonic (*Yersinia pestis*)
Plague – Pneumonic (Yersinia pestis)
Pleurodynia (Group B Coxsackieviruses)
Pneumocystis jirovecii pneumonia (PJP - formerly *Pneumocystis carinii* pneumonia PCP)
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Poliomyelitis (Poliovirus)
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Pseudomembranous colitis
Pseudomonas aeruginosa
Psittacosis (Ornithosis)
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Q

Q Fever (*Coxiella burnetii*)

R

Rabies
Ramsay Hunt Syndrome (Herpes Zoster Oticus)
Rash, not yet diagnosed (NYD)
Rat-bite fever
Relapsing Fever (*Borrelia* spp.)
Respiratory Tract Infection, not yet diagnosed (NYD)
Rhinovirus
Rickettsial Diseases
Rickettsialpox (*Rickettsia akari*)
Rift Valley Fever (*Phlebovirus*)
Ringworm
Ritter's Disease
Rocky Mountain Spotted Fever (*Rickettsia rickettsii*)
Roseola Infantum
Rotavirus
Roundworm (Ascaris spp.)
Roundworm (Trichinella spp.)
RSV – Respiratory Syncytial Virus
Rubella (German Measles) – Acquired
Rubella – Congenital
Rubella (German measles) – Exposed Susceptible Contact
Rubeola
Rubeola - Exposed susceptible Contact

S

Saint Louis Encephalitis (*Orthoflavivirus*)
Salmonellosis (*Salmonella* spp.) – Non-typhoidal *Salmonella*
Sapovirus
SARS CoV (Severe Acute Respiratory Syndrome Coronavirus)
Scabies (*Sarcoptes scabiei*)
Scarlet Fever
Schistosomiasis (*Schistosoma* spp.)
Shigella (*Shigella* spp.), Enteroinvasive *E. coli* (*EIEC*)
Shingles - Disseminated
Shingles - Exposed Susceptible Contact
Shingles - Locaslized Rash
Smallpox (Variola Virus)
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Sporotrichosis (*Sporothrix schenckii*)
Staphylococcal Scalded Skin Syndrome (SSSS)
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Staphylococcus aureus – Food Poisoning (Toxin Mediated)
Staphylococcus aureus, Methicillin-sensitive – Pneumonia (MSSA)
Staphylococcus aureus, Methicillin-sensitive – Skin infection (MSSA)
Staphylococcus aureus - Toxic Shock Syndrome
Stenotrophomonas maltophilia
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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 Diseases
Tetanus (*Clostridium tetani*)
Tinea – (*Trichophyton* sp., *Microsporum* sp., *Epidermophyton* sp.)
Toxic Shock Syndrome (TSS) (*Clostridium sordellii*)
Toxocariasis (*Toxocara canis*, *Toxocara cati*)
Toxoplasmosis (*Toxoplasma gondii*)
Trachoma (*Chlamydia trachomatis*)
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Trichinosis (Roundworm - *Trichinella* spp.)
Trichomoniasis (*Trichomonas vaginalis*)
Trichuriasis (*Trichuris trichiura*)
Tuberculosis – Extrapulmonary Disease (EPTB)
Tuberculosis (TB) – Pulmonary Disease
Tularemia (*Francisella tularensis*)
Typhoid or Paratyphoid Fever – (*Salmonella* Typhi, *Salmonella* Paratyphi)
Typhus fevers

U

No organisms at this time

V

Vancomycin-Resistant Enterococcus (VRE)
Vancomycin-Resistant Staphylococcus aureus (VRSA) &
Vancomycin-Intermediate *Staphylococcus aureus* (VISA)
Varicella Zoster Virus: Chickenpox – Known Case
Varicella Zoster Virus: Chickenpox or Herpes Zoster (Shingles) – Exposed Susceptible Contact
Varicella Zoster Virus: Herpes Zoster (Shingles) – Disseminated
Varicella Zoster Virus: Herpes Zoster (Shingles) Localized Rash
Varicella Zoster Virus: no visible lesions

Variola Virus (Smallpox)
Vibrio cholerae
Vibrio paraheaemolyticus Enteritis
Vincents Angina (Acute Necrotizing Ulcerative Gingivitis)
Viral Hemorrhagic Fever (VHF), not yet diagnosed (NYD)
Vomiting, not yet diagnosed (NYD)

W

West Nile Virus (*Orthoflavivirus*)
Western Equine Encephalitis (WEE)
Whipworm (Trichuris Trichiura)
Whooping Cough

X

No organisms at this time

Y

Yaws (*Treponema pallidum* subspecies *pertenue*)
Yellow Fever (*Orthoflavivirus*)
Yersinia Pestis
Yersiniosis (*Yersinia* spp.)

Z

Zika Virus (*Orthoflavivirus*)
Zygomycosis (Phycomycosis, Mucormycosis)

Acinetobacter

CLINICAL PRESENTATION
Colonization or infection at any body site

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Colonized or infected secretions and excretions	Direct contact, indirect contact

PRECAUTIONS NEEDED	
ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS
Additional Precautions may be used at the discretion of IPAC.

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Variable	While organism is present

COMMENTS

- If reported as Carbapenemase Producing Organism, see CPO.

Actinomycosis (*Actinomyces* spp.)

CLINICAL PRESENTATION
Cervicofacial, thoracic or abdominal infection (painful abscesses)

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Endogenous oral flora	No human-to-human transmission

PRECAUTIONS NEEDED	
ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS
Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Variable	Not applicable

COMMENTS

- Normal flora.
- Infection is usually secondary to trauma.

Adenovirus - Conjunctivitis

Also known as “epidemic keratoconjunctivitis (EKC)” or “Pink Eye”

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**
COMMUNITY	**Contact Precautions**
PEDIATRICS	**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

- Careful attention to aseptic technique and reprocessing of ophthalmology equipment is required.

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	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS
Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Late in incubation period until 14 days after onset	Until acute symptoms resolve

COMMENTS

Adenovirus – Gastroenteritis

CLINICAL PRESENTATION
Diarrhea

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Feces	Direct contact, indirect contact, fecal-oral

PRECAUTIONS NEEDED		
ACUTE CARE	**Routine Practices**	**Contact Precautions** For Adults if: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
LONG-TERM CARE	**Routine Practices**	**Contact Precautions** For Adults if: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
COMMUNITY	**Routine Practices**	**Contact Precautions** For Adults if: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
PEDIATRICS		**Contact Precautions**

DURATION OF PRECAUTIONS

- Until symptoms have stopped for 48 hours AND return to baseline bowel movements, OR (for adults) until they are continent and have good hygiene.
- For immunocompromised individuals, isolation precautions need to be maintained for a longer duration due to prolonged viral shedding. **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

- REPORTABLE DISEASE

Adenovirus - Respiratory Tract Infection

CLINICAL PRESENTATION

Respiratory tract infection (fever, viral respiratory symptoms: cough, runny nose, sore throat, pneumonia)

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Respiratory secretions	Direct contact, indirect contact

PRECAUTIONS NEEDED

ACUTE CARE	**Routine Practices**	**Droplet and Contact Precautions** • Adults in high risk units* only
LONG-TERM CARE	**Routine Practices**	
COMMUNITY	**Routine Practices**	
PEDIATRICS		**Droplet and Contact Precautions**

DURATION OF PRECAUTIONS

- Until symptoms resolve.
- For immunocompromised individuals, isolation precautions need to be maintained for a longer duration due to prolonged viral shedding – **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

- If an individual has Cystic Fibrosis, see Cystic Fibrosis
- Minimize exposure to high-risk patients. See Definition of Moderately to Severely Immunocompromised Patient.
- Individuals on Droplet & Contact Precautions may need additional **Airborne Precautions** if Aerosol Generating Medical Procedures (AGMPs) are used.
- *High-risk units - Solid Organ Transplant (SOT), Bone Marrow Transplant (BMT), Intensive Care Unit (ICU), Neonatal ICU (NICU), Cardiac Surgery ICU (CSICU), Cardiac Care Unit (CCU), Thoracic, Burns Trauma High Acuity (BTHA).

Aeromonas spp., *Enterotoxigenic E. coli* (STEC)

Commonly known as "Traveler's Diarrhea"

CLINICAL PRESENTATION
Diarrhea

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Feces	Fecal-oral, direct contact, indirect contact

PRECAUTIONS NEEDED		
ACUTE CARE	**Routine Practices**	**Contact Precautions** For Adults if: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
LONG-TERM CARE	**Routine Practices**	**Contact Precautions** For Adults if: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
COMMUNITY	**Routine Practices**	**Contact Precautions** For Adults if: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
PEDIATRICS		**Contact Precautions**

DURATION OF PRECAUTIONS
Until symptoms have stopped for 48 hours AND return to baseline bowel movements, OR (for adults) until they are continent and have good hygiene.

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
3 - 10 days	Until symptoms resolve

COMMENTS

Amebiasis *(Entamoeba histolytica)*

CLINICAL PRESENTATION
Dysentery, diarrhea, and liver abscesses

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Feces	Fecal-oral, direct contact, indirect contact Human-to-human transmission is rare

PRECAUTIONS NEEDED		
ACUTE CARE	**Routine Practices**	**Contact Precautions** For Adults if: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
LONG-TERM CARE	**Routine Practices**	**Contact Precautions** For Adults if: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
COMMUNITY	**Routine Practices**	**Contact Precautions** For Adults if: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
PEDIATRICS		**Contact Precautions**

DURATION OF PRECAUTIONS
Until symptoms have stopped for 48 hours AND return to baseline bowel movements, OR (for adults) until they are continent and have good hygiene.

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
2 - 4 weeks	Until symptoms resolve

COMMENTS
• REPORTABLE DISEASE • Transmission in mental health and family group settings has been reported. Use care when handling disposable hygiene products in these populations.

Anthrax *(Bacillus anthracis)* - confirmed, probable or presumed case

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, infected animals or carcasses most commonly in livestock and contaminated animal products (hides, fur, wool)	No human-to-human transmission. Modes of transmission include: • Cutaneous - spores enter via breaks in the skin • Ingestion - eating infected meat or meat products • Injection - soft tissue infection from injection drug use, contaminated heroine • Pulmonary - inhalation of airborne spores

PRECAUTIONS NEEDED

ACUTE CARE	**Routine Practices** • Skin lesions covered & drainage is contained	**Contact Precautions** • Major wound drainage not contained by dressing	**Airborne & Contact Precautions** • Pulmonary
LONG-TERM CARE	**Routine Practices** • Skin lesions covered & drainage is contained	**Contact Precautions** • Major wound drainage not contained by dressing	**Airborne & Contact Precautions** • Pulmonary
COMMUNITY	**Routine Practices** • Skin lesions covered & drainage is contained	**Contact Precautions** • Major wound drainage not contained by dressing	**Airborne & Contact Precautions** • Pulmonary
PEDIATRICS	**Routine Practices** • Skin lesions covered & drainage is contained	**Contact Precautions** • Major wound drainage not contained by dressing	**Airborne & Contact Precautions** • Pulmonary

DURATION OF PRECAUTIONS

Until wound drainage is contained and as directed by IPAC

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
1 - 7 days, may be up to 60 days	Not applicable

COMMENTS

- REPORTABLE DISEASE
- Acute care provider to **call or page the Medical Microbiologist On-Call** at presumed stage.
- Notify lab of presumed diagnosis when specimen is submitted. Specimen is hazardous to lab staff.

Antibiotic Resistant Organisms (ARO)

CLINICAL PRESENTATION
Infection or colonization of any body site

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Infected or colonized secretions and 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) See Vancomycin-resistant *Staphylococcus aureus* (VRSA) & Intermediate *Staphylococcus aureus* (VISA)

DURATION OF PRECAUTIONS
As directed by Infection Prevention and Control

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Variable	Variable

COMMENTS
• Refer to ARO Acute Care Patient Placement Algorithm

Arboviruses – Arthropod-Borne Viruses

CLINICAL PRESENTATION
Encephalitis, fever, rash, arthralgia, meningitis

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
See specific organism for details	• Arthropod/Insect borne vectors (mosquitos, ticks, sandflies) • No human-to-human transmission (except Crimean Congo & Zika)

PRECAUTIONS NEEDED	
See specific organism for precautions indicated	See California serogroup (CSG) viruses (Orthobunyavirus) See Chikungunya virus (Alphavirus) See Colorado Tick Fever (Coltivirus) See Crimean Congo Hemorrhagic Fever (Orthonairovirus) See Dengue Fever - (Orthoflavivirus) See Eastern Equine (EEE) and Western Equine (WEE) Encephalitis (Alphavirus) See Powassan Encephalitis (Orthoflavivirus) See Rift Valley Fever (Phlebovirus) See Saint Louis Encephalitis (Orthoflavivirus) See West Nile Virus (Orthoflavivirus) See Yellow Fever (Orthoflavivirus) See Zika Virus (Orthoflavivirus)

DURATION OF PRECAUTIONS
Variable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Variable	Variable

COMMENTS

- Hundreds of different viruses exist. Most are limited to specific geographic areas.
- Most arboviruses require **Routine Practice**, except Crimean Congo Hemorrhagic fever which is a high-threat pathogen. Follow organism specific precautions if Crimean Congo is presumed.
- Most common North American arboviruses that cause human disease: California encephalitis serogroup (orthobunyavirus), Colorado Tick Fever (Coltivirus), Powassan Encephalitis (Orthoflavivirus), and St. Louis Encephalitis (Orthoflavivirus).

Ascariasis

Roundworm *(Ascaris spp.)* or Hookworm *(Ancylostoma duodenale* and *Necator americanus)*

CLINICAL PRESENTATION
Usually asymptomatic

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Contaminated soil or water	**Roundworm:** Ingestion of infectious eggs **Hookworm:** Acquired from larvae in soil, feces, and other contaminated surfaces through exposed skin, oral ingestion, and from pregnant individual to fetus in utero or infanct during breastfeeding No human-to-human transmission

PRECAUTIONS NEEDED	
ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS
Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Roundworm: 6 - 8 weeks Hookworm: 4 - 12 weeks	Not applicable

COMMENTS

- Roundworm: eggs must incubate in certain soil conditions for 2 - 4 weeks before becoming infectious.
- Hookworm: larvae must hatch in the soil to become infectious.
- Adult egg-laying female worms can live in the host for months to years.

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 human-to-human transmission

PRECAUTIONS NEEDED	
ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS
Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Variable	Not applicable

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.
- If patient has cutaneous aspergillosis (skin and soft tissue infection) with copious drainage, use **Airborne & Contact Precautions** during wound care (including irrigations and bedside/ surgical debridement). See VCH Bioaerosol Management Guideline.
- Notify IPAC of all cases of cutaneous aspergillosis (rare).

Astrovirus

CLINICAL PRESENTATION
Diarrhea accompanied by low-grade fever, malaise, nausea, vomiting, mild dehydration

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Feces	Fecal-oral, direct contact, indirect contact

PRECAUTIONS NEEDED		
ACUTE CARE	**Routine Practices**	**Contact Precautions** For Adults if: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
LONG-TERM CARE	**Routine Practices**	**Contact Precautions** For Adults if: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
COMMUNITY	**Routine Practices**	**Contact Precautions** For Adults if: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
PEDIATRICS		**Contact Precautions**

DURATION OF PRECAUTIONS
Until symptoms have stopped for 48 hours AND return to baseline bowel movements, OR (for adults) until they are continent and have good hygiene.

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
3 - 4 days	Until symptoms resolve

COMMENTS
• REPORTABLE DISEASE

Avian Influenza

Commonly known as “Bird Flu”

CLINICAL PRESENTATION

Asymptomatic, conjunctivitis, influenza-like illness (sore throat, cough, fever, fatigue, myalgia, headache), pneumonia, dyspnea, respiratory failure, altered mental status, multi-organ failure, meningoencephalitis

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Handling of infected sick or dead birds/animals, their feathers, fluids or feces Respiratory secretions, infectious specimens	Direct contact, indirect contact, airborne, droplet

PRECAUTIONS NEEDED

ACUTE CARE	**Airborne & Contact + Droplet Precautions**
LONG-TERM CARE	**Airborne & Contact + Droplet Precautions**
COMMUNITY	**Airborne & Contact + Droplet Precautions**
PEDIATRICS	**Airborne & Contact + Droplet Precautions**

DURATION OF PRECAUTIONS

Acute Care and LTC: Contact IPAC for discontinuation of precautions
Community: Contact Public Health for discontinuation of precautions

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Generally 2 - 5 days, up to 7 - 10 days	Up to 21 days

COMMENTS

- REPORTABLE DISEASE.
- Acute care provider to **call or page the Medical Microbiologist On-Call** at presumed stage.
- **Call or page IPAC immediately** at presumptive stage.
- High index of suspicion for those who present with viral influenza-like illness and/or conjunctivitis and close contact with infected sick or dead bird/animal within 10 days of symptom onset.
- Post exposure anti-viral prophylaxis can be considered based on an exposure risk assessment.
- Cohorting of patients with known exposures is not recommended.
- See BCCDC Management of Specific Diseases Interim H5NI Avian Influenza Outbreak
- See Guidance on human health issues related to avian influenza in Canada
- See Interim recommendations for infection prevention and control of avian influenza in healthcare settings

Babesiosis

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

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Not applicable	Insect-borne (tickborne) No human-to-human transmission except rarely by blood transfusion from asymptomatic parasitaemic donors or by congenital/perinatal transmission: pregnant individual to fetus in utero or newborn at birth

PRECAUTIONS NEEDED	
ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS
Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Weeks to months	Not applicable

COMMENTS

Bacillus cereus

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

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Ubiquitous in the environment and commonly found in the soil	Foodborne, no human-to-human transmission

PRECAUTIONS NEEDED	
ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS
Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
30 minutes - 15 hours	Not applicable

COMMENTS

- REPORTABLE DISEASE

Bartonellosis *(Bartonella spp.)*

Includes: Cat-scratch fever (*Bartonella henselae*), Trench fever (*Bartonella quintana*), *Bartonella bacilliformis*

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

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Infected domestic cats Bite from infected louse or flea	Louse-borne, flea-borne Scratch, bite, or lick from infected cat No human-to-human transmission

ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS
Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
7 - 30 days	Not applicable

COMMENTS

Bedbugs

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

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Bed linens, mattresses, bed frames, dresser tables, wooden furniture, clothing, purses/ bags/suitcases	No human-to-human transmission but requires direct personal contact with infested material

PRECAUTIONS NEEDED	
ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS
Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Not applicable	Not applicable

COMMENTS

- **Notify Environmental Services and/or Pest Control Company** if bedbugs are found. They will determine what type of cleaning is required and can assist with monitoring for bedbugs.
- **Use** Point-of-Care Risk Assessment **to determine if PPE is required when providing care**.
- In Acute Care, if it becomes apparent that a patient has bedbugs or they are visible on admission, have all belongings that are potentially infested placed in sealed plastic bags or taken straight home.
- See IPAC Quick Reference for Management of Bed Bugs

BK Virus

Also known as “Human Polyomavirus 1”

CLINICAL PRESENTATION

For **immunocompetent individuals:** Generally asymptomatic. May occasionally cause hematuria or cystitis.
For **immunocompromised individuals:** Fever, non-specific respiratory infection, hemorrhagic and non-hemorrhagic cystitis, nephritis, ureteral stenosis, pneumonitis, encephalitis, and hepatitis.

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Respiratory secretions, transplacental, infected transplanted kidney organs	• Direct contact and indirect contact • Pregnant individual to fetus in utero • Organ transplantation

PRECAUTIONS NEEDED

ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS

Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Exhibits primary infection in early childhood and latent infection later in life	Not applicable

COMMENTS

- Infection in humans usually occur in early childhood and often leads to lifelong persistence. Rarely cause symptoms, except in people with weakened immune system.

Blastomycosis (*Blastomyces dermatitidis*)

CLINICAL PRESENTATION
Respiratory infection (fever, cough, runny nose, sore throat); pneumonia (shortness of breath, chest pain) Disseminated blastomycosis: skin lesions, abscesses, osteoarticular infection, rare nervous system or congenital infections

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Spores from moist soil	Inhalation of spore-laden dust No human-to-human transmission

ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS
Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
14 - 90 days	Not applicable

COMMENTS
• *Blastomyces 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.

Bocavirus

CLINICAL PRESENTATION
Respiratory tract infection (fever, cold-like symptoms: cough, runny nose, sore throat) Otitis media

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Respiratory secretions	Droplet, direct contact, indirect contact

PRECAUTIONS NEEDED		
ACUTE CARE	**Routine Practices**	**Droplet & Contact Precautions** • Adults on high risk units*
LONG-TERM CARE	**Routine Practices**	
COMMUNITY	**Routine Practices**	
PEDIATRICS		**Droplet & Contact Precautions**

DURATION OF PRECAUTIONS
Until symptoms resolve For immunocompromised individuals, isolation precautions may need to be maintained for a longer duration – **Contact IPAC** for discontinuation of precautions

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Unknown	Until acute symptoms resolve

COMMENTS

- Minimize exposure to high-risk patients. See Definition of Moderately to Severely Immunocompromised Patient.
- Individuals on Droplet & Contact Precautions may need additional Airborne Precautions if Aerosol Generating Medical Procedures (AGMPs) are used.
- *High-risk units - Solid Organ Transplant (SOT), Bone Marrow Transplant (BMT), Intensive Care Unit (ICU), Neonatal ICU (NICU), Cardiac Surgery ICU (CSICU), Cardiac Care Unit (CCU), Thoracic, Burns Trauma High Acuity (BTHA).

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 Wounds contaminated by soil No human-to-human transmission

PRECAUTIONS NEEDED	
ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS
Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Variable	Not applicable

COMMENTS

- REPORTABLE DISEASE.
- Acute care provider to **call or page the Medical Microbiologist On-Call** at presumed stage.
- May be bioterrorism related.
- Infants may colonize C. botulinum in the gut.

Brucellosis (Undulant fever, Malta fever, Mediterranean fever)

Brucella spp. including *B. melitensis, B. abortus,* and *B. suis*

CLINICAL PRESENTATION

Systemic bacterial disease with either acute or 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/tissues including milk, feces, etc.	Direct contact with infected animals or contaminated animal products (ingestion or through breaks in skin barrier). Very rare human-to-human transmission by banked spermatozoa, sexual contact, or via breastmilk.

PRECAUTIONS NEEDED

ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS

Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Weeks to months	Not applicable

COMMENTS

- REPORTABLE DISEASE
- **Notify lab** of presumed diagnosis when specimen submitted. Specimen is hazardous to laboratory staff.
- If organism is found in draining lesions, use personal protective equipment as per point of care risk assessment.

Burkholderia cepacia complex (*Burkholderia* spp.)

CLINICAL PRESENTATION

Respiratory infections: Pneumonia, exacerbation of chronic lung disease in immunocompromised patients
Non-respiratory infections: Skin and soft-tissue infections, surgical wound infections, and urinary tract infections

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Respiratory secretions, skin and body fluids	Direct contact and indirect contact. Large droplets in respiratory infections. Inhaled dust or soil particles

PRECAUTIONS NEEDED

ACUTE CARE	**Routine Practices** • Non-respiratory infections	**Contact Precautions** • Cystic fibrosis patients* • CGD patients* • Non-respiratory infections on high risk units*	**Droplet & Contact Precautions** • Respiratory infections on high-risk units* • Cystic fibrosis/CGD patients with respiratory infections*
LONG-TERM CARE	**Routine Practices**		
COMMUNITY	**Routine Practices**	**Contact Precautions** • Cystic fibrosis patients* • CGD patients*	**Droplet & Contact Precautions** • Cystic fibrosis/CGD patients with respiratory infections*
PEDIATRICS	**Routine Practices** • Non-respiratory infections	**Contact Precautions** • Cystic fibrosis patients* • CGD patients* • Non-respiratory infections on high risk units*	**Droplet & Contact Precautions** • Respiratory infections on high-risk units • Cystic fibrosis/CGD patients with respiratory infections*

DURATION OF PRECAUTIONS

As directed by IPAC

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Variable	Variable

COMMENTS

- *Can cause severe respiratory infections in individuals with cystic fibrosis (CF) and chronic granulomatous disease (CGD).
- Outbreaks have been linked to contaminated oral medications, medical products, inhaled medications, and disinfectant solutions.
- Cystic fibrosis patients should wear a medical mask when outside of the room.
- *High-risk units - Solid Organ Transplant (SOT), Bone Marrow Transplant (BMT), Intensive Care Unit (ICU), Neonatal ICU (NICU), Cardiac Surgery ICU (CSICU), Cardiac Care Unit (CCU), Thoracic, Burns Trauma High Acuity (BTHA).

California Serogroup (CSG) Viruses (*Orthobunyavirus*)

Includes: California Encephalitis Virus, Jamestown Canyon Virus, La Crosse Virus, Snowshoe Hare Virus

CLINICAL PRESENTATION
Encephalitis. Fever, stiff neck, lethargy, focal signs, nausea and vomiting

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Bite from infected mosquito	Insect borne (vector) No human-to-human transmission

PRECAUTIONS NEEDED	
ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS
Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
3 - 7 days	Not applicable

COMMENTS

- All cases of encephalitis are REPORTABLE DISEASE.
- Provider to report to Medical Health Officer if encephalitis is presumed

Campylobacter jejuni

CLINICAL PRESENTATION
Diarrhea (possibly bloody), abdominal pain and fever

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Feces	Direct contact and indirect contact (fecal-oral and contaminated food and water)

PRECAUTIONS NEEDED		
ACUTE CARE	**Routine Practices**	**Contact Precautions** If adult is: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
LONG-TERM CARE	**Routine Practices**	**Contact Precautions** If adult is: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
COMMUNITY	**Routine Practices**	**Contact Precautions** If adult is: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
PEDIATRICS		**Contact Precautions**

DURATION OF PRECAUTIONS
Until symptoms have stopped for 48 hours AND return to baseline bowel movements, OR (for adults) until they are continent and have good hygiene

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
2 - 5 days	Until symptoms resolve

COMMENTS
• REPORTABLE DISEASE

Candidiasis (*Candida* spp.)

CLINICAL PRESENTATION
Various, mucocutaneous lesions, systemic disease

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Mucocutaneous secretions and excretions	Not applicable

PRECAUTIONS NEEDED	
ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS
Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Variable	Not applicable

COMMENTS

- *Candida auris* can be multi-drug resistant – See *Candida auris* if indicated.

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 Preautions** • *C. auris* colonization and infection	**Droplet & Contact Precautions** • If *C. auris* found in sputum or tracheostomy and have a productive cough or ventilated
LONG-TERM CARE & MENTAL HEALTH	**Enhanced Barrier Precautions** • *C. auris* colonization	**Contact Precautions** • *C auris* infection Use Droplet & Contact Precautions if *C. auris* found in sputum or tracheostomy and have a productive cough or ventilated
COMMUNITY	**Routine Practices** • Lower risk of transmission*	**Contact Precautions** • Higher risk of transmission* Use Droplet & Contact Precautions if *C. auris* found in sputum or tracheostomy and have a productive cough or ventilated
PEDIATRICS	**Contact Precautions** • *C. auris* colonization and infection	**Droplet & Contact Precautions** • If *C. auris* found in sputum or tracheostomy and have a productive cough or ventilated

DURATION OF PRECAUTIONS

Acute Care: As directed by Infection Prevention and Control (IPAC).
Long-Term Care: Maintain additional precautions until infection is resolved and then return to Enhanced Barrier Precautions.

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Variable	Not applicable

COMMENTS

- REPORTABLE DISEASE
- *Refer to Additional Precautions in Community Healthcare Settings for definition of lower risk and higher risk transmission.
- Infection affects vulnerable populations (e.g., immunocompromised, prolonged hospitalization, antimicrobial or antifungal use, indwelling devices).
- See *C. auris* resources - Acute Care or *C. auris* resources - Long-Term Care

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., *Acinetobacter* spp., *Pseudomonas* spp.

CLINICAL PRESENTATION

Colonization or infection. Symptoms based on sites involved

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Colonized or infected body fluids or sites. Sink drain colonization.	Direct contact, indirect contact

PRECAUTIONS NEEDED

ACUTE CARE	**Contact Precautions** • CPO colonization and infection	**Droplet & Contact Precautions** • If CPO found in sputum or tracheostomy and have a productive cough or ventilated
LONG-TERM CARE & MENTAL HEALTH	**Enhanced Barrier Precautions** • CPO colonization	**Contact Precautions** • CPO infection • Use Droplet & Contact Precautions if CPO found in sputum or tracheostomy and have a productive cough or ventilated
COMMUNITY	**Routine Practices** • Lower risk of transmission*	**Contact Precautions** • Higher risk of transmission* • Use Droplet & Contact Precautions if CPO found in sputum or tracheostomy and have a productive cough or ventilated
PEDIATRICS	**Contact Precautions** • CPO colonization and infection	**Droplet & Contact Precautions** • If CPO found in sputum or tracheostomy and have a productive cough or ventilated

DURATION OF PRECAUTIONS

Acute Care: As directed by IPAC
Long-Term Care: Maintain additional precautions until infection is resolved and then return to Enhanced Barrier Precautions

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Variable	Not applicable

COMMENTS

- REPORTABLE DISEASE
- *Refer to Additional Precautions in Community Healthcare Settings for definition of lower risk and higher risk transmission
- See VCH CPO resources on the IPAC website.
- Refer to ARO Acute Care Patient Placement Algorithm.
- The most common CPO genes are NDM, OXA, KPC.

Cellulitis, not yet diagnosed (NYD)

Many types of bacteria, most commonly Group A streptococcus (*Streptococcus pyogenes*), and *Staphylococcus aureus*

CLINICAL PRESENTATION

Inflammation of dermal or subcutaneous tissue
May also present with generalized malaise, fatigue, and fevers

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	
LONG-TERM CARE	**Routine Practices** • Minor drainage contained by dressing	**Contact Precautions** • Major drainage not contained by dressing	
COMMUNITY	**Routine Practices** • Minor drainage contained by dressing	**Contact Precautions** • Major drainage not contained by dressing	
PEDIATRICS	**Routine Practices** • Minor drainage contained by dressing	**Contact Precautions** • Major drainage not contained by dressing	**Droplet Precautions** • Orbital cellulitis in children <5 years old • Until Haemophilus influenzae is ruled out

DURATION OF PRECAUTIONS

Until drainage is contained
For iGAS and H. influenzae: until 24 hours effective antimicrobial therapy is completed

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Variable	Variable

COMMENTS

- Most Group A Streptococcus (GAS) cellulitis is non-invasive.
- If invasive Group A Streptococcal infection is presumed or there is clinical evidence of soft-tissue necrosis, myositis, or gangrene, add **Droplet & Contact Precautions** for the first 24 hours of antimicrobial therapy. See GAS – Group A Streptococcus (*Streptococcus pyogenes*) – Invasive.

Chancroid (*Haemophilus ducreyi*)

CLINICAL PRESENTATION
Genital ulcers, papules or pustules

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Drainage from ulcers	Sexual contact

PRECAUTIONS NEEDED	
ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS
Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
1 - 10 days	As long as ulcerations remain unhealed

COMMENTS

- REPORTABLE DISEASE
- Chancroid rarely spreads from the genital tract and does not cause systemic disease.

Chikungunya virus (*Alphavirus*)

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

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Bite from an infected mosquito	Mosquito borne (vector) No human-to-human transmission

PRECAUTIONS NEEDED	
ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS
Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
2 - 12 days	Not applicable

COMMENTS

Chlamydia (*Chlamydia trachomatis*)

CLINICAL PRESENTATION
Genital tract infection, ulcerative lesions on genitals, pneumonia (infants), conjunctivitis, trachoma, Lymphogranuloma venereum (LGV),

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Conjunctival and genital secretions	Trachoma: direct contact, indirect contact Sexually transmitted Pregnant individuals to newborn at birth

PRECAUTIONS NEEDED	
ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS
Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Variable	As long as organism is present in secretions

COMMENTS

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**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS	
Not applicable	
INCUBATION PERIOD	**PERIOD OF COMMUNICABILITY**
21 days	Unknown

COMMENTS

- REPORTABLE DISEASE

Clostridioides difficile Infection (CDI, C. difficile)

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**
COMMUNITY	**Contact Precautions**
PEDIATRICS	**Contact Plus Precautions**

DURATION OF PRECAUTIONS

- Until symptoms have stopped for 48 hours AND return to baseline bowel movements.
- A negative or repeat C. difficile test is not recommended as a test of cure.
- Shedding of C. difficile in stool can persist for several months after infection has resolved and may result in positive test results.

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Variable	Until symptoms resolve

COMMENTS

- Soap and water is the preferred method of hand hygiene.
- Environmental cleaning: Use a product that is effective against C. difficile as spores are known to be durable and resistant to routine disinfectant processes.
- Only send specimens on **symptomatic individuals**. Do not test children < 12 months.

Clostridium perfringens (Food Poisoning)

CLINICAL PRESENTATION
Gastroenteritis (abdominal pain, severe diarrhea)

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Feces, soil, contaminated food	Foodborne No human-to-human transmission

PRECAUTIONS NEEDED	
ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS
Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
6 - 24 (usually 8 - 12) hours	Not applicable

COMMENTS
• REPORTABLE DISEASE

Clostridium perfringens (Gas Gangrene)

Gas gangrene is also known as “clostridial myonecrosis”

CLINICAL PRESENTATION

Severe pain, edema, tenderness, pallor, discoloration, hemorrhagic bullae, production of gas at wound site, muscle necrosis
Systemic presentation includes shock, renal failure, hypotension, bacteremia with intravascular hemolysis leading to coma and death

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Soil, contaminated foreign bodies, feces	No human-to-human transmission Contamination of deep open wounds (fractures, bullet wounds) with dirt or foreign material

PRECAUTIONS NEEDED

ACUTE CARE	**Routine Practices** • Minor drainage contained by dressing	**Contact Precautions** • Major drainage that is not covered or contained by dressing
LONG-TERM CARE	**Routine Practices** • Minor drainage contained by dressing	**Contact Precautions** • Major drainage that is not covered or contained by dressing
COMMUNITY	**Routine Practices** • Minor drainage contained by dressing	**Contact Precautions** • Major drainage that is not covered or contained by dressing
PEDIATRICS	**Routine Practices** • Minor drainage contained by dressing	**Contact Precautions** • Major drainage that is not covered or contained by dressing

DURATION OF PRECAUTIONS

Until drainage can be contained and covered

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
After injury 6 hours - 4 days	Not applicable

COMMENTS

- Gas gangrene can also be caused by other bacteria such as *Streptococcus, Staphylococcus, Clostridium spp.*

Coccidioidomycosis (*Coccidioides* spp.)

Commonly known as "Valley Fever"

CLINICAL PRESENTATION

Usually self-limiting. Pneumonia, pleural effusion, malaise, fever, myalgia, headache. Pleural effusion, empyema. Cutaneous lesions and soft tissue infections, rash. Rare central nervous system involvement.

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Fungal spores from soil and dust Wound drainage (rare)	Inhalation of spores No human-to-human transmission Rare cutaneous infection via direct contact with draining lesions, and organ transplantation

PRECAUTIONS NEEDED

ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS

Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
1 - 3 weeks	Not applicable

COMMENTS

- Transmission can occur when soil or dust is disturbed.
- Use point of care risk assessment when changing or discarding dressings, casts or other materials that may be contaminated with exudate.

Colorado Tick Fever (*Coltivirus*)

CLINICAL PRESENTATION
Fever, chills, headache, body aches, fatigue Rare cases of encephalitis, meningitis, unexplained bleeding

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Bite from infected tick	Tick borne (vector) No human-to-human transmission

PRECAUTIONS NEEDED	
ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS
Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
3 - 6 days	Not applicable

COMMENTS

- All cases of encephalitis are REPORTABLE DISEASE.
- Provider to report to Medical Health Officer if encephalitis is presumed.

Conjunctivitis - Bacterial

Commonly known as “Pink Eye”

CLINICAL PRESENTATION
Inflammation of the conjunctiva, redness of the sclera, 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**	**Contact Precautions** • If viral etiology not ruled out
LONG-TERM CARE	**Routine Practices**	**Contact Precautions** • If viral etiology not ruled out
COMMUNITY	**Routine Practices**	**Contact Precautions** • If viral etiology not ruled out
PEDIATRICS		**Contact Precautions**

DURATION OF PRECAUTIONS
Until viral etiology ruled out or until symptoms are resolved

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
24 - 72 hours	During active infection

COMMENTS

- The most common cause of bacterial conjunctivitis are *Staphylococcus aureus*, *Haemophilus influenzae*, *Streptococcus pneumoniae*, *Moraxella catarrhalis*.
- If bacterial conjunctivitis is caused by **Antibiotic Resistant Organism**, then refer to specific organism.
- Bacterial conjunctivitis is less common in children older than 5 years.

Conjunctivitis - Viral

Commonly known as “Pink Eye”

CLINICAL PRESENTATION
Inflammation of the conjunctiva, redness of the sclera, watery discharge

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Eye discharge (watery)	Direct contact, indirect contact

PRECAUTIONS NEEDED	
ACUTE CARE	**Contact Precautions**
LONG-TERM CARE	**Contact Precautions**
COMMUNITY	**Contact Precautions**
PEDIATRICS	**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

- The most common causes of viral conjunctivitis are Adenovirus, Enteroviruses, HSV, Rubella, and Rubeola.
- Careful attention to aseptic technique and reprocessing of ophthalmology equipment is required.

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

Includes: Human coronavirus 22E, HKU1, NL63, and OC43

CLINICAL PRESENTATION

Usually self-limiting. Respiratory tract infection (fever, viral respiratory symptoms: cough, runny nose, sore throat, pneumonia)

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Respiratory secretions	Direct contact, indirect contact, droplet

PRECAUTIONS NEEDED

ACUTE CARE	**Routine Practices**	**Droplet & Contact Precautions** • Adults in igh risk units* only
LONG-TERM CARE	**Routine Practices**	
COMMUNITY	**Routine Practices**	
PEDIATRICS		**Droplet & Contact Precautions**

DURATION OF PRECAUTIONS

Until symptoms resolve.

For immunocompromised individuals, isolation precautions need to be maintained for a longer duration due to prolonged viral shedding – **Contact IPAC** for discontinuation of precautions.

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
2 - 5 days	Until acute symptoms resolve

COMMENTS

- Minimize exposure to high-risk patients. Refer to Definition of Moderately to Severely Immunocompromised Patients.
- Individuals on Droplet & Contact Precautions may need additional Airborne Precautions if Aerosol Generating Medical Procedures (AGMPs) are used.
- *High-risk units - Solid Organ Transplant (SOT), Bone Marrow Transplant (BMT), Intensive Care Unit (ICU), Neonatal ICU (NICU), Cardiac Surgery ICU (CSICU), Cardiac Care Unit (CCU), Thoracic, Burns Trauma High Acuity (BTHA).

Coronavirus, COVID-19 (SARS-CoV-2)

CLINICAL PRESENTATION
Respiratory tract infection (fever, respiratory-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**
LONG-TERM CARE & MENTAL HEALTH	**Droplet & Contact Precautions**
COMMUNITY	**Droplet & Contact Precautions**
PEDIATRICS	**Droplet & Contact Precautions**

DURATION OF PRECAUTIONS

Acute Care: 7 days post symptom onset **AND** symptom improvement for 24 hours **AND** return to baseline oxygenation **AND** resolution of fever without the use of fever-reducing medication
For moderately/severely immunocompromised individuals, isolation precautions need to be maintained for 20 days. Contact IPAC for discontinuation of precautions.
Long-Term Care and Mental Health: Maintain 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 Interim Guidance: Public Health Management of COVID-19 in the Community (page 8).

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
1 - 14 days (average 5 days)	Variable

COMMENTS

- Individuals on Droplet & Contact Precautions may need additional **Airborne Precautions** if Aerosol Generating Medical Procedures (AGMPs) are used.
- In **Acute Care**, if a patient in a multibed room tests positive, move to a private room whenever possible and place roommates on Droplet & Contact Precautions for 5 days.
- Refer to BCCDC COVID-19 Resources.

Coronavirus, SARS & MERS

Includes: Severe Acute Respiratory Syndrome Coronavirus (SARS CoV) & Middle East Respiratory Syndrome Coronavirus (MERS CoV)

CLINICAL PRESENTATION

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

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Respiratory secretions and exhaled droplets and particles	Direct contact, indirect contact, droplet

PRECAUTIONS NEEDED

ACUTE CARE	**Airborne & Contact + Droplet Precautions**
LONG-TERM CARE	**Airborne & Contact + Droplet Precautions**
COMMUNITY	**Airborne & Contact + Droplet Precautions**
PEDIATRICS	**Airborne & Contact + Droplet Precautions**

DURATION OF PRECAUTIONS

As directed by IPAC and the Medical Health Officer on a case-by-case basis. Immunocompromised patients may have prolonged viral shedding.

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
2 – 14 days	Not yet determined

COMMENTS

- REPORTABLE DISEASE.
- Acute care provider to **call or page the Medical Microbiologist On-Call** at presumed stage.
- **Call or page IPAC immediately** if SARS or MERS is presumed.
- History of travel and/or contact with persons from endemic countries must be considered at triage.
- For more information, see Emerging Respiratory Viruses.

Corynebacterium diphtheriae (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	**Routine Practices** • Non-toxigenic strain	**Contact Precautions** • Toxigenic cutaneous diphtheria	**Droplet & Contact Precautions** • Toxigenic pharyngeal diphtheria
LONG-TERM CARE	**Routine Practices** • Non-toxigenic strain	**Contact Precautions** • Toxigenic cutaneous diphtheria	**Droplet & Contact Precautions** • Toxigenic pharyngeal diphtheria
COMMUNITY	**Routine Practices** • Non-toxigenic strain	**Contact Precautions** • Toxigenic cutaneous diphtheria	**Droplet & Contact Precautions** • Toxigenic pharyngeal diphtheria
PEDIATRICS	**Routine Practices** • Non-toxigenic strain	**Contact Precautions** • Toxigenic cutaneous diphtheria	**Droplet & Contact Precautions** • Toxigenic pharyngeal diphtheria

DURATION OF PRECAUTIONS

Until after antimicrobial therapy is complete AND until 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. If treated with appropriate antibiotics, 48 hours.

COMMENTS

- REPORTABLE DISEASE.
- Provider to report all cases of respiratory diphtheria to Medical Health Officer.
- If cultures are not available, maintain precautions until 2 weeks after completion of treatment.
- Cutaneous *Corynebacterium diphtheriae* isolates are not routinely sent for toxin testing. Toxin testing by clinical request based on the clinical context (e.g., travel to endemic area and/or wound presentation).
- Toxigenic strains produce diphtheria toxin. Not all *Corynebacterium diphtheriae* strains produce toxins.
- Close contacts require antimicrobial prophylaxis. Refer to diphtheria antitoxin.

Creutzfeldt-Jakob Disease, Classic (CJD) and Variant (vCJD)

CLINICAL PRESENTATION

CJD: Subclinical onset of myoclonus, chronic encephalopathy, rapidly progressive dementia
vCJD: Prominent psychiatric/behavioral symptoms; painful dysesthesias; delayed neurologic signs

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Tissues of infected animals and humans, contaminated neurosurgical instruments **High-risk tissue:** brain including dura mater, spinal cord, CSF, posterior eyes, pituitary gland. Tonsils (vCJD)	**CJD:** exposure to contaminated neurosurgical instruments, infected brain or nervous system tissue during medical procedures **vCJD:** consuming infected livestock No human-to-human transmission

PRECAUTIONS NEEDED

ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS

Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Months to years	Variable

COMMENTS

- REPORTABLE DISEASE.
- Providers to **call or page Medical Microbiologist on call** at presumptive stage.
- Guidelines for CJD precautions on a patient and/or tissue at risk for CJD include: neurosurgical procedures, decontamination, sterile processing, specimen collection/ handling and autopsy procedures – see VCH IPAC Guidelines for Management of CJD and other Prion Diseases
- For lumbar puncture at the bedside of a patient with presumed CJD - see IPAC Recommendations for Creutzfeldt Jakob Disease (CJD) Lumbar Puncture (LP)

Crimean-Congo Hemorrhagic Fever, Viral Hemorrhagic Fever (VHF)

(Arbovirus - Orthobunyavirus)

CLINICAL PRESENTATION

Headache, fever, back pain, joint pain, stomach pain, vomiting, red eyes, throat, petechiae, jaundice.
Hypotensive crisis can follow frank hemorrhage from gastrointestinal tract, nose, mouth, or uterus

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 + Droplet Precautions**
LONG-TERM CARE	**Airborne & Contact + Droplet Precautions**
COMMUNITY	**Airborne & Contact + Droplet Precautions**
PEDIATRICS	**Airborne & Contact + Droplet Precautions**

DURATION OF PRECAUTIONS

Consult IPAC prior to stopping precautions

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
1 - 9 days following exposure via tick bite 5 - 13 days following contact with infected blood or tissue	From symptom onset until all symptoms resolve

COMMENTS

- REPORTABLE DISEASE
- Acute care provider to **call or page the Medical Microbiologist On-Call** at presumed stage.
- History of travel and/or contact with persons and non-human primates from endemic countries must be considered at triage.
- **Call or page IPAC immediately** if Viral Hemorrhagic Fever is presumed.
- Maintain a log of all people entering the patient's room.
- High threat pathogens require special PPE considerations, see VCH Response Procedures for Viral Hemorrhagic Fever and Other Unusual Communicable Diseases for more information.
- For general information visit the BC MOH Ebola webpage.

Croup, not yet diagnosed (NYD)

*V*arious organisms. Commonly associated with human parainfluenza viruses type 1 and 2

CLINICAL PRESENTATION
Respiratory symptoms, loud barking cough, raspy hoarse voice, wheezing or grunting while breathing

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**
LONG-TERM CARE	**Droplet & Contact Precautions**
COMMUNITY	**Droplet & Contact Precautions**
PEDIATRICS	**Droplet & Contact Precautions**

DURATION OF PRECAUTIONS
Variable – see specific organism For viral infections – until symptoms resolve or return to baseline For immunocompromised individuals, isolation precautions may need to be maintained for longer duration due to prolonged shedding - **Consult IPAC** prior to discontinuation.

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Variable	Dependent on type of virus or bacteria

COMMENTS

- Individuals on Droplet & Contact Precautions may need additional **Airborne Precautions** if Aerosol Generating Medical Procedures (AGMPs) are used.
- Minimize exposure of immunocompromised patients, children with chronic cardiac or lung disease, and neonates.
- Consult IPAC for patient co-horting, see VCH Bed Placement VRI Algorithm.

Cryptococcosis (*Cryptococcus neoformans, C. gattii)*

CLINICAL PRESENTATION
Often asymptomatic. Meningitis (usually in immunocompromised individuals), pulmonary cryptococcosis (acute respiratory distress syndrome), disseminated cryptococcosis

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Soil, decaying wood, bird droppings	Inhalation of the fungal spores or possibly through infected transplanted organs. No human-to-human transmission

PRECAUTIONS NEEDED	
ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS
Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
C. neoformans is unknown but likely variable *C. gattii* is 8 weeks to 13 months	Not applicable

COMMENTS
• REPORTABLE DISEASE

Cryptosporidiosis (*Cryptosporidium parvum*)

CLINICAL PRESENTATION
Diarrhea, abdominal cramps, vomiting, fatigue, fever, weight loss, nausea and headache

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Feces (fecal oocysts)	Fecal-oral, direct contact, indirect contact

PRECAUTIONS NEEDED		
ACUTE CARE	**Routine Practices**	**Contact Precautions** For adults if: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
LONG-TERM CARE	**Routine Practices**	**Contact Precautions** For adults if: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
COMMUNITY	**Routine Practices**	**Contact Precautions** For adults if: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
PEDIATRICS		**Contact Precautions**

DURATION OF PRECAUTIONS
Until symptoms have stopped for 48 hours AND return to baseline bowel movements, OR (for adults) until they are continent and have good hygiene.

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
2 - 10 days	From onset of symptoms until several weeks after symptoms are resolved

COMMENTS
• REPORTABLE DISEASE

Cyclosporiasis (*Cyclospora* spp.)

CLINICAL PRESENTATION

Vomiting, diarrhea, weight loss, abdominal cramps, nausea, fever, prolonged fatigue or may be asymptomatic

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Contaminated water, fruits and vegetables. Imported fresh produce (e.g., fresh raspberries, basil, cilantro, lettuce) from Central America	Fecal-oral, ingestion of contaminated food or water No human-to-human transmission

PRECAUTIONS NEEDED

ACUTE CARE	**Routine Practices**	**Contact Precautions** For adults if: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
LONG-TERM CARE	**Routine Practices**	**Contact Precautions** For adults if: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
COMMUNITY	**Routine Practices**	**Contact Precautions** For adults if: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
PEDIATRICS		**Contact Precautions**

DURATION OF PRECAUTIONS

Until symptoms have stopped for 48 hours AND return to baseline bowel movements, OR (for adults) until they are continent and have good hygiene

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
2 - 14 days	Not applicable

COMMENTS

- REPORTABLE DISEASE

Cystic Fibrosis (CF)

CLINICAL PRESENTATION

Clinical presentation may vary
Typical symptoms include persistent pulmonary infection, pancreatic insufficiency, and elevated sweat chloride levels

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
CF is genetic not infectious. CF patients are at high risk for infection and colonization with antibiotic resistant organisms (AROs)	CF patients can transmit organisms to other CF patients Direct contact, indirect contact, droplet

PRECAUTIONS NEEDED

ACUTE CARE		**Contact Precautions**	**Droplet & Contact Precautions** • ***All*** respiratory infections (e.g. adenovirus, rhinovirus, stenotrophomonas, pseudomonas, etc.)
LONG-TERM CARE	**Routine Practices**		**Droplet & Contact Precautions** • ***All*** respiratory infections (e.g. adenovirus, rhinovirus, stenotrophomonas, pseudomonas, etc.)
COMMUNITY	**Routine Practices** • Home care	**Contact Precautions** • Ambulatory/outpatient care clinics	**Droplet & Contact Precautions** • ***All*** respiratory infections (e.g. adenovirus, rhinovirus, stenotrophomonas, pseudomonas, etc.)
PEDIATRICS	**Routine Practices** • Home care	**Contact Precautions** • Acute care • Ambulatory/outpatient care clinics	**Droplet & Contact Precautions** • ***All*** respiratory infections (e.g. adenovirus, rhinovirus, stenotrophomonas, pseudomonas, etc.)

DURATION OF PRECAUTIONS

As directed by Infection Prevention and Control

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Not applicable	Not applicable

COMMENTS

- Segregate newly diagnosed CF patients from other CF patients in all settings until IPAC education has been provided.
- CF patients should wear a mask when not inside their clinic or hospital room.
- CF patient require special infection control measures. Contact IPAC for more information.

Cytomegalovirus (CMV)

(Human Herpesvirus 5)

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 (pregnant individual to fetus in utero, newborn at birth, or infant during breastfeeding), transfusion, transplantation

PRECAUTIONS NEEDED	
ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS
Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Variable, weeks to months	Variable, linked to immunosuppressed status

COMMENTS

- REPORTABLE DISEASE. All cases of congenital or neonatal infection.
- Can be an uncommon cause of infectious mononucleosis.
- Requires intimate personal contact for transmission.
- No additional precautions necessary for pregnant healthcare workers.

Dengue Fever (*Orthoflavivirus*)

CLINICAL PRESENTATION
Fever, joint pain, macular or maculopapular rash Disease may progress to hemorrhagic fever or dengue shock syndrome (DSS) in extreme cases

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Bite from an infected mosquito	Mosquito borne (vector) Rare vertical transmission or needlestick injury No human-to-human transmission

PRECAUTIONS NEEDED	
ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS
Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
3 - 14 days	Not applicable

COMMENTS
• REPORTABLE DISEASE

Diarrhea, not yet diagnosed (NYD)

CLINICAL PRESENTATION
Diarrhea

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Feces	Fecal-oral, direct contact, indirect contact

PRECAUTIONS NEEDED	
If pathogen is identified, follow organism specific instructions in this manual.	
ACUTE CARE	**Contact Plus Precautions** • Diarrhea and/or vomiting NYD and gastroenteritis is presumed
LONG-TERM CARE	**Contact Plus Precautions** • Diarrhea and/or vomiting NYD and gastroenteritis is presumed
COMMUNITY	**Contact Precautions** • Diarrhea and/or vomiting NYD and gastroenteritis is presumed
PEDIATRICS	**Contact Plus Precautions** • Diarrhea and/or vomiting NYD and gastroenteritis is presumed

DURATION OF PRECAUTIONS
Refer to specific organism if identified If organism is unknown, until symptoms resolved for 48 hours AND return to baseline bowel movements or until infectious cause is ruled out

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Not applicable	Not applicable

COMMENTS

- Soap and water is the preferred method of hand hygiene
- Refer to Gastrointestinal Infection (GI) Acute Care Patient Placement Algorithm
- Refer to Outbreak Resources

Eastern Equine (EEE) and Western Equine (WEE) Encephalitis (*Alphavirus*)

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

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Bite from an infected mosquito	Mosquito borne (vector) No human-to-human transmission

PRECAUTIONS NEEDED	
ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS
Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
4 - 10 days	Not applicable

COMMENTS

- All cases of encephalitis are REPORTABLE DISEASE.
- Provider to report to Medical Health Officer if encephalitis is presumed.

Ebola Viral Disease (EVD) - Viral Hemorrhagic Fever (VHF)

(*Ebolavirus*)

CLINICAL PRESENTATION

Fever, severe headache, fatigue, myalgia, pharyngitis, nausea, vomiting, diarrhea, unexplained bruising or bleeding
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 + Droplet Precautions**
LONG-TERM CARE	**Airborne & Contact + Droplet Precautions**
COMMUNITY	**Airborne & Contact + Droplet Precautions**
PEDIATRICS	**Airborne & Contact + Droplet Precautions**

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 and body fluids

COMMENTS

- REPORTABLE DISEASE
- Acute care provider to **call or page the Medical Microbiologist On-Call** at presumed stage.
- History of travel and/or contact with persons and non-human primates from endemic countries must be considered at triage.
- **Call or page IPAC immediately** if Ebola Viral Disease is presumed.
- Maintain a log of all people entering the patient's room.
- High threat pathogens require special PPE considerations, see VCH Response Procedures for Viral Hemorrhagic Fever and Other Unusual Communicable Diseases for more information.
- For general information visit the BC MOH Ebola webpage.

Echinococcosis

Cystic echinococcosis or Hydatidosis (*Echinococcus granulosus*)

Alveolar echinococcosis (*Echinococcus multilocularis*)

CLINICAL PRESENTATION
Cystic echinococcosis: asymptomatic, abdominal pain, nausea, vomiting, chronic cough, chest pain shortness of breath. If cysts rupture: fever, uticaria, eosinophilia, anaphylactic shock **Alveolar echinococcosis:** asymptomatic, weight loss, abdominal pain, general malaise and signs of hepatic failure

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Contaminated food, water or soil and infected animals, such as dogs	Fecal-oral Animal to human **(direct contact with infected aniimals)** No human to human transmission

PRECAUTIONS NEEDED	
ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS
Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Less than 5 and up to 15 years	Not applicable

COMMENTS
• Asymptomatic incubation period can last for years until cysts become large enough to cause clinical symptoms.

Encephalitis, not yet diagnosed (NYD)

Most commonly caused by viruses. Uncommonly caused by bacteria or fungi.

CLINICAL PRESENTATION

Acute onset of headache, photophobia, stiff neck, vomiting, fever, and/or rash

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Respiratory secretions and feces	Variable

PRECAUTIONS NEEDED

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

ACUTE CARE	**Routine Practices** • Encephalitis NYD* • Viral* • Bacterial* • Fungal		**Droplet Precautions** • *Neisseria meningitidis* • Mumps • *Mycoplasma pneumoniae*		**Airborne Precautions** • *Mycobacterium tuberculosis* ** • Measles • *Varicella zoster*
LONG-TERM CARE	Same as Acute Care				
COMMUNITY	Same as Acute Care				
PEDIATRICS	**Routine Practices** • Herpes simplex***	**Contact Precautions** • Encephalitis NYD* • Viral* • Bacterial* • Fungal	**Droplet Precautions** • *H. influenzae* • *Neisseria meningitidis* • Mumps • *Mycoplasma pneumoniae*	**Droplet & Contact Precautions** • NICU settings	**Airborne Precautions** • *Mycobacterium tuberculosis* ** • Measles • *Varicella zoster*

DURATION OF PRECAUTIONS

Variable. See specific organism. Consult IPAC prior to discontinuing precautions.

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Variable	Variable

COMMENTS

- REPORTABLE DISEASE.
- Providers to report all cases of encephalitis to Medical Health Officer.
- **Notify IPAC** of all cases of encephalitis.
- * Use these precautions if organism is not otherwise specified.
- ** Maintain airborne precautions until pulmonary TB disease is ruled out.
- ***If limited to central nervous system only, no other lesions.

Endometritis, not yet diagnosed (NYD), Puerperal Sepsis

Group A Streptococcus (GAS), *Staphylococcus aureus, Clostridium sordellii, Clostridium perfringens*

CLINICAL PRESENTATION

Endometritis: abdominal distension or swelling, lower abdominal pain, fever, abnormal vaginal bleeding or discharge
Puerperal sepsis: high fever, chills, nausea/vomiting, myalgia, atypical signs include dyspnea, rash, pharyngitis, headache, confusion, combativeness

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Infected or colonized body fluids	Contact, indirect contact

PRECAUTIONS NEEDED

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

ACUTE CARE	**Routine Practices**	**Droplet & Contact Precautions** • If presumed to be invasive GAS
LONG-TERM CARE	**Routine Practices**	**Droplet & Contact Precautions** • If presumed to be invasive GAS
COMMUNITY	**Routine Practices**	**Droplet & Contact Precautions** • If presumed to be invasive GAS
PEDIATRICS	**Routine Practices**	**Droplet & Contact Precautions** • If presumed to be invasive GAS

DURATION OF PRECAUTIONS

Variable – see specific organism
For Group A Streptococcus – until 24 hours of effective antimicrobial therapy completed

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Variable	Variable – see specific organism For GAS – until 24 hours of effective antimicrobial therapy completed

COMMENTS

- Endometritis caused by GAS or *Clostridioides* spp. is often severe and can quickly develop into Toxic Shock Syndrome and necrotizing fasciitis, see invasive GAS page in this manual.
- Supporting resource: BCCDC Definition of puerperal infection

Enterobiasis – Pinworm (*Enterobius vermicularis*)

CLINICAL PRESENTATION
Nocturnal itchiness to perianal skin (most common), urethritis, vaginitis, pelvic peritonitis, sleeplessness, irritability

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Larvae on perianal skin, contaminated surfaces such as bedding, clothing, toys	Fecal-oral, direct contact, indirect contact

PRECAUTIONS NEEDED	
ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS
Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
1-2 months or longer from the time eggs are ingested	Until effective treatment and host colonization no longer occurs

COMMENTS

- Secondary bacterial skin infection can occur related to perianal itchiness and irritation.
- Autoinfection is possible.
- Recommend treatment of household contacts/caregivers of the index case be given at the same time.
- Control measures: contaminated bed linens and underclothing should not be shaken (to avoid eggs being dispersed into the air) and should be laundered promptly.

Enteroviral Infections Non-Polio (Echovirus, Coxsackievirus)

CLINICAL PRESENTATION

Respiratory: Fever, cough, runny nose, sore throat, croup, bronchiolitis, pneumonia, pharyngitis, herpangina; **Skin:** Rashes, Hand, Foot, Mouth Disease; **Neurologic:** Aseptic meningitis, encephalitis; **Gastrointestinal:** Vomiting, diarrhea, abdominal pain; **Eye:** Acute hemorrhagic conjunctivitis; **Heart:** Myopericarditis; **Muscle:** Pleurodynia

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Respiratory secretions, fecal and infective secretions or blister fluid	Direct contact, indirect contact, droplet

PRECAUTIONS NEEDED

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

ACUTE CARE	**Routine Practices**	**Contact Precautions** • Conjunctivitis	**Droplet and Contact Precautions** • Adults with respiratory infection in high risk units* only
LONG-TERM CARE	**Routine Practices**	**Contact Precautions** • Conjunctivitis	
COMMUNITY	**Routine Practices**	**Contact Precautions** • Conjunctivitis	
PEDIATRICS	**Routine Practices**	**Contact Precautions** • Aseptic meningitis • Conjunctivitis • Encephalitis • Hand, Foot, Mouth Disease • Herpangina • Pharyngitis • Pleurodynia	**Droplet and Contact Precautions** • Respiratory infection • NICU settings

DURATION OF PRECAUTIONS

Until symptoms are resolved.

Respiratory infection: For immunocompromised individuals and NICU settings, isolation precautions need to be maintained for a longer duration due to prolonged viral shedding – **Contact IPAC** for discontinuation of precautions.

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Enterovirus infection: 3-6 days Acute hemorrhagic conjunctivitis: 24-72 hours	Until symptoms resolve

COMMENTS

- Minimize exposure to high-risk patients. Refer to Definition of Moderately to Severely Immunocompromised Patients
- Individuals on Droplet & Contact Precautions may need additional **Airborne Precautions** if Aerosol Generating Medical Procedures (AGMPs) are used.
- *High-risk units - Solid Organ Transplant (SOT), Bone Marrow Transplant (BMT), Intensive Care Unit (ICU), Neonatal ICU (NICU), Cardiac Surgery ICU (CSICU), Cardiac Care Unit (CCU), Thoracic, Burns Trauma High Acuity (BTHA).

Epiglottitis

(Haemophilus influenzae, Group A Streptococcus, *Staphylococcus aureus, Streptococcus pneumoniae)*

CLINICAL PRESENTATION
Abrupt onset of edema and inflammation of the epiglottitis, stridor, dyspnea, hoarseness, fever, sore throat, drooling

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Respiratory secretions	Direct contact, indirect contact

PRECAUTIONS NEEDED		
If a pathogen is identified, follow organism specific instructions in this manual.		
ACUTE CARE	**Routine Practices**	
LONG-TERM CARE	**Routine Practices**	
COMMUNITY	**Routine Practices**	
PEDIATRICS	**Routine Practices**	**Droplet Precautions** • If presumed with H. influenzae

DURATION OF PRECAUTIONS
Until *H. influenza* is ruled out

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Variable	Variable

COMMENTS

- If patient is presumed with *Haemophilus influenzae*, see disease specific page in this manual.

Epstein-Barr Virus - Infectious Mononucleosis

(Human Herpes Virus 4)

CLINICAL PRESENTATION
Fever, sore throat, lymphadenopathy, splenomegaly, rash

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Saliva, breastmilk, blood	Direct contact, indirect contact, droplet

PRECAUTIONS NEEDED	
ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**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

Erysipelas

Commonly caused by Group A Streptococcus

CLINICAL PRESENTATION
Shiny, red, raised, indurated lesions with distinct margins. Lesions seen on legs (common) or face (uncommon). Pain, fever, malaise, chills

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Wound drainage	Direct contact, indirect contact

PRECAUTIONS NEEDED		
ACUTE CARE	**Routine Practices** • Minor drainage that can be covered and contained by dressing	**Contact Precautions** • Major drainage that is not contained by a dressing
LONG-TERM CARE	**Routine Practices** • Minor drainage that can be covered and contained by dressing	**Contact Precautions** • Major drainage that is not contained by a dressing
COMMUNITY	**Routine Practices** • Minor drainage that can be covered and contained by dressing	**Contact Precautions** • Major drainage that is not contained by a dressing
PEDIATRICS	**Routine Practices** • Minor drainage that can be covered and contained by dressing	**Contact Precautions** • Major drainage that is not contained by a dressing

DURATION OF PRECAUTIONS
Until drainage resolves or covered/contained

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Not applicable	Not applicable

COMMENTS

- **Pediatrics:** A clear clinical distinction between erysipelas and cellulitis is often difficult to determine. For patients <5 years old presumed with *Haemophilus influenza* and presenting with orbital cellulitis, implement **Droplet Precautions** & see cellulitis page in this manual.

ESBL (Extended Spectrum Beta Lactamase producers)

E. coli, Klebsiella spp., *Enterobacter* spp., Others

CLINICAL PRESENTATION
Colonization or infection of any body site

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Secretions or excretions depending on the location of colonized/infected body site	Direct contact, indirect contact

PRECAUTIONS NEEDED		
ACUTE CARE	**Routine Practices**	
LONG-TERM CARE	**Routine Practices**	
COMMUNITY	**Routine Practices**	
PEDIATRICS	**Routine Practices** • Colonization	**Contact Precautions** • Infection

DURATION OF PRECAUTIONS
As directed by Infection Prevention and Control

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Variable	Variable

COMMENTS

Escherichia coli O157: H7, Shiga-like toxin-producing *E.coli* (STEC)

CLINICAL PRESENTATION

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

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Feces, contaminated foods or water (undercooked ground beef, raw leafy vegetables, unpasteurized milk and juice, and recreational water)	Fecal-Oral, foodborne, direct contact, indirect contact

PRECAUTIONS NEEDED

ACUTE CARE	**Routine Practices**	**Contact Precautions** For Adults if: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
LONG-TERM CARE	**Routine Practices**	**Contact Precautions** For Adults if: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
COMMUNITY	**Routine Practices**	**Contact Precautions** For Adults if: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
PEDIATRICS		**Contact Precautions**

DURATION OF PRECAUTIONS

Until symptoms have stopped for 48 hours AND return to baseline bowel movements, OR (for adults) until they are continent and have good hygiene.
If hemolytic-uremic syndrome (HUS): Until two successive negative stool samples (obtained at least 48 hours after any antimicrobial therapy has been discontinued) for E.coli O157: H7 or 10 days after onset of diarrhea and symptoms have resolved.

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Most *E.coli* strains is 10 hours to 6 days For E.coli O157: H7, it's 3 to 4 days (range 1 to 8 days)	Until symptoms resolve

COMMENTS

- REPORTABLE DISEASE

Fever of unknown origin, Fever without focus

(Bacterial, viral, fungal)

CLINICAL PRESENTATION
Acute fever without clear focus of infection

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Unknown	Direct contact, indirect contact, droplet

PRECAUTIONS NEEDED	
If a pathogen is identified, follow organism specific instructions in this manual.	
ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Droplet and Contact Precautions**

DURATION OF PRECAUTIONS
Until symptoms resolve OR until infectious cause is ruled out

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Variable	Variable

COMMENTS

Food Poisoning

Bacillus cereus, Clostridium perfringens, Staphylococcus aureus, Salmonella spp., *Vibrio paraheaemolyticus, Escherichia coli* 0157: H7, *Listeria monocytogenes, Toxoplasma gondii*

CLINICAL PRESENTATION

Nausea, vomiting, diarrhea, abdominal cramps/pain

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Feces	Foodborne, direct contact, indirect contact

PRECAUTIONS NEEDED

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

ACUTE CARE	**Routine Practices**	**Contact Precautions** Add Droplet if vomiting For Adults if: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
LONG-TERM CARE	**Routine Practices**	**Contact Precautions** Add Droplet if vomiting For Adults if: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
COMMUNITY	**Routine Practices**	**Contact Precautions** Add Droplet if vomiting For Adults if: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
PEDIATRICS		**Contact Precautions** • Add Droplet if vomiting

DURATION OF PRECAUTIONS

Until symptoms have stopped for 48 hours AND return to baseline bowel movements, OR (for adults) until they are continent and have good hygiene.

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Not applicable	Not applicable

COMMENTS

Group A Streptococcus (GAS) – Skin Infection

Streptococcus pyogenes

CLINICAL PRESENTATION
Wound or burn infection, skin infection, impetigo, cellulitis, abscess

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Infected body fluids	Direct contact, indirect contact

PRECAUTIONS NEEDED		
ACUTE CARE	**Routine Practices** • Minor drainage that can be covered and contained by dressing	**Contact Precautions** • Major drainage that cannot be covered and contained by a dressing
LONG-TERM CARE	**Routine Practices** • Minor drainage that can be covered and contained by dressing	**Contact Precautions** • Major drainage that cannot be covered and contained by a dressing
COMMUNITY	**Routine Practices** • Minor drainage that can be covered and contained by dressing	**Contact Precautions** • Major drainage that cannot be covered and contained by a dressing
PEDIATRICS		**Contact Precautions** • Major drainage that cannot be covered and contained by a dressing

DURATION OF PRECAUTIONS
Until 24 hours after effective antimicrobial therapy or until drainage is contained

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
1 - 3 days	Until 24 hours of effective antimicrobial therapy completed

COMMENTS

Group A Streptococcus – Invasive (iGAS)

Streptococcus pyogenes

CLINICAL PRESENTATION

Evidence of severe disease may include several conditions and clinical presentations such as: Streptococcal toxic shock syndrome (STSS) • Soft tissue necrosis (i.e., necrotizing fasciitis, myositis or gangrene) • Bacteria entering sterile cavity (blood, cerebrospinal fluid, pleural fluid, pericardial fluid, peritoneal fluid, deep tissue) • Meningitis • Pneumonia • Epiglottitis • Septic Arthritis • Death

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Respiratory secretions and wound drainage, cerebrospinal fluid	Direct contact, indirect contact, droplet

PRECAUTIONS NEEDED

ACUTE CARE	**Droplet & Contact Precautions**
LONG-TERM CARE	**Droplet & Contact Precautions**
COMMUNITY	**Droplet & Contact Precautions**
PEDIATRICS	**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

- REPORTABLE DISEASE
- To determine if a case is invasive, see BCCDC Definition for iGAS Case.
- **Acute inpatient:** Patients who share a room with a patient who has iGAS are not usually considered as exposed and do not require prophylaxis. **Notify IPAC** If a potential exposure has occurred (rare). See PHAC Definition of iGAS Exposures.

Group A Streptococcus (GAS) – Scarlet Fever, Pharyngitis

Streptococcus pyogenes

CLINICAL PRESENTATION

Scarlet Fever - erythematous sandpaper-like rash to trunk extending to upper extremities, flushed cheeks, "strawberry tongue"
Pharyngitis - sore throat, fever, pain with swallowing, swollen lymph nodes in the neck, erythematous pharynx and tonsils, swollen tonsils, commonly associated with Scarlet Fever

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Respiratory secretions	Direct contact, indirect contact, large droplets

PRECAUTIONS NEEDED

ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Droplet & Contact Precautions**

DURATION OF PRECAUTIONS

Until 24 hours of effective antimicrobial therapy completed

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
2 - 5 days	Until 24 hours of effective antimicrobial therapy completed 10 - 21 days if not treated

COMMENTS

- For pharyngitis not yet diagnosed, see pharyngitis

Gastroenteritis, not yet diagnosed (NYD)

CLINICAL PRESENTATION
Diarrhea and/or vomiting

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
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** • Gastroenteritis NYD • Add Droplet if vomiting
LONG-TERM CARE	**Contact Plus Precautions** • Gastroenteritis NYD • Add Droplet if vomiting
COMMUNITY	**Contact Precautions** • Gastroenteritis NYD • Add Droplet if vomiting
PEDIATRICS	**Contact Plus Precautions** • Gastroenteritis NYD • Add Droplet if vomiting

DURATION OF PRECAUTIONS
If organism is unknown, until symptoms resolved for 48 hours AND return to baseline bowel movements OR until infectious cause is ruled out.

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Variable	Until symptoms resolve and bowel movements return to baseline

COMMENTS

- Soap and water is the preferred method for hand hygiene
- Refer to Gastroenteritis Infection Acute Care Patient Placement Algorithm
- Refer to GI Outbreak Resources

Giardiasis *(Giardia lamblia)*

CLINICAL PRESENTATION
Diarrhea, abdominal cramps, bloating, flatulence, dehydration

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Feces	Direct contact, indirect contact, fecal-oral

PRECAUTIONS NEEDED		
ACUTE CARE	**Routine Practices**	**Contact Precautions** For Adults if: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
LONG-TERM CARE	**Routine Practices**	**Contact Precautions** For Adults if: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
COMMUNITY	**Routine Practices**	**Contact Precautions** For Adults if: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
PEDIATRICS		**Contact Precautions**

DURATION OF PRECAUTIONS
Until symptoms have stopped for 48 hours AND return to baseline bowel movements, OR (for adults) until they are continent and have good hygiene.

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
1 - 3 weeks	Weeks to months

COMMENTS
• REPORTABLE DISEASE

Granuloma inguinale (Donovanosis) – *Klebsiella granulomatis*

CLINICAL PRESENTATION
Painless genital ulcers, inguinal ulcers, and nodules

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Lesions	Sexual contact

PRECAUTIONS NEEDED	
ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS
Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
8 - 80 days	Extends throughout the duration of active lesions or rectal colonization

COMMENTS

- REPORTABLE DISEASE

Guillain-Barré Syndrome (GBS)

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	
If a pathogen is identified, follow organism specific instructions in this manual.	
ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS
Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Not applicable	Not applicable

COMMENTS

- GBS may follow within weeks of a respiratory or gastrointestinal infection (e.g. *Mycoplasma pneumoniae, Campylobacter jejuni*).

Haemophilus influenzae (Hi) invasive & non-invasive

Includes: Haemophilus influenza type B (Hib), Non-type b strains (a, c, d, e, and f)

CLINICAL PRESENTATION

Non-invasive: Otitis media, sinusitis, buccal or periorbital cellulitis
Invasive: Epiglottitis, meningitis, bacteraemia, pneumonia, pericarditis, septic arthritis, empyema

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Respiratory secretions	Direct contact, droplet

PRECAUTIONS NEEDED

ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Droplet Precautions**

DURATION OF PRECAUTIONS

Until 24-48 hours of effective antimicrobial therapy completed

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Unknown	Unknown. No longer considered infectious after 24-48 hours of effective antimicrobial therapy

COMMENTS

- REPORTABLE DISEASE. All invasive cases of *H.influenzae* are reportable.
- To determine if a case is invasive, see BCCDC Case Definition for H. influenzae
- **Invasive Hib:** Close contacts, especially those < 5 years old, those not immune, immunocompromised, or household contacts of infected children may also require prophylaxis or immunization.

Hand, Foot and Mouth Disease

Enterovirus, Group A & Group B Coxsackieviruses

CLINICAL PRESENTATION

Fever, mouth sores, lesions or skin rash to hands, feet and/or buttocks. Vomiting and/or diarrhea may also be present.

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Feces, respiratory secretions, blister fluid	Fecal-oral, direct contact, indirect contact, droplet

PRECAUTIONS NEEDED

ACUTE CARE	**Routine Practices**	
LONG-TERM CARE	**Routine Practices**	
COMMUNITY	**Routine Practices**	
PEDIATRICS		**Contact Precautions** • Add **Droplet** for NICU settings

DURATION OF PRECAUTIONS

Until symptoms are resolved. Consult IPAC prior to stopping precautions in NICU.

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
3-6 days	Most contagious during first week of illness. Virus can remain in the body (i.e., stools) for several weeks after symptoms have resolved.

COMMENTS

- Individuals on Droplet & Contact Precautions may need additional **Airborne Precautions** if Aerosol Generating Medical Procedures (AGMPs) are used.

Hantavirus

CLINICAL PRESENTATION
Fever, chills, fatigue, muscle aches, nausea/vomiting, pneumonia, hemorrhagic fever, pulmonary syndrome, cardiopulmonary syndrome, renal syndrome

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Acquired from inhalation of rodent droppings, urine, and saliva. Rarely, infection may be acquired from rodent bites or contamination of broken skin with excreta	Human-to-human transmission is very rare and has only been observed for the Andes virus

PRECAUTIONS NEEDED	
ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS
Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
1 - 8 weeks	Not applicable

COMMENTS
• REPORTABLE DISEASE

Helicobacter pylori

CLINICAL PRESENTATION
Gastritis, duodenal and gastric ulcers, epigastric pain, nausea/vomiting, hematemesis

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Stool and gastric biopsies Saliva, vomitus, contaminated water and food	Direct contact (oral-oral, gastro-oral, 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 Inadequately disinfected endoscopies is also a possible mode of transmission

PRECAUTIONS NEEDED	
ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS
Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Approximately 3 days	Not applicable

COMMENTS
• Disinfection of gastroscopes prevents transmission of the organism between patients.

Hemolytic Uremic Syndrome (HUS)

May be associated with *Escherichia coli* O157: H7, *Shiga-like toxin-producing E.coli* (STEC)

CLINICAL PRESENTATION

Symptoms of HUS vary. Seizures, stroke, thrombocytopenia, acute renal injury, blood transfusion requirements

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Feces, respiratory secretions	Fecal-oral, direct contact, indirect contact

PRECAUTIONS NEEDED

ACUTE CARE	**Routine Practices**	**Contact Precautions** For Adults if: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
LONG-TERM CARE	**Routine Practices**	**Contact Precautions** For Adults if: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
COMMUNITY	**Routine Practices**	**Contact Precautions** For Adults if: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
PEDIATRICS		**Contact Precautions**

DURATION OF PRECAUTIONS

For both pediatrics and adults with HUS related to other *E.coli* strains: Until symptoms have stopped for 48 hours AND return to baseline bowel movements , OR (for adults) until they are continent and have good hygiene.
For pediatrics with HUS related to *E.coli* O157: H7 STEC: Until two successive negative stool samples (obtained at least 48 hours after any antimicrobial therapy has been discontinued) for E.coli O157: H7 or 10 days after onset of diarrhea and symptoms have resolved.

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Most E.coli strains is 10 hours to 6 days For E.coli O157: H7, it's 3 to 4 days (range 1 to 8 days)	Until 2 stools are negative for E. coli O157:H7 or 10 days after onset of diarrhea

COMMENTS

- REPORTABLE DISEASE if related to E.coli 0157:H7 STEC

Hepatitis A Virus (HAV) & Hepatitis E Virus (HEV)

CLINICAL PRESENTATION

Fatigue, nausea, vomiting, abdominal discomfort, low grade fever, loss of appetite, dark urine, light colored stools, joint pain, jaundice (children <6 years do not usually present with jaundice)

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Feces, contaminated food or water	Direct contact, indirect contact (fecal-oral)

PRECAUTIONS NEEDED

ACUTE CARE	**Routine Practices**	**Contact Precautions** For Adults if: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
LONG-TERM CARE	**Routine Practices**	**Contact Precautions** For Adults if: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
COMMUNITY	**Routine Practices**	**Contact Precautions** For Adults if: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
PEDIATRICS		**Contact Precautions**

DURATION OF PRECAUTIONS

Pediatrics: At least 1 week after symptom onset or duration of symptoms whichever is longer
Adults: Until continent with good hygiene

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
HAV: 15 – 50 days (range of 28 days) **HEV:** 14-60 days (range of 6 weeks)	**HAV:** 2 weeks before onset of symptoms (jaundice or elevated liver enzymes) to 1 week after; viral shedding can last 1-3 weeks and up to 6 months in neonates and young children **HEV:** 1 week before onset of symptoms to 2 weeks after

COMMENTS

- REPORTABLE DISEASE
- HAV: Post-exposure prophylaxis should be offered to susceptible contacts as soon as possible and preferably within 14 days of last exposure
- Risk of fulminant hepatic failure in immunocompromised patients

Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) & Hepatitis D Virus (HDV)

CLINICAL PRESENTATION

Fatigue, nausea, vomiting, abdominal discomfort, low grade fever, loss of appetite, dark urine, light colored stools, joint pain, jaundice

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Blood and bodily fluids, including saliva, semen, cerebrospinal fluid, vaginal, synovial, pleural, peritoneal, pericardial, amniotic fluids. Contaminated equipment	Percutaneous, mucosal and perinatal (pregnant individual to infant)

PRECAUTIONS NEEDED

ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS

Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
HBV: 2 – 3 months **HCV:** 2 weeks – 6 months **HDV:** 2 – 8 weeks	**HBV:** From onset of infection to 6 months. Until HBV is no longer detectable in blood and antibodies are formed **HCV:** After effective treatment, sustained virological response after 3 months, antibody test is negative, HCV RNA test, risk of reinfection has been ruled out **HDV:** Indefinite

COMMENTS

- REPORTABLE DISEASE
- For healthcare worker related blood and body fluid exposure – Contact Provincial Workplace Health Call Centre

Hepatitis of unknown etiology
Acute Hepatitis (non hepatitis A-E)

CLINICAL PRESENTATION
Acute severe hepatitis: fatigue, nausea, vomiting, abdominal discomfort, low grade fever, loss of appetite, dark urine, light colored stools, joint pain, jaundice

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Feces, vomitus, respiratory secretions	Direct contact, indirect contact

PRECAUTIONS NEEDED	
ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Droplet & Contact Precautions**

DURATION OF PRECAUTIONS
Consult IPAC prior to discontinuing precautions

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Unknown	Unknown

COMMENTS

- REPORTABLE DISEASE Providers to report all cases to Medical Health Officer.
- Pediatric (children <16 years) patients presenting with acute hepatitis and respiratory symptoms have been linked to potential adenovirus infection. See Ministry of Health advisory

Herpangina – (Enteroviruses)

Also known as “Vesicular Pharyngitis”

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**	
LONG-TERM CARE	**Routine Practices**	
COMMUNITY	**Routine Practices**	
PEDIATRICS		**Contact Precautions** • Add **Droplet** for NICU settngs

DURATION OF PRECAUTIONS
Until symptoms are resolved (for pediatric). Consult IPAC prior to stopping precautions in NICU.

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
3 - 6 days	Until symptoms are resolved

COMMENTS

- Individuals on Droplet & Contact Precautions may need additional **Airborne Precautions** if Aerosol Generating Medical Procedures (AGMPs) are used.

Herpes Simplex Virus, Type 1 (HSV1) & Type 2 (HSV2): Disseminated or extensive lesions

CLINICAL PRESENTATION

Vesicular or ulcerative lesions that involve 2 or more different mucocutaneous sites, or multiple organs involved. Generalized rash.

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Skin or mucosal lesions, oral secretions, genital secretions	Direct contact with mucocutaneous lesions, Sexual Contact, Vertical (pregnant individual to fetus in utero or newborn at birth)

PRECAUTIONS NEEDED

ACUTE CARE	**Contact Precautions**
LONG-TERM CARE	**Contact Precautions**
COMMUNITY	**Contact Precautions**
PEDIATRICS	**Contact Precautions**

DURATION OF PRECAUTIONS

Consult IPAC prior to discontinuing 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 6 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

- All cases of congenital HSV are REPORTABLE DISEASE. Provider to report to Medical Health Officer if neonate (< 42 days old) is affected.
- Patient with herpetic lesions should not be roomed with patients with extensive dermatitis, burn patients or immunocompromised patients.
- Individuals with active herpetic lesions should wear a medical mask while caring for infants <6 weeks old, until all lesions are dried & crusted.

Herpes Simplex Virus, Type 1 (HSV1) & Type 2 (HSV2): Localized Lesions

CLINICAL PRESENTATION

Recurrent vesicular or ulcerative lesions localized to either genitals, perianal region, or mouth ("cold sores")
Herpetic whitlow (lesions on fingers)

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Skin or mucosal lesions, oral secretions, genital secretions	Direct contact with mucocutaneous lesions, sexual contact, vertical (pregnant individual to fetus in utero or newborn at birth)

PRECAUTIONS NEEDED

ACUTE CARE	**Routine Practices**	**Contact Precautions** • Labouring & post-partum women with active HSV lesions
LONG-TERM CARE	**Routine Practices**	
COMMUNITY	**Routine Practices**	
PEDIATRICS	**Routine Practices** • Children (> 42 days old)	**Contact Precautions** • Infected or exposed neonates (< 42 days old)

DURATION OF PRECAUTIONS

Consult IPAC prior to discontinuing 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 6 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

- All cases of congenital HSV are REPORTABLE DISEASE. Provider to report to Medical Health Officer if neonate (< 42 days old) is affected.
- Patient with herpetic lesions should not be roomed patients with extensive dermatitis, burn patients or immunocompromised patients.
- Individuals with active herpetic lesions should wear a medical mask while caring for infants < 6 weeks old, until all lesions are dried & crusted.

Herpes Simplex Virus, Type 1 (HSV1) & Type 2 (HSV2): No Visible Lesions

CLINICAL PRESENTATION

Central nervous system (CNS) infection, encephalitis, or meningitis with no mucocutaneous lesions. Prodrome includes fever, malaise, headache, nausea, seizures, focal neurological deficits.

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Skin or mucosal lesions, oral secretions, genital secretions	Direct contact with mucocutaneous lesions, sexual contact, vertical (pregnant individual to fetus in utero or newborn at birth)

PRECAUTIONS NEEDED

ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS

Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Not applicable	Not applicable

COMMENTS

- All cases of encephalitis, and meningitis are REPORTABLE DISEASE. Provider to report to Medical Health Officer if encephalitis or meningitis is presumed.
- If mucocutaneous lesions develop, refer to appropriate herpes simplex pages in this manual.
- If patient has positive HSV serology results with no visible lesions, follow this page.

Herpes Simplex Virus, Type 1 (HSV1): Gingivostomatitis

CLINICAL PRESENTATION
Inflammation of the oral mucosa and gingiva. Primary Herpes Simplex type 1 infection

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Skin or mucosal lesions, oral secretions	Direct contact

PRECAUTIONS NEEDED		
ACUTE CARE	**Routine Practices**	**Contact Precautions** • Extensive or disseminated
LONG-TERM CARE	**Routine Practices**	**Contact Precautions** • Extensive or disseminated
COMMUNITY	**Routine Practices**	**Contact Precautions** • Extensive or disseminated
PEDIATRICS	**Routine Practices** Children (> 42 days old)	**Contact Precautions** • Extensive or disseminated • Infected neonates (< 42 days old)

DURATION OF PRECAUTIONS
Consult IPAC prior to stopping precautions

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
2 days to 2 weeks	1 week to several weeks

COMMENTS

- All cases of congenital HSV are REPORTABLE DISEASE. Provider to report to Medical Health Officer if neonate (< 42 days old) is affected.
- Extensive or disseminated disease includes 2 or more different mucocutaneous sites, or multiple organs involved, or generalized rash.
- Patient with herpetic lesions should not be roomed with patients with extensive dermatitis, burn patients or immunocompromised patients.
- Individuals with active herpetic lesions should wear a medical mask while caring for infants <6 weeks old, until all lesions are dried & crusted.

Histoplasmosis *(Histoplasma capsulatum)*

CLINICAL PRESENTATION
Can be asymptomatic or disseminated. Fever, malaise, pneumonia, lymphadenopathy, pericarditis and rheumatologic syndromes.

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Acquired from spores in soil; associated with bat guano and bird droppings	Transmission occurs by inhalation of spore laden soil. Human-to-human transmission does not occur except via transplantation of infected organs.

PRECAUTIONS NEEDED	
ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS
Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
1 - 3 weeks	Not applicable

COMMENTS

Human Immunodeficiency Virus (HIV) & Acquired Immunodeficiency Syndrome (AIDS)

CLINICAL PRESENTATION

Asymptomatic; multiple clinical presentations

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Blood and body fluids including: CSF, breastmilk, semen, vaginal, synovial, pleural, peritoneal, pericardial, and amniotic fluids	Mucosal or percutaneous exposure to infective body fluids, sexual transmission, pregnant individual to fetus in utero, newborn at birth, or infant during breastfeeding

PRECAUTIONS NEEDED

ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS

Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Weeks to years	From onset of infection until death. Patients with undetectable viral loads are not capable of transmitting HIV

COMMENTS

- REPORTABLE DISEASE
- AIDS is late-stage HIV
- For healthcare worker related blood and bodily fluid exposure - Contact Provincial Workplace Health Call Center and Peoplesafety@vch.ca

Human Metapneumovirus

CLINICAL PRESENTATION
Acute respiratory tract infection, bronchiolitis, pneumonia, asthma exacerbations, and croup

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Respiratory secretions	Direct contact, indirect contact, droplet

PRECAUTIONS NEEDED

ACUTE CARE	**Routine Practices**	**Droplet & Contact Precautions** • Adults in high risk units* only
LONG-TERM CARE	**Routine Practices**	
COMMUNITY	**Routine Practices**	
PEDIATRICS		**Droplet & Contact Precautions**

DURATION OF PRECAUTIONS

- For adults, until symptoms resolve.
- For pediatrics, at least 11 days post symptom onset AND 24 hours after symptoms resolve.
- For immunocompromised individuals, isolation precautions need to be maintained for a longer duration due to prolonged viral shedding – **Contact IPAC** for discontinuation of precautions.

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
3 - 5 days	1 - 2 weeks

COMMENTS

- Minimize exposure to high-risk patients. Refer to Definition of Moderately to Severely Immunocompromised Patients.
- Individuals on Droplet & Contact Precautions may need additional Airborne Precautions if Aerosol Generating Medical Procedures (AGMPs) are used.
- *High-risk units - Solid Organ Transplant (SOT), Bone Marrow Transplant (BMT), Intensive Care Unit (ICU), Neonatal ICU (NICU), Cardiac Surgery ICU (CSICU), Cardiac Care Unit (CCU), Thoracic, Burns Trauma High Acuity (BTHA).

Human Papillomaviruses (HPV)

CLINICAL PRESENTATION
Most cases are asymptomatic. Skin warts, anogenital warts (condylomata acuminata). Cervical, penile, and anal cancer are uncommon outcomes that requires decades of persistent infection.

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Close contact with infected skin or mucous membranes	Sexually transmitted. Close skin-to-skin contact. Vertical transmission during vaginal delivery.

PRECAUTIONS NEEDED	
ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS
Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Months to years	Unknown

COMMENTS

- Most HPV infections are subclinical and resolve spontaneously within 2 years.
- There are more than 200 types of human papillomaviruses.

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

CLINICAL PRESENTATION

Usually asymptomatic. Can develop adult T-cell leukaemia/lymphoma, myelopathy, or spastic paraparesis

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Blood, breastmilk, semen	Direct contact, vertical (pregnant individual to fetus in utero, newborn at birth or infant during breastfeeding), mucosal or percutaneous exposure to infective body fluids

PRECAUTIONS NEEDED

ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS

Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Weeks to years	Indefinite

COMMENTS

- Pregnant individuals with HTLV-I or HTLV-II should be advised of the risk of transmission to their baby and advised not to breastfeed or donate to human milk banks.

Impetigo

(Commonly caused by *Staphylococcus aureus, Group A Streptococcus* and many other bacteria)

CLINICAL PRESENTATION
Cluster of raised skin lesions that can blister and form a honey or gray colored crust

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Drainage from lesions	Direct contact, indirect contact

PRECAUTIONS NEEDED		
ACUTE CARE	**Routine Practices** • Minor drainage contained and covered by dressing	**Contact Precautions** • Major drainage not contained and covered by dressing
LONG-TERM CARE	**Routine Practices** • Minor drainage contained and covered by dressing	**Contact Precautions** • Major drainage not contained and covered by dressing
COMMUNITY	**Routine Practices** • Minor drainage contained and covered by dressing	**Contact Precautions** • Major drainage not contained and covered by dressing
PEDIATRICS		**Contact Precautions**

DURATION OF PRECAUTIONS
Until 24 hours of effective antimicrobial therapy completed & drainage can be covered/ contained

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Variable	Variable

COMMENTS

Influenza – New Pandemic Strain

CLINICAL PRESENTATION
Respiratory tract infection, pneumonia, cough, fever 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**
LONG-TERM CARE	**Droplet & Contact Precautions**
COMMUNITY	**Droplet & Contact Precautions**
PEDIATRICS	**Droplet & Contact Precautions**

DURATION OF PRECAUTIONS
Duration of precautions will be determined on a case-by-case basis and in conjunction with IPAC and the Medical Health Officer.

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Unknown (possibly 1 to 7 days)	Unknown (possibly up to 7 days)

COMMENTS

- REPORTABLE DISEASE
- Individuals on Droplet & Contact Precautions may need additional **Airborne Precautions** if Aerosol Generating Medical Procedures (AGMPs) are used.
- **Acute Care:** If a patient in a multibed room tests positive, move to a private room if possible and place roommates on Droplet & Contact Precautions for 3 days.
- **Long-Term Care:** Place close contacts (tablemates & roommates) on Droplet & Contact Precautions for 3 days.
- Minimize exposure of immunocompromised patients, children with chronic cardiac or lung disease, nephritic syndrome, and neonates.
- Consult IPAC for patient cohorting, see VCH Bed Placement VRI Algorithm
- Refer to Viral Respiratory Illness Outbreak resources

Influenza – Seasonal

CLINICAL PRESENTATION

Respiratory tract infection, pneumonia. Cough and fever (or temperature that is above the baseline), myalgia, arthralgia, extreme weakness/fatigue, nasal discharge, sore throat, headache.

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Respiratory secretions	Direct contact, indirect contact, droplets

PRECAUTIONS NEEDED

ACUTE CARE	**Droplet & Contact Precautions**
LONG-TERM CARE	**Droplet & Contact Precautions**
COMMUNITY	**Droplet & Contact Precautions**
PEDIATRICS	**Droplet & Contact Precautions**

DURATION OF PRECAUTIONS

Acute Care: At least 7 days post symptom onset AND 24 hours after symptoms resolve. For immunocompromised individuals, 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 without the use of fever-reducing medication.

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
1 - 3 days	Generally 3 - 7 days post clinical onset

COMMENTS

- REPORTABLE DISEASE
- If Aerosol Generating Medical Procedure (AGMP) is indicated, refer to IPAC AGMP Best Practice Guideline.
- **Acute Care:** If a patient in a multibed room tests positive, move to a private room if possible and place roommates on Droplet & Contact Precautions for 3 days.
- **Long-Term Care:** Place close contacts (tablemates & roommates) on **Droplet & Contact Precautions** for 3 days.
- Minimize exposure of immunocompromised patients: children with chronic cardiac or lung disease, nephritic syndrome, neonates. These patients should not be cohorted.
- Consult IPAC for patient cohorting, see VCH Bed Placement VRI Algorithm
- Refer to Viral Respiratory Illness Outbreak resources

Kawasaki Disease

CLINICAL PRESENTATION
Fever, self-limited systemic vasculitis of early childhood, acute fever, mucocutaneous lymph node syndrome, red/irritated eyes, rash, red/cracked lips and “strawberry tongue”, and redness/swelling of hands and feet.

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Not applicable	No human-to-human transmission

PRECAUTIONS NEEDED	
ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS
Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Unknown	Not applicable

COMMENTS

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

(Mammarenavirus)

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 + Droplet Precautions**
LONG-TERM CARE	**Airborne & Contact + Droplet Precautions**
COMMUNITY	**Airborne & Contact + Droplet Precautions**
PEDIATRICS	**Airborne & Contact + Droplet Precautions**

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
6 - 21 days	Until 3-9 weeks after onset

COMMENTS

- REPORTABLE DISEASE
- Acute care provider to **call or page the Medical Microbiologist On-Call** at presumed stage.
- History of travel and/or contact with persons and non-human primates from endemic countries must be considered at triage.
- **Call or page IPAC immediately** if Viral Hemorrhagic Fever is presumed.
- Maintain a log of all people entering the patient's room.
- High threat pathogens require special PPE considerations, see VCH Response Procedures for Viral Hemorrhagic Fever and Other Unusual Communicable Diseases for more information.
- For general information visit the BC MOH Ebola webpage.

Legionellosis (*Legionella* spp.)

Includes Legionnaires Disease, Pontiac Fever, & Extrapulmonary Legionellosis

CLINICAL PRESENTATION

Legionnaires' Disease: Pneumonia, fever, dry cough, dyspnea, chest pain, headache, tiredness, muscle aches
Pontiac Fever: Self-limiting fever, fatigue, muscle ache, headache and malaise with or without cough
Extrapulmonary legionellosis: Endocarditis, wound infection, joint infection, graft infection, etc.

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Contaminated water, ice, or soil	Inhalation of aerosolized contaminated water. Contact with contaminated soil. No human-to-human transmission

PRECAUTIONS NEEDED

ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS

Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Legionnaires' Disease: Generally 5-6 days, up to 1 - 19 days **Pontiac Fever:** 5 - 72 hours.	Not applicable

COMMENTS

- REPORTABLE DISEASE
- **Notify IPAC** of all cases of legionellosis.
- Transmission in healthcare facilities has been linked to building design, maintenance, renovation, or construction projects that disrupt soil or water systems.
- Refer to BCCDC Legionella Guidelines

Leprosy (Hansen's Disease)

Mycobacterium leprae, Mycobacterium lepromatosis

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 Human to human only with very prolonged extensive personal contact

PRECAUTIONS NEEDED	
ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS
Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Usually 3-5 years (range 1-20 years)	Until effective antimicrobial treatment initiated

COMMENTS

- REPORTABLE DISEASE

Leptospirosis (*Leptospira* sp.)

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

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Infected wild or domesticated animals (rodents, dogs, livestock, horses) and their tissue, urine or bodily fluids. Contaminated environmental source such as soil & water	Animal-to-human direct contact Human-to-human transmission is rare

PRECAUTIONS NEEDED	
ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS
Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
2 - 30 days	Not applicable

COMMENTS

- REPORTABLE DISEASE
- Human infection is acquired via direct contact of mucosa (eyes) or via skin abrasion with infected animal urine, other bodily fluids or soil/water contaminated with infected animal's urine or bodily fluids, especially after hurricanes, flooding or heavy rainfall.

Lice

Head lice & pubic lice/crab lice

CLINICAL PRESENTATION

Head lice: Itchiness, skin irritation to scalp, excoriation and crusting caused by secondary bacterial infection, presence of lice &/or nits
Pubic/crab lice: Itching, skin irritation and inflammation to pubic and perianal hair, can occur in other areas with coarse hair (e.g., chest, armpit, eyelashes or facial hair), mild fever and/or malaise with extensive infestation, presence of lice, co-infection with a sexually transmitted infection is common.

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Infested hair, clothing, bedding	Direct head-to-head contact with infested hair Human-to-human contact, usually spread by sexual contact

PRECAUTIONS NEEDED

ACUTE CARE	**Contact Precautions**
LONG-TERM CARE	**Contact Precautions**
COMMUNITY	**Contact Precautions**
PEDIATRICS	**Contact Precautions**

DURATION OF PRECAUTIONS

Until effective treatment results in no live lice or nits seen

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
6 - 10 days	Until effective treatment results in no live lice or nits seen

COMMENTS

- Apply treatment (pediculicide) as directed, individuals may choose to trim/shave hair to aid in immediate elimination of infestation in addition to treatment. Use fine-toothed comb to manually remove nits and remaining lice. As nits can remain in hair after treatment and no pediculicide is 100% ovicidal – check for and remove any remaining lice and nits daily after treatment. If live lice or nits found after therapy, repeat treatment.
- Live lice and eggs are killed by exposure to temperatures of >54° Celsius for 5 minutes. Clothing and items that are not washable can be either dry cleaned or sealed in a plastic bag and stored for 2 weeks.

Listeriosis (*Listeria monocytogenes*)

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

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Contaminated food	Foodborne: Acquired from ingestion of contaminated food Vertical: Pregnant individual to fetus in utero or newborn at birth Rare human-to-human transmission

PRECAUTIONS NEEDED	
ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS
Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Average 21 days, 30 – 70 days	Not applicable

COMMENTS

- REPORTABLE DISEASE
- Rare nosocomial outbreaks reported in newborn nurseries attributed to contaminated equipment.
- Listeria grows well at low temperatures and is able to multiply 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

Lyme Disease *(Borrelia burgdorferi)*

CLINICAL PRESENTATION
Fever, arthritis, meningitis, headache, fatigue, characteristic skin rash called erythema migrans

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Bite from infected tick	Tick borne (blacklegged or deer ticks) No human-to-human transmission

PRECAUTIONS NEEDED	
ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS
Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Rash occurs in 3-32 days after exposure, average 11 days	Not applicable

COMMENTS

- REPORTABLE DISEASE
- 3 stages of disease: early localized, early disseminated, and late manifestations.
- In most cases, the tick must be attached for > 36 hours before the Lyme disease bacterium can be transmitted. Infected people are often unaware that they have been bitten.

Lymphocytic Choriomeningitis (LCM) Virus

CLINICAL PRESENTATION
Asymptomatic, fever, cough, malaise, myalgia, headache, photophobia, nausea, vomiting, adenopathy, and sore throat. Second phase of illness can progress to neurological symptoms of meningitis, encephalitis, meningoencephalitis

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Food contaminated by rodents Contaminated bodily fluids of rodents (feces, urine)	Zoonotic: direct contact with or inhalation of infectious rodent body fluids (urine, secretions). Can occur anytime throughout pregnancy

PRECAUTIONS NEEDED	
ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS
Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Up to 3 weeks	Not applicable

COMMENTS

Lymphogranuloma Venereum

Chlamydia trachomatis serovars L1-3

CLINICAL PRESENTATION
Fever, fatigue, genital ulcers, proctitis, inguinal/femoral lymphadenopathy

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Bodily fluids (vaginal, anal, oral), contaminated surfaces	Human-to-human, direct sexual contact

PRECAUTIONS NEEDED	
ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS
Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
3 - 30 days for primary lesion	While viable organism present in secretions

COMMENTS

- REPORTABLE DISEASE

Malaria (*Plasmodium* spp.)

CLINICAL PRESENTATION
High fever, chills, rigor, sweats, headache. Paroxysmal symptoms.

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Blood	Mosquito-borne. No human-to-human transmission, except in rare circumstances vertical (pregnant individual to fetus in utero or newborn at birth)

PRECAUTIONS NEEDED	
ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS
Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
7 - 30 days	Not applicable

COMMENTS

- REPORTABLE DISEASE
- Recent travel history must be considered at triage.
- Malaria in pregnancy carries significant morbidity and mortality risks for both mom and fetus.

Marburg Virus - Viral Hemorrhagic Fever (VHF)

CLINICAL PRESENTATION
Fever, myalgias, pharyngitis, nausea, vomiting and diarrhea. Maculopapular rash after day 5 of onset of symptoms. 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 + Droplet Precautions**
LONG-TERM CARE	**Airborne & Contact + Droplet Precautions**
COMMUNITY	**Airborne & Contact + Droplet Precautions**
PEDIATRICS	**Airborne & Contact + Droplet Precautions**

DURATION OF PRECAUTIONS
Until symptoms resolved and **as directed by IPAC**

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Typically 8-10 days, can range from 2-21 days	Until all symptoms resolve

COMMENTS

- REPORTABLE DISEASE
- Acute care provider to **call or page the Medical Microbiologist On-Call** at presumed stage.
- History of travel and/or contact with persons and non-human primates from endemic countries must be considered at triage
- **Call or page IPAC immediately** if Viral Hemorrhagic Fever (VHF) is presumed
- Maintain a log of all people entering the patient's room
- High threat pathogens require special PPE considerations, see VCH Response Procedures for Viral Hemorrhagic Fever and Other Unusual Communicable Diseases for more information
- For general information visit the BC MOH Ebola webpage.

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**
COMMUNITY	**Airborne Precautions**
PEDIATRICS	**Airborne Precautions**

DURATION OF PRECAUTIONS
4 days after start of rash in immunocompetent individuals or until all symptoms are gone in immunocompromised individuals – **Contact IPAC** for discontinuation of precautions.

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

- REPORTABLE DISEASE. Provider to **call or page Medical Health Officer and Medical Microbiologist on-call** at presumed stage.
- All staff, regardless of measles immunity status, should wear a fit-tested and seal-checked N95 respirator when caring for a confirmed measles case.
- It is recommended that only those staff who are known to meet measles immunity criteria care for confirmed measles cases. However, staff who do not meet measles immunity criteria do not need to be restricted from entering the room, so long as they are wearing appropriate PPE (N95 respirator).
- Family/visitors should not enter the room except in urgent or compassionate circumstances. If they must enter the room, they should wear N95 respirator (no fit-test needed, but staff to assist with proper seal check).
- Precautions should be taken with neonates born to pregnant individual with measles infection at delivery.
- **If other patients exposed**, notify IPAC and refer to Measles (Rubeola) Exposed Susceptible Contact

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**
COMMUNITY	**Airborne Precautions**
PEDIATRICS	**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

- Notify IPAC **if measles exposure occurred in a healthcare setting**.
- All staff, regardless of measles immunity status, should wear a fit-tested and seal checked N95 respirator when caring for a presumed measles case.
- It is recommended that only those staff who are known to meet measles immunity criteria care for presumed measles cases. However, staff who do not meet measles immunity criteria do not need to be restricted from entering the room, so long as they are wearing appropriate PPE (N95 respirator).
- Family/visitors should not enter the room except in urgent or compassionate circumstances. If they must enter the room, they should wear N95 respirator (no fit-test needed, but staff to assist with proper seal check).
- Place newborns of pregnant individual with measles on precautions at delivery.
- If immunoglobulin indicated, administer within 6 days.

Melioidosis *(Burkholderia pseudomallei)*

Commonly known as “Whitmore Disease”

CLINICAL PRESENTATION
Pneumonia, fever, papules with umbilicated centres

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Contaminated soil or water	Ingestion, aspiration, inhalation or direct contact with contaminated soil or wate No human-to-human transmission

PRECAUTIONS NEEDED	
ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS
Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Variable	Not applicable

COMMENTS

Meningitis, not yet diagnosed (NYD)

(Bacterial, Viral, Fungal)

CLINICAL PRESENTATION

Acute onset of 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

ACUTE CARE	**Routine Practices** • Viral* • Bacterial* • Fungal		**Droplet Precautions** • Meningitis NYD* • Neisseria meningitidis • Mumps	**Droplet & Contact Precautions** • Group A Strep	**Airborne Precautions** • Mycobacterium tuberculosis** • Varicella zoster • Measles
LONG-TERM CARE	Same as Acute Care				
COMMUNITY	Same as Acute Care				
PEDIATRICS	**Routine Practices** • Fungal • Bacterial* • Herpes simplex***	**Contact Precautions** • Viral*	**Droplet Precautions** • Haemophilus influenzae • Neisseria meningitidis • Mumps	**Droplet & Contact Precautions** • Meningitis NYD* • Group A Strep • NICU settings, viral*	**Airborne Precautions** • Mycobacterium tuberculosis** • Varicella zoster • Measles

DURATION OF PRECAUTIONS

Variable. See specific organism. Consult IPAC prior to discontinuing precautions.

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Variable	Variable

COMMENTS

- REPORTABLE DISEASE Providers to report all cases of meningitis to Medical Health Officer.
- **Notify IPAC of all cases of meningitis**
- * Use these precautions if organism is not otherwise specified
- ** Maintain airborne precautions until respiratory TB disease is ruled out
- ***Use routine practice if herpes simplex is limited to central nervous system only, no other lesions or rash

Meningococcal Disease *(Neisseria meningitidis)*

CLINICAL PRESENTATION
Invasive: Meningococcemia, meningitis, pneumonia, rash (petechial/purpuric) with fever **Non-invasive:** Conjunctivitis or urethritis

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Respiratory secretions	Direct contact, droplet

PRECAUTIONS NEEDED	
ACUTE CARE	**Droplet Precautions**
LONG-TERM CARE	**Droplet Precautions**
COMMUNITY	**Droplet Precautions**
PEDIATRICS	**Droplet Precautions**

DURATION OF PRECAUTIONS
Until 24 hours of effective antimicrobial therapy completed

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
1 – 10 days	Until 24 hours of effective antimicrobial therapy completed

COMMENTS

- REPORTABLE DISEASE. Provider to report invasive meningococcal disease to Medical Health Officer at presumed stage
- To determine if a case is invasive, see BCCDC Case Definition for Meningococcal Disease
- Close contacts may require chemoprophylaxis as directed by the Medical Health Officer or Provincial Workplace Health Call Centre

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** • MRSA colonization and infection	**Droplet & Contact Precautions** • If MRSA found in sputum or tracheostomy and have a productive cough or ventilated
LONG-TERM CARE & MENTAL HEALTH	**Routine Practices** • MRSA colonization • Urine infection	**Contact Precautions** • MRSA infection • Use Droplet & Contact Precautions if MRSA found in sputum or tracheostomy and have a productive cough or ventilated
COMMUNITY	**Routine Practices** • Lower risk of transmission*	**Contact Precautions** • Higher risk of transmission* • Use Droplet & Contact Precautions if MRSA found in sputum or tracheostomy and have a productive cough or ventilated
PEDIATRICS	**Contact Precautions** • Colonization and infection	**Droplet & Contact Precautions** • If MRSA found in sputum or tracheostomy and have a productive cough or ventilated

DURATION OF PRECAUTIONS

Acute Care: For the duration of admission or visit. Contact IPAC prior to stopping droplet precautions for respiratory infection.
Long-Term Care: Maintain additional precautions until infection is resolved, and then return to Routine Practices. Urine infection can be managed by Routine Practices.

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Variable	Variable

COMMENTS

- *Refer to Additional Precautions in Community Healthcare Settings for definition of lower risk and higher risk transmission
- Contact screening as directed by IPAC. Refer to ARO Acute Patient Placement Algorithm.

Molluscum Contagiosum

Molluscum contagiosum virus

CLINICAL PRESENTATION
Small flesh-coloured raised papules with pearly appearance and central depression. Papules typically present on the lower abdomen, pubic area, inner thighs, buttock, genitals, can also be widespread all over body and itchy

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Drainage from papules	Direct contact including sexual contact, or fomites. Vertical transmission (pregnant individual to fetus in utero or newborn at birth)

PRECAUTIONS NEEDED	
ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS
Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
2 weeks to 6 months	Unknown

COMMENTS

- Minimize exposure to high-risk patients. Refer to Definition of Moderately to Severely Immunocompromised Patients

Mpox

CLINICAL PRESENTATION

Prodromal phase (lasts 1-5 days): Flu-like symptoms like fever, chills, headache, muscle ache, and fatigue. Less common symptoms include sore throat, cough, nausea, vomiting, or diarrhea
Smallpox-like rash (1-3 days after prodrome): Evolving rash from macules (flat lesions) to papules (raised lesions), vesicles, then pustules. Swollen lymph nodes, fever, chills, muscle ache, proctitis, tonsillitis

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Infected blood and body fluids, pox secretions	**Human to human transmission:** • Direct contact with cutaneous or mucosal lesions • Indirect contact with fomites (i.e. linens or clothing) • Respiratory droplets from prolonged face-to-face contact **Animal contact:** • Bite or direct contact with an infected animal's blood, body fluid or rash

PRECAUTIONS NEEDED

ACUTE CARE	**Airborne & Contact + Droplet Precautions**
LONG-TERM CARE	**Airborne & Contact + Droplet Precautions**
COMMUNITY	**Airborne & Contact + Droplet Precautions**
PEDIATRICS	**Airborne & Contact + Droplet Precautions**

DURATION OF PRECAUTIONS

As directed by IPAC.
Until all lesions have crusted, those crusts have separated, and a fresh layer of healthy skin has formed underneath.

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
7 - 14 days, but can range from 5 - 21 days	2 - 4 weeks

COMMENTS

- REPORTABLE DISEASE
- Acute care provider to **call or page the Medical Microbiologist On-Call** at presumed stage
- Call or page IPAC immediately if Mpox is presumed
- See IPAC AGMP Best Practice Guideline
- See VCH information on Mpox
- See BCCDC information on Mpox

Mucormycosis (Zygomycosis, Phycomycosis)

Includes: *Apophysomyces* spp., *Cunninghamella* spp., *Lichtheimia* spp., *Mucor* spp., *Rhizomucor* spp.

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 human-to-human transmission

PRECAUTIONS NEEDED	
ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS
Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Unknown	Not applicable

COMMENTS

- Immunocompromised patients are at risk of infection

Mumps, Known Case

CLINICAL PRESENTATION

Generally mild self-limiting symptoms.
Swelling of salivary glands, parotitis. Myalgia, anorexia, malaise, headache, fever, respiratory symptoms.
Complications include orchitis, oophoritis, meningitis.

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Saliva, respiratory secretions	Direct contact, large droplets

PRECAUTIONS NEEDED

ACUTE CARE	**Droplet Precautions**
LONG-TERM CARE	**Droplet Precautions**
COMMUNITY	**Droplet Precautions**
PEDIATRICS	**Droplet Precautions**

DURATION OF PRECAUTIONS

Consult IPAC prior to discontinuation of precautions.
Maintain isolation until 9 days after the onset of parotid swelling.

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Usually 16 - 18 days, range 12 - 25 days	7 days before symptom onset to 9 days after onset (most infectious 2 days before to 5 days after onset of parotid swelling)

COMMENTS

- REPORTABLE DISEASE
- **NOTIFY IPAC** if mumps exposure is presumed. Refer to "Mumps – Exposed Susceptible Contact" page.
- To determine if a person is immune or susceptible to mumps, see PHAC Mumps Susceptibility and Immunity
- For more information, see BCCDC Mumps Information for Health Professionals

Mumps, Exposed Susceptible Contact

CLINICAL PRESENTATION

May be asymptomatic.
Prodrome may include myalgia, anorexia, malaise, headache, low-grade fever, or non-specific respiratory symptoms.

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Saliva, respiratory secretions	Direct contact, large droplets

PRECAUTIONS NEEDED

ACUTE CARE	**Droplet Precautions**
LONG-TERM CARE	**Droplet Precautions**
COMMUNITY	**Droplet Precautions**
PEDIATRICS	**Droplet Precautions**

DURATION OF PRECAUTIONS

As directed by IPAC. Consult IPAC prior to discontinuation of precautions.
Begin isolation 10 days after first exposure and continue until 26 days after last exposure.

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Usually 16 – 18 days, range 12- 25 days	7 days before symptom onset to 9 days after onset (most infectious 2 days before to 5 days after onset of parotid swelling)

COMMENTS

- **NOTIFY IPAC if mumps exposure occurred in a healthcare setting**.
- To determine if a person is immune or susceptible to mumps, see PHAC Mumps Susceptibility and Immunity
- For more information, see BCCDC Mumps Information for Health Professionals

Mycoplasma pneumoniae

CLINICAL PRESENTATION
Cough (can persist for 3 weeks), fever, malaise, headache

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Respiratory secretions	Direct Contact and large droplets

PRECAUTIONS NEEDED	
ACUTE CARE	**Droplet Precautions**
LONG-TERM CARE	**Droplet Precautions**
COMMUNITY	**Droplet Precautions**
PEDIATRICS	**Droplet Precautions**

DURATION OF PRECAUTIONS
Until symptoms have stopped

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
1 - 4 weeks	Unknown

COMMENTS

- *M. Pneumoniae* is not a reportable disease. Notify Medical Health Officer if observing unusual clusters, particularly if no clinical improvement seen with current treatment recommendations

Necrotizing Enterocolitis (NEC)

CLINICAL PRESENTATION
Abdominal distention, bloody stool, diarrhea, feeding intolerance, lethargy, temperature instability, vomiting

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Unknown	Unknown

PRECAUTIONS NEEDED	
If a pathogen is identified, follow organism specific instructions in this manual.	
ACUTE CARE	**Contact Plus Precautions**
LONG-TERM CARE	**Contact Plus Precautions**
COMMUNITY	**Contact Precautions**
PEDIATRICS	**Contact Plus Precautions**

DURATION OF PRECAUTIONS
Contact IPAC prior to discontinuing precautions

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Not applicable	Unknown

COMMENTS

- Notify Medical Microbiologist & IPAC of all presumed cases
- NEC is commonly seen in premature babies within the first 2 weeks of birth up to 3 months of age and in babies born < 32 gestation. Rarely seen in adults.
- Etiology for NEC is multifactorial. No single pathogen has emerged as a definitive cause for NEC

Neisseria gonorrhoeae (Gonorrhea)

CLINICAL PRESENTATION
Ophthalmia, neonatorum, urogenital/rectal/pharyngeal gonorrhea, arthritis, pelvic inflammatory disease

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Infected mucous membranes, urogenital discharge	Vertical (pregnant individual to newborn at birth), sexual contact, and rarely direct or indirect contact

PRECAUTIONS NEEDED	
ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**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

Nocardiosis (*Nocardia* spp.)

CLINICAL PRESENTATION
Fever, cutaneous/lymphocutaneous disease or deep tissue infection secondary to soil contamination of a skin injury/open wound, pulmonary or central nervous system infection

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Contaminated soil and dust	No human-to-human transmission. Transmission occurs by inhalation of the microorganism in dust

PRECAUTIONS NEEDED	
ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Unknown	Not applicable

COMMENTS
• Infections in immunocompromised hosts may be associated with exposure to dust generated by construction, renovation and maintenance activities.

Nontuberculous mycobacterium (NTM)

Mycobacterium avium complex (M. avium, M. intracellulare, M. chimaera), M. abscessus complex, M. kansasii

CLINICAL PRESENTATION
Vague, non-specific. Shortness of breath, cough, sputum production, fatigue, malaise, weight loss.

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Water, soil, dust	Human-to-human transmission rare

PRECAUTIONS NEEDED	
ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS
Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Variable	Not applicable

COMMENTS

- Pulmonary infections are more common and primarily community acquired
- For *M. abscessus*: implement Contact Precautions for Cystic Fibrosis patients during their healthcare encounter

Norovirus (Norwalk), Sapovirus

Caliciviridae

CLINICAL PRESENTATION
Acute onset nausea, vomiting, diarrhea

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Feces, emesis, vomit	Direct contact and indirect contact (fecal-oral), large droplets if vomiting (vomitus-oral)

PRECAUTIONS NEEDED

ACUTE CARE	**Contact Plus Precautions** • Add Droplet if vomiting
LONG-TERM CARE	**Contact Plus Precautions** • Add Droplet if vomiting
COMMUNITY	**Contact Precautions** • Add Droplet if vomiting
PEDIATRICS	**Contact Plus Precautions** • Add Droplet if vomiting

DURATION OF PRECAUTIONS

Until symptoms have stopped for 48 hours AND return to baseline bowel movements
Patients who are immunocompromised may require a longer isolation period - **Consult IPAC prior to discontinuation of additional precautions**

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
12 - 48 hours	Mostly during acute stage and usually 48 hours after symptom resolution

COMMENTS

- REPORTABLE DISEASE
- Soap and water is the preferred method of hand hygiene
- Common causes of outbreaks. Refer to VCH 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** for 48 hours.

Orf – Parapoxvirus

CLINICAL PRESENTATION
Skin lesions

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Infected saliva of animals and fomites	No human-to-human transmission Contact with infected animals (usually sheep and goats)

PRECAUTIONS NEEDED	
ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS
Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
3 - 6 days	Not applicable

COMMENTS

Parainfluenza virus

CLINICAL PRESENTATION
Respiratory tract infection, croup, bronchiolitis, and pneumonia

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Respiratory secretions	Direct contact, indirect contact, droplet

PRECAUTIONS NEEDED		
ACUTE CARE	**Routine Practices**	**Droplet & Contact Precautions** • Adults in high risk units* only
LONG-TERM CARE	**Routine Practices**	
COMMUNITY	**Routine Practices**	
PEDIATRICS		**Droplet & Contact Precautions**

DURATION OF PRECAUTIONS

For adults - until symptoms resolve.
For pediatrics - at least 11 days post symptom onset AND 24 hours after symptoms resolve. For immunocompromised hosts, isolation precautions need to be maintained for a longer duration due to prolonged viral shedding – **Contact IPAC** for discontinuation of precautions.

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
2 - 6 days	1 - 3 weeks

COMMENTS

- Minimize exposure to high-risk patients. Refer to Definition of Moderately to Severely Immunocompromised Patients.
- Individuals on Droplet & Contact Precautions may need additional Airborne Precautions if Aerosol Generating Medical Procedures (AGMPs) are used.
- *High-risk units - Solid Organ Transplant (SOT), Bone Marrow Transplant (BMT), Intensive Care Unit (ICU), Neonatal ICU (NICU), Cardiac Surgery ICU (CSICU), Cardiac Care Unit (CCU), Thoracic, Burns Trauma High Acuity (BTHA).

Parvovirus B19

(Fifth Disease, Erythema Infectiosum, Aplastic crisis)

CLINICAL PRESENTATION

Facial red "slapped cheek" rash. Macular or lace-like rash on trunk, arms, or thighs. Prodrome of fever, malaise, myalgia, and headache. Arthralgia or arthritis. Aplastic or erythrocytic crisis.
Papular-purpuric gloves-and-socks syndrome (PPGSS): Painful and itchy papules, petechiae or purpural rash of hands and feet, often with fever

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Respiratory secretions, blood	Droplet, direct contact, percutaneous exposure to blood products, vertical (pregnant individual to fetus in utero)

PRECAUTIONS NEEDED

ACUTE CARE	**Routine Practices**	**Droplet Precautions** • Aplastic crisis • Immunocompromised patients • Papular purpuric gloves-socks syndrome (PPGSS)
LONG-TERM CARE	**Routine Practices**	**Droplet Precautions** • Aplastic crisis • Immunocompromised patients • PPGSS
COMMUNITY	**Routine Practices**	**Droplet Precautions** • Aplastic crisis • Immunocompromised patients • PPGSS
PEDIATRICS	**Routine Practices**	**Droplet Precautions** • Aplastic crisis • Immunocompromised patients • PPGSS

DURATION OF PRECAUTIONS

Consult IPAC prior to discontinuation of precautions.
Transient Aplastic crisis: Maintain precautions for 7 days after onset of crisis.
Immunocompromised or PPGSS: For acute care, maintain precautions for duration of hospitalization. For community or LTC, until all acute symptoms resolve

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
4 - 21 days	**Fifths disease:** No longer infectious after rash appears **Aplastic crisis:** Up to 1 week after onset of crisis **Chronic infection in immunocompromised:** Months to years

COMMENTS

- Refer to VCH Definition of Moderately to Severely Immunocompromised Patients..
- In pregnant women with presumed or confirmed intrauterine parvovirus B19 infection, amniotic fluid and fetal tissues should be considered infectious. Use Contact Precautions.

Pertussis – Whooping Cough (*Bordetella pertussis*)

CLINICAL PRESENTATION

Catarrhal stage: begins with common cold-like symptoms, mild cough that becomes gradually worse
Paroxysmal stage: paroxysms of numerous, rapid coughs characterized by inspiratory whoop (gasping), cyanosis, fatigue, vomiting, can last 2-8 weeks
Convalescent stage: symptoms wane over weeks to months

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Respiratory secretions	Droplet

PRECAUTIONS NEEDED

ACUTE CARE	**Droplet Precautions**
LONG-TERM CARE	**Droplet Precautions**
COMMUNITY	**Droplet Precautions**
PEDIATRICS	**Droplet Precautions**

DURATION OF PRECAUTIONS

Untreated: up to 21 days from onset of paroxysmal cough
Treated: after 5 days of effective antimicrobial treatment

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Average 9-10 days; range of 6-20 days	**Untreated:** from beginning of infection up to 3 weeks after onset of coughing **Treated:** after 5 days of effective antimicrobial treatment

COMMENTS

- REPORTABLE DISEASE
- Susceptible contacts may need to be assessed for post-exposure prophylaxis

Pharyngitis, not yet diagnosed (NYD)

Most commonly caused by viruses

CLINICAL PRESENTATION

Sore throat, fever, pain with swallowing, anterior cervical lymphadenopathy, pharyngeal and tonsillar erythema, tonsillar hypertrophy with or without exudate, commonly associated with Scarlet Fever

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Respiratory secretions	Direct and indirect contact, large droplets

PRECAUTIONS NEEDED

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

ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Droplet & Contact Precautions**

DURATION OF PRECAUTIONS

Variable – see specific organism
For viral infections – until symptoms resolve or return to baseline
For Group A Streptococcus – until 24 hours of effective antimicrobial therapy completed

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Variable	Until symptoms resolve For Group A Streptococcus – until at least 24 hours of effective antimicrobial treatment

COMMENTS

- If Group A strep is presumed, see Group A Streptococcus (GAS) – Scarlet Fever, Pharyngitis

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 No human-to-human transmission

PRECAUTIONS NEEDED	
ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS
Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
2 - 8 days	Not applicable

COMMENTS

- REPORTABLE DISEASE
- If left untreated, can progress to sepsis, renal failure, acute respiratory distress, and death

Plague – Pneumonic (Yersinia pestis)

CLINICAL PRESENTATION
Pneumonia, dyspnea, cough, fever, hemoptysis

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Respiratory secretions	Droplet

PRECAUTIONS NEEDED	
ACUTE CARE	**Droplet Precautions**
LONG-TERM CARE	**Droplet Precautions**
COMMUNITY	**Droplet Precautions**
PEDIATRICS	**Droplet Precautions**

DURATION OF PRECAUTIONS
Until 48 hours of effective antibiotic treatment

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
1 - 6 days	Until 48 hours of effective antibiotic treatment

COMMENTS

- REPORTABLE DISEASE
- If left untreated, can progress to sepsis, renal failure, acute respiratory distress, and death
- Close contacts may require prophylaxis

Pleurodynia (Group B Coxsackieviruses)

Also known as “Bornholm’s Disease”

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, droplets

PRECAUTIONS NEEDED		
ACUTE CARE	**Routine Practices**	
LONG-TERM CARE	**Routine Practices**	
COMMUNITY	**Routine Practices**	
PEDIATRICS		**Contact Precautions** • Add **Droplet** for NICU settings

DURATION OF PRECAUTIONS
Until symptoms are resolved. Consult IPAC prior to stopping precautions in NICU.

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
3 - 6 days	Until symptoms are resolved

COMMENTS

- Individuals on Droplet & Contact Precautions may need additional **Airborne Precautions** if Aerosol Generating Medical Procedures (AGMPs) are used.

Pneumocystis jirovecii pneumonia (PJP)

Originally known as *Pnemocystic carinii* pneumonia (PCP)

CLINICAL PRESENTATION
Fever, cough, dyspnea, chills, fatigue, tachypnea

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Respiratory secretions	Unknown

PRECAUTIONS NEEDED	
ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS
Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Unknown	Unknown

COMMENTS

- Ensure roommate is not immunocompromised, see Definitions for severely or moderately immunocompromised patients.
- Most common opportunistic infection is found among people living with HIV.

Pneumonia, not yet diagnosed (NYD)

(Bacterial, viral, fungal)

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.

ACUTE CARE	**Routine Practices** • Adult bacterial *if not otherwise specified • Adult viral *if influenza, RSV, COVID-19 ruled out	**Droplet Precautions** • *Meningococcus* *Mycloplasma* • *Yersinia pestis*	**Droplet & Contact Precautions** • Pneumonia NYD • *Influenza, RSV, COVID-19* • *Group A Strep (GAS)*
LONG-TERM CARE	**Routine Practices** • Adult bacterial *if not otherwise specified • Adult viral *if influenza, RSV, COVID-19 ruled out	**Droplet Precautions** • *Meningococcus* *Mycloplasma* • *Yersinia pestis*	**Droplet & Contact Precautions** • Pneumonia NYD • *Influenza, RSV, COVID-19* • *Group A Strep (GAS)*
COMMUNITY	**Routine Practices** • Adult bacterial *if not otherwise specified • Adult viral *if influenza, RSV, COVID-19 ruled out	**Droplet Precautions** • *Meningococcus* *Mycloplasma* • *Yersinia pestis*	**Droplet & Contact Precautions** • Pneumonia NYD • *Influenza, RSV, COVID-19* • *Group A Strep (GAS)*
PEDIATRICS		**Droplet Precautions** • *Haemophilius influenzae*	**Droplet & Contact Precautions** • Pediatric all causes

DURATION OF PRECAUTIONS

Until etiology is established or >24 hrs clinical improvement* on empiric therapy. Refer to specific organism if pathogen is identified. For Group A Strep: 24 hours after appropriate antimicrobial therapy

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Variable	Variable

COMMENTS

- Use appropriate precautions if causative organism is an antibiotic-resistant organism (ARO)
- **Airborne Precautions** may be indicated if varicella (VZV) or Tuberculosis pneumonia is presumed.
- Minimize exposure of immunocompromised patients, patients with chronic cardiac or lung disease.
- *Clinical improvement is defined as patient is afebrile >24 hours, symptoms have improved, and decreasing oxygen requirements.

Poliomyelitis (Poliovirus)

CLINICAL PRESENTATION
Fever, tiredness, headache, nausea, vomiting, severe muscle pain and spasms, stiff neck, muscle weakness, paralysis

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**
COMMUNITY	**Contact Precautions**
PEDIATRICS	**Contact Precautions**

DURATION OF PRECAUTIONS

- **As directed by IPAC**.
- Until 3 consecutive stool and/or throat swab samples test negative. Samples must be collected > 24 hours apart.
- Health management and stool testing will be determined on a case-by-case basis for immunocompromised individuals.

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
3 - 35 days	Throat - 1 week Stool - 3 6 weeks

COMMENTS

- REPORTABLE DISEASE
- Only health care workers who are vaccinated against polio and not immunocompromised should provide care for a poliovirus patient.
- All stool sample testing for poliovirus must be conducted by the National Microbiology Laboratory.
- Immunocompromised hosts may have prolonged viral shedding.
- PHAC Poliovirus Guidelines

Powassan Virus (*Orthoflavivirus*)

CLINICAL PRESENTATION
Most cases are subclinical. Fever, sore throat, drowsiness, headache, muscle weakness, nausea, disorientation. Rare cases of neuroinvasive disease, encephalitis, meningitis.

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Bite from infected tick	Tick borne (vector) Rare transmission can occur through blood transfusion and organ transplantation

PRECAUTIONS NEEDED	
ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS
Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
1 - 5 weeks	Not applicable

COMMENTS

- All cases of encephalitis are REPORTABLE DISEASE.
- Provider to report to Medical Health Officer if encephalitis is presumed.

Pseudomembranous colitis

(common complication of *Clostridioides difficile* infection)

CLINICAL PRESENTATION
Diarrhea, abdominal cramps, pain, fever, toxic megacolon, systemic toxicity

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Feces	Direct contact, indirect contact

PRECAUTIONS NEEDED	
ACUTE CARE	**Contact Plus Precautions**
LONG-TERM CARE	**Contact Plus Precautions**
COMMUNITY	**Contact Precautions**
PEDIATRICS	**Contact Plus Precautions**

DURATION OF PRECAUTIONS
Until symptoms have stopped for 48 hours AND return to baseline bowel movements A negative or repeat C. difficile test is not recommended as a test of cure. Shedding of C. difficile in stool can persist for several months after infection has resolved and may result in positive test results

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Variable	Until symptoms resolve

COMMENTS

- Soap and water is the preferred method of hand hygiene.
- Environmental cleaning: Use a product that is effective against C. difficile as spores are known to be durable and resistant to routine disinfectant processes.
- Only send specimens on **symptomatic individuals**, do not test children < 12 months.

Pseudomonas aeruginosa

CLINICAL PRESENTATION
Asymptomatic or various infections of skin, soft tissue, pneumonia, bacteremia, urinary tract

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Colonized or infected secretions	Direct contact, indirect contact

PRECAUTIONS NEEDED	
ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS
Additional Precautions may be used at the discretion of IPAC

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Not applicable	Variable

COMMENTS

- If reported as Carbapenemase Producing Organism, see CPO.
- Can cause severe infections in patients with Cystic Fibrosis.
- Refer to ARO Acute Patient Placement Algorithm.
- See VCH CPO resources on the IPAC website.

Psittacosis (Ornithosis)

Chlamydia psittaci

Also known as “parrot disease”

CLINICAL PRESENTATION
Atypical pneumonia (abrupt fever onset, headache, dry cough), pharyngitis, diarrhea, constipation, nausea, vomiting, joint pain, chills, malaise, abdominal pain, rash

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Excrement or respiratory secretions of infected birds	Direct contact. Inhalation of excrement or respiratory secretions of infected birds. Human-to-human transmission is rare.

PRECAUTIONS NEEDED	
ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS
Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
5 - 14 days	Not applicable

COMMENTS
• REPORTABLE DISEASE

Q Fever *(Coxiella burnetii)*

CLINICAL PRESENTATION
Usually self-limiting. Rapid onset fever, chills, weakness, pneumonia.

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Infected animals, raw milk	Inhalation of dust or soil from farms. Direct contact with infected animals or drinking infected raw milk. No human-to-human transmission

PRECAUTIONS NEEDED	
ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS
Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
14 - 39 days	Not applicable

COMMENTS
• REPORTABLE DISEASE

Rabies

CLINICAL PRESENTATION
Prodromal symptoms (low grade fever, myalgia) that can rapidly progress to acute encephalitis (headache, fever, hydrophobia, delirium, convulsions, paralysis) further progressing to coma, death

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Saliva, cerebrospinal fluid or central nervous system tissue of infected mammal (wild/farm animals, domestic pets)	Direct contact - highest risk is a bite from an infected animal. Transmission is rare via scratches from a rabid animal, exposure to mucus membranes, airborne or transplantation of organs from a donor who had undiagnosed rabies infection. Human-to-human transmission generally does not occur.

PRECAUTIONS NEEDED	
ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS
Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
3 - 8 weeks, range is days - years	Not applicable

COMMENTS

- REPORTABLE DISEASE
- Human rabies is very rare in Canada; however, once symptoms develop it is almost always fatal
- Treatment & management, see BCCDC Management of Specific Diseases Rabies or Public Health Agency of Canada (PHAC) Rabies: For healthcare professionals

Rash, not yet diagnosed (NYD)

CLINICAL PRESENTATION

Variable. Refer to: VCH Rash Assessment Algorithm

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
See specific organism for details	Variable

PRECAUTIONS NEEDED

See specific organism for precautions indicated

Rash: Erythematous sandpaper-like rash
- See Group A Streptococcus (GAS) – Scarlet Fever, Pharyngitis

Rash: Maculopapular with coryza or fever
- See Measles – (Rubeola)
- See Rubella – Acquired
- See Rubella – Congenital
- See Toxic Shock Syndrome – invasive Group A Strep

Rash: Maculopapular or vesicular rash of the hands and feet
- See Hand, Foot and Mouth Disease
- See Syphilis (Treponema pallidum) - Congenital

Rash: Petechial or ecchymotic with fever
- See Meningococcal Disease – (Neisseria meningitidis)
- See Viral Hemorrhagic Fever (VHF), not yet diagnosed (NYD)

Rash: Petechial, papular-purpuric
- See Parvovirus B19 (Fifth Disease)

Rash: Pruritic scabies-like burrows (papules, nodules, vesicles or bullae), or widespread, crusted, and hyperkeratotic lesions (Norwegian scabies)
- See Scabies (Sarcoptes scabiei)

Rash: Vesicular
- See Herpes Simplex Virus: Disseminated or extensive lesions
- See Herpes Simplex Virus: Localized lesions
- See Mpox
- See Varicella Zoster Virus: Chickenpox – Known Case
- See Varicella Zoster Virus: Herpes Zoster (Shingles) – Disseminated
- See Varicella Zoster Virus: Herpes Zoster (Shingles) Localized Rash

DURATION OF PRECAUTIONS

Variable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Variable	Variable

COMMENTS

- Refer to VCH Rash Assessment Algorithm

Rat-bite fever *(Streptobacillus moniliformis, Spirillum minus)*

CLINICAL PRESENTATION
S. moniliformis (also known as Haverhill fever): Relapsing/abrupt fever, rash, migratory polyarthritis, chills, muscle pain, vomiting, sore throat and headache ***S. minus***: Fever, ulceration/discolouration/swelling and pain at the site of the bite, lymphadenopathy, and rash.

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Saliva, bites, scratches, and urine of infected rodents, contaminated items (e.g., rat bedding, cages, etc.) contaminated food or drinks, unpasteurized milk of infected animals	No human-to-human transmission Bite or scratches from infected rodents, ingestion of contaminated food or drinks

PRECAUTIONS NEEDED	
ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS
Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
S. moniliformis: Usually less than 7 days (range 3 days to 3 weeks) ***S minus***: 7 - 21 days	Not applicable

COMMENTS
• ***S. moniliformis***: Acquired from rats or other animals, and contaminated food or drinks. • ***S minus***: Acquired from rat or mice bites only.

Relapsing fever (*Borrelia* spp.)

CLINICAL PRESENTATION
Sudden onset of high fever, chills, sweats, headache, muscle and joint pain, nausea. Transitory macular or petechial rashes

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Bite of louse or tick	Insect-borne: Acquired by bite of lice or ticks No human-to-human transmission

PRECAUTIONS NEEDED	
ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS
Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
2 - 18 days	Not applicable

COMMENTS

Respiratory Tract Infection, not yet diagnosed (NYD)

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**
LONG-TERM CARE	**Droplet & Contact Precautions**
COMMUNITY	**Droplet & Contact Precautions**
PEDIATRICS	**Droplet & Contact Precautions**

DURATION OF PRECAUTIONS
Variable, refer to specific organism once identified

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Variable	Variable

COMMENTS

- Individuals on Droplet & Contact Precautions may need additional **Airborne Precautions** if Aerosol Generating Medical Procedures (AGMPs) are used.
- Use point of care risk assessment to determine if additional personal protective equipment is necessary.

Rhinovirus

CLINICAL PRESENTATION

Respiratory tract infection, common cold, rhinosinusitis, nasal congestion, malaise, headache, myalgia, fever, cough, and sneezing.

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Respiratory secretions	Direct contact, indirect contact, droplet

PRECAUTIONS NEEDED

ACUTE CARE	**Routine Practices**	**Droplet & Contact Precautions** • Adults in high risk units* only
LONG-TERM CARE	**Routine Practices**	
COMMUNITY	**Routine Practices**	
PEDIATRICS		**Droplet & Contact Precautions**

DURATION OF PRECAUTIONS

For adults, until symptoms resolve.
For pediatrics, at least 11 days post symptom onset AND 24 hours after symptoms resolve.

For immunocompromised individuals, isolation precautions need to be maintained for a longer duration due to prolonged viral shedding – **Contact IPAC** for discontinuation of precautions.

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
2 - 3 days	Until acute symptoms resolve (1-2 weeks)

COMMENTS

- Minimize exposure to high-risk patients. Refer to Definition of Moderately to Severely Immunocompromised Patients.
- Individuals on Droplet & Contact Precautions may need additional Airborne Precautions if Aerosol Generating Medical Procedures (AGMPs) are used.
- *High-risk units - Solid Organ Transplant (SOT), Bone Marrow Transplant (BMT), Intensive Care Unit (ICU), Neonatal ICU (NICU), Cardiac Surgery ICU (CSICU), Cardiac Care Unit (CCU), Thoracic, Burns Trauma High Acuity (BTHA).

Rickettsial Diseases

Anaplasmosis (*Anaplasma phagocytophilum)* & Ehrlichiosis (*Ehrlichia* spp.). Rickettsialpox (*Rickettsia akari)*. Rocky Mountain Spotted Fever (*Rickettsia rickettsii*). Typhus fevers: scrub typhus (*Orientia tsutsugamushi*), epidemic typhus (*Rickettsia prowazekii)*, murine typhus (*Rickettsia typhi*)

CLINICAL PRESENTATION

Fever, rash, malaise, myalgia, headache, encephalitis, thrombocytopenia. Less common: respiratory failure, disseminated intravascular coagulation, organ failure, death

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Acquired from bite by infected vector (ticks, mites, fleas, body lice)	• Vector-borne • Anaplasmosis: possible transmission also includes via solid organ transplantation, blood transfusion and pregnant individual to fetus in utero • Rocky Mountain Spotted Fever: rarely via blood transfusion

PRECAUTIONS NEEDED

ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS

Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Variable. Range is 3 - 21 days (depends on the organism)	No human-to-human transmission Note: *Rickettsia prowazekii* can be infectious via close direct contact with a person who has body lice

COMMENTS

- REPORTABLE DISEASE. All Rickettsial diseases listed above are reportable
- BCCDC Case Definition for Rickettsial Diseases

Rift Valley Fever (*Phlebovirus*)

CLINICAL PRESENTATION
Most cases are subclinical. Fever, weakness, back pain, and dizziness. Disease may progress to encephalitis, unexplained bleeding, jaundice, hemorrhagic fever.

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Bite from an infected mosquito	Mosquito borne (vector) Contact with blood, body fluids, or tissue of infected animals No human-to-human transmission

PRECAUTIONS NEEDED	
ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS
Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
2 - 6 days	Not applicable

COMMENTS

- REPORTABLE DISEASE
- Transmission is limited to geographical areas where the virus is circulating (sub-Saharan Africa).
- Potentially hazardous to laboratory staff. **Notify laboratory** prior to sending specimen.

Roseola Infantum – Human Herpes Virus 6 and 7 (HHV6 and HHV7)

(Exanthema subitum, Sixth disease, Baby measles)

CLINICAL PRESENTATION
Fever, nonpruritic maculopapular rash

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Saliva	Direct contact, close personal contact

PRECAUTIONS NEEDED	
ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS
Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
9 - 10 days	Not applicable

COMMENTS

Rotavirus

CLINICAL PRESENTATION
Severe watery diarrhea, vomiting, abdominal pain, dehydration, loss of appetite

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Feces, contaminated items (toys)	Direct contact (fecal-oral), indirect contact

PRECAUTIONS NEEDED	
ACUTE CARE	**Contact Plus Precautions** • Add Droplet if vomiting
LONG-TERM CARE	**Contact Plus Precautions** • Add Droplet if vomiting
COMMUNITY	**Contact Precautions** • Add Droplet if vomiting
PEDIATRICS	**Contact Plus Precautions** • Add Droplet if vomiting

DURATION OF PRECAUTIONS

Until symptoms have stopped for 48 hours AND return to baseline bowel movements

For immunocompromised individuals, isolation precautions may need to be maintained for a longer duration due to prolonged viral shedding. **Contact IPAC** for discontinuation of precautions.

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
2 days	3 - 21 days

COMMENTS

- REPORTABLE DISEASE
- Soap and water is the preferred method for hand hygiene
- **For acute inpatient settings: Contact Plus Precautions** should be maintained until lab results are negative AND for 10 days post immunization for infants who receive Rotavirus vaccine

RSV – Respiratory Syncytial Virus

CLINICAL PRESENTATION
Upper respiratory tract infection, bronchiolitis and pneumonia

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Respiratory secretions	Direct contact, indirect contact, droplet

PRECAUTIONS NEEDED	
ACUTE CARE	**Droplet & Contact Precautions**
LONG-TERM CARE	**Droplet & Contact Precautions**
COMMUNITY	**Droplet & Contact Precautions**
PEDIATRICS	**Droplet & Contact Precautions**

DURATION OF PRECAUTIONS

For adults: at least 7 days post symptom onset AND 24 hours after symptoms resolve.
For pediatrics: at least 11 days post symptom onset AND 24 hours after symptoms resolve.
For immunocompromised individuals: isolation precautions need to be maintained for a longer duration – Contact IPAC for discontinuation of precautions.

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
2 - 8 days	Until acute symptoms resolve (typically 1 - 2 weeks)

COMMENTS

- Individuals on Droplet & Contact Precautions may need additional **Airborne Precautions** if Aerosol Generating Medical Procedures (AGMPs) are used.
- Minimize exposure of high-risk patients. Refer to Definition of Moderately to Severely Immunocompromised Patients.

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**
COMMUNITY	**Droplet Precautions**
PEDIATRICS	**Droplet Precautions**

DURATION OF PRECAUTIONS
Until 7 days after onset of rash

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
14 - 21 days	One week before to 7 days after onset of rash

COMMENTS

- REPORTABLE DISEASE
- Only those individuals who are known to meet immunity criteria should enter the room. If immunity is unknown, assume person is non-immune. Non-immune individuals should not enter except in urgent or compassionate circumstances. Pregnant HCWs should not enter the room regardless of their immune status.
- **If other patients exposed**, notify IPAC and refer to Rubella (German measles) – Exposed Susceptible Contact.

Rubella – Congenital

CLINICAL PRESENTATION

Congenital rubella syndrome (severe birth defects). Most common manifestations: Ophthalmologic (cataracts, pigmentary retinopathy, microphthalmos, glaucoma), cardiac (patent ductus arteriosus, peripheral pulmonary artery stenosis), auditory (hearing impairment), or neurologic (behavioral disorders, meningoencephalitis, microcephaly).

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Respiratory secretions, urine	Direct contact, indirect contact, droplet

PRECAUTIONS NEEDED

ACUTE CARE	**Not applicable**
LONG-TERM CARE	**Not applicable**
COMMUNITY	**Not applicable**
PEDIATRICS	**Droplet & Contact Precautions**

DURATION OF PRECAUTIONS

Until 1 year of age, unless two cultures of nasopharyngeal and urine are obtained one month apart after 3 months of age are negative

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
4 - 21 days	Prolonged shedding in respiratory tract and urine can be up to one year

COMMENTS

- REPORTABLE DISEASE
- Only those individuals who are known to meet immunity criteria should enter the room. If immunity is unknown, assume person is non-immune. Non-immune individuals should not enter except in urgent or compassionate circumstances. Pregnant HCWs should not enter the room regardless of their immune status.
- **If other patients exposed**, notify IPAC and refer to Rubella (German measles) – Exposed Susceptible Contact.

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**
COMMUNITY	**Droplet Precautions**
PEDIATRICS	**Droplet Precautions**

DURATION OF PRECAUTIONS
Droplet Precautions should be maintained for exposed susceptible individuals for 7 days after first contact up 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

- Only those individuals who are known to meet immunity criteria should enter the room. If immunity is unknown, assume person is non-immune. Non-immune individuals should not enter except in urgent or compassionate circumstances. Pregnant HCWs should not enter the room regardless of their immune status.
- Notify IPAC if measles exposure occurred in a healthcare setting.

Saint Louis Encephalitis (*Orthoflavivirus*)

CLINICAL PRESENTATION
Most cases are subclinical. Clinical cases include encephalitis, high fever, altered consciousness, neurologic dysfunction, meningitis, stiff neck, headache, myalgia, tremors, nausea, vomiting and urinary tract infection

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Bite from an infected mosquito	Mosquito borne (vector) No human-to-human transmission

PRECAUTIONS NEEDED	
ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS
Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
4 - 21 days	Not applicable

COMMENTS

- All cases of encephalitis are REPORTABLE DISEASE. Provider to report to Medical Health Officer if encephalitis is presumed.
- See Arbovirus page in this manual for a list of related arthropod-borne viruses.

Salmonellosis (*Salmonella* spp.) – Non-typhoidal *Salmonella*

CLINICAL PRESENTATION
Diarrhea, fever, abdominal cramps, bacteremia, mucus in stools, and food poisoning

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Feces, contaminated food (e.g., meat, poultry, dairy, eggs, produced, processed foods), unpasteurized milk and other raw dairy products, and contaminated water	Fecal-oral, direct contact, indirect contact, foodborne

PRECAUTIONS NEEDED		
ACUTE CARE	**Routine Practices**	**Contact Precautions** For Adults if: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
LONG-TERM CARE	**Routine Practices**	**Contact Precautions** For Adults if: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
COMMUNITY	**Routine Practices**	**Contact Precautions** For Adults if: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
PEDIATRICS		**Contact Precautions**

DURATION OF PRECAUTIONS
Until symptoms have stopped for 48 hours AND return to baseline bowel movements, OR (for adults) until they are continent and have good hygiene.

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
6 - 48 hours	Variable

COMMENTS
• REPORTABLE DISEASE

Scabies *(Sarcoptes scabiei)*

CLINICAL PRESENTATION
Limited or typical: Papular rash, intense itching **Crusted (Norwegian) or atypical**: Severe & highly infectious due to large number of mites present under the skin. Widespread, crusted, and hyperkeratotic lesions

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Mites	Direct contact, indirect contact

PRECAUTIONS NEEDED	
ACUTE CARE	**Contact Precautions**
LONG-TERM CARE	**Contact Precautions**
COMMUNITY	**Contact Precautions**
PEDIATRICS	**Contact Precautions**

DURATION OF PRECAUTIONS
Maintain Contact Precautions until 24 hours of effective treatment

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Initial infestation: 4 - 6 weeks **Re-infection**: 1 - 4 days after repeated exposure	Until mites and eggs are destroyed by treatment (usually 2 courses one week apart)

COMMENTS

- Close contacts must be examined and given prophylaxis treatment.
- Scabies is a reportable occupational disease. Staff to report a workplace exposure to WorkSafe BC.
- See Quick Reference for Management of Lice, Scabies, and Bed Bugs
- See Best Practice Guidelines for Scabies in Long-Term Care and Assited Living Homes.

Schistosomiasis (*Schistosoma* spp.)

CLINICAL PRESENTATION
Diarrhea, fever, itchy rash, hepatosplenomegaly, hematuria, malaise, cough, lymphadenopathy, eosinophilia

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Larvae in contaminated water	No human-to-human transmission Waterborne – acquired by contact with larvae in contaminated water

PRECAUTIONS NEEDED	
ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS
Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Variable (approximately 4 - 6 weeks for *S. japonicum*, 6 - 8 weeks for *S. mansoni*, and 10 - 12 weeks for *S. haematobium*)	Not applicable

COMMENTS

Shigella (*Shigella* spp.), Enteroinvasive *E. coli* (*EIEC*)

CLINICAL PRESENTATION
Diarrhea, high fever, abdominal cramps, tenesmus, mucoid stools with or without blood

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Feces, contaminated food or water	Fecal-oral, direct contact, indirect contact, ingestion of contaminated food or water, sexual contact (oral-anal)

PRECAUTIONS NEEDED		
ACUTE CARE	**Routine Practices**	**Contact Precautions** For Adults if: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
LONG-TERM CARE	**Routine Practices**	**Contact Precautions** For Adults if: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
COMMUNITY	**Routine Practices**	**Contact Precautions** For Adults if: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
PEDIATRICS		**Contact Precautions**

DURATION OF PRECAUTIONS
Until symptoms have stopped for 48 hours AND return to baseline bowel movements, OR (for adults) until they are continent and have good hygiene

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Varies from 1 to 7 days (typically 1 to 3 days)	For the duration of illness but could last up to 4 weeks after illness unless treated. Treatment with effective antibiotic shortens period of infectivity.

COMMENTS
• REPORTABLE DISEASE

Smallpox (Variola Virus)

CLINICAL PRESENTATION
Fever, vesicular/pustular lesions. Prodrome includes high fever, malaise, headache

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Skin lesion exudate, large respiratory droplets	Direct contact, indirect contact, droplet and airborne

PRECAUTIONS NEEDED	
ACUTE CARE	**Airborne & Cotact + Droplet Precautions**
LONG-TERM CARE	**Airborne & Cotact + Droplet Precautions**
COMMUNITY	**Airborne & Cotact + Droplet Precautions**
PEDIATRICS	**Airborne & Cotact + Droplet Precautions**

DURATION OF PRECAUTIONS
As directed by IPAC

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
7 - 19 days (average 10 - 12 days)	3 - 4 weeks after onset of rash, until all skin lesions have crusted and separated

COMMENTS

- REPORTABLE DISEASE
- Acute care provider to **call or page the Medical Microbiologist On-Call** at presumed stage.
- May be bioterrorism related. Smallpox was declared eradicated worldwide in 1979
- **Call or page IPAC immediately** if smallpox is presumed
- Immunization of health care workers (HCW) stopped in 1977. Care preferably should be provided by immune HCWs; nonvaccinated HCWs should not provide care if immune HCWs are available.
- All HCW should wear n95 respirators, regardless of vaccination status.

Sporotrichosis (*Sporothrix schenckii*)

CLINICAL PRESENTATION

Three cutaneous patterns:
1. Classic lymphocutaneous process with multiple nodules,
2. Localized cutaneous presents as a solitary crusted papule or papuloulcerative or nodular lesion,
3. Disseminated cutaneous form with multiple lesions.

Pulmonary infection or disseminated disease.

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Contaminated soil or vegetation. Ubiquitous in the environment, commonly found in soil and plants	Rare human-to-human transmission. Acquired from spores in soil or vegetation. Zoonotic spread from infected cats or scratches from digging animals, such as armadillos.

PRECAUTIONS NEEDED

ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS

Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
7 - 30 days after cutaneous inoculation but can be as long as 6 months	Not applicable

COMMENTS

Staphylococcal Scalded Skin Syndrome (SSSS)

Also known as “Ritter’s Disease”

CLINICAL PRESENTATION

Tender scarlatiniform eruption and localized bullous impetigo, or a combination of these with painful skin rash with thick white/brown flakes

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Skin exudates or drainage	Direct contact, indirect contact

PRECAUTIONS NEEDED

ACUTE CARE	**Routine Practices** • Minor drainage contained by dressing	**Contact Precautions**
LONG-TERM CARE	**Routine Practices** • Minor drainage contained by dressing	**Contact Precautions**
COMMUNITY	**Routine Practices** • Minor drainage contained by dressing	**Contact Precautions**
PEDIATRICS		**Contact Precautions**

DURATION OF PRECAUTIONS

Maintain precautions until drainage is resolved (for pediatrics) or contained by dressing (for adults).

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Variable **Toxin-mediated SSSS**: 1 - 10 days **Post-operative SSSS**: up to 12 hours	While organism is present in drainage

COMMENTS

Staphylococcus aureus – Food poisoning (Toxin Mediated)

CLINICAL PRESENTATION
Nausea, vomiting, diarrhea, abdominal cramps/pain

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Feces, contaminated food	Fecal-oral, foodborne, direct contact, indirect contact

PRECAUTIONS NEEDED		
ACUTE CARE	**Routine Practices**	**Contact Precautions** For Adults if: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
LONG-TERM CARE	**Routine Practices**	**Contact Precautions** For Adults if: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
COMMUNITY	**Routine Practices**	
PEDIATRICS		**Contact Precautions**

DURATION OF PRECAUTIONS
Until symptoms have stopped for 48 hours **AND** return to baseline bowel movements, OR (for adults) until they are continent and have good hygiene.

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Not applicable	Not applicable

COMMENTS
• REPORTABLE DISEASE

Staphylococcus aureus, Methicillin-sensitive – Pneumonia (MSSA)

CLINICAL PRESENTATION
Pneumonia (cough, fever, chills, shortness of breath)

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Respiratory secretions	Droplet

PRECAUTIONS NEEDED		
ACUTE CARE	**Routine Practices**	
LONG-TERM CARE	**Routine Practices**	
COMMUNITY	**Routine Practices**	
PEDIATRICS		**Droplet Precautions**

DURATION OF PRECAUTIONS
Pediatrics: Maintain precautions until 24 hours of effective antimicrobial therapy

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Variable	Variable

COMMENTS

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
COMMUNITY	**Routine Practices** • Minor drainage contained by dressing	**Contact Precautions** • Major drainage not contained by dressing
PEDIATRICS	**Routine Practices** • Minor drainage contained by dressing	**Contact Precautions** • Major drainage not contained by dressing

DURATION OF PRECAUTIONS
Maintain precautions until drainage has stopped or is able to be contained by dressings

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Variable	While organism is present in drainage

COMMENTS

Stenotrophomonas maltophilia

CLINICAL PRESENTATION
Asymptomatic or various infections of skin, soft tissue, pneumonia, bacteremia, urinary tract

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Colonized or infected secretions, biofilms	Direct contact, indirect contact

PRECAUTIONS NEEDED	
ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS
Additional Precautions may be used at the discretion of IPAC

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Not applicable	Variable

COMMENTS

- If reported as Carbapenemase Producing Organism, see CPO.
- Refer to ARO Acute Patient Placement Algorithm.
- See VCH CPO resources on the IPAC website.
- Minimize exposure to immunocompromised patients or patients with chronic lung infections.
- Refer to Definition of Moderately to Severely Immunocompromised Patients.
- Can cause severe infections in patients with Cystic Fibrosis
- IPAC may implement **Contact Precautions** if an outbreak occurs.

Streptococcus agalactiae (Group B Streptoccoccus)

CLINICAL PRESENTATION
Newborn infections, including bacteremia, pneumonia, meningitis. Chorioamnionitis, endometritis in pregnant & postpartum women.

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Normal human flora (gut & genitourinary)	Direct contact Vertical from pregnant individual to newborn at birth

PRECAUTIONS NEEDED	
ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS
Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Early onset: < 7 days Late onset: Unknown	Variable

COMMENTS

- Invasive neonatal Group B Streptococcus is a REPORTABLE DISEASE. Neonates are infants up to and including 31 days of age.
- To determine if case is invasive, see BCCDC Case Definition for Neonatal Group B Streptococcal Infection.
- Notify IPAC if pregnant individual has invasive disease and is hospitalized.
- Group B Strep is part of normal human flora. Colonization without active infection is common.

Streptococcus pneumoniae (Pneumococcus)

Pneumococcal Disease

CLINICAL PRESENTATION
Meningitis, bacteremia, pneumonia, epiglottitis, otitis media, conjunctivitis, soft tissue infection

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Normal human flora (respiratory tract), respiratory secretions	Direct contact with respiratory secretions, droplet

PRECAUTIONS NEEDED	
ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS
Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Variable	Not applicable

COMMENTS

- Invasive Streptococcus pneumoniae is a REPORTABLE DISEASE
- To determine if a case is invasive, see BCCDC Case Definition for Pneumococcal Disease

Strongyloidiasis (*Strongyloides stercoralis*)

CLINICAL PRESENTATION

Usually asymptomatic. Localized pruritic, erythematous rash at the site of skin penetration, transient pneumonitis, diarrhea, abdominal pain, vomiting.
Hyperinfected syndrome and disseminated strongyloidiasis: Fever, abdominal pain, diffuse pulmonary infiltrates, and septicemia or meningitis

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Larvae in feces, contaminated soil	Penetration of skin by larvae from contact with contaminated soil. Rare human-to-human transmission.

PRECAUTIONS NEEDED

ACUTE CARE	**Routine Practices**	**Contact Precautions** • Hyperinfected syndrome and disseminated strongyloidiasis
LONG-TERM CARE	**Routine Practices**	
COMMUNITY	**Routine Practices**	
PEDIATRICS	**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	Not applicable

COMMENTS

- May cause disseminated disease in immunocompromised individuals.

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
Genital secretions, lesion exudates, mucous membranes of infected individuals	Vertical (pregnant individual to fetus in utero or newborn at birth), sexual contact, direct contact with infectious exudates or lesions

PRECAUTIONS NEEDED

ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Contact Practices** • Infants with congenital syphilis

DURATION OF PRECAUTIONS

Infants with congenital syphilis: Maintain Contact Precautions until 24 hours of effective antimicrobial 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

- REPORTABLE DISEASE
- Use Point-of-Care-Risk-Assessment to determine if PPE is required when providing care. Use gloves for direct contact with skin lesions.

Tapeworm Diseases

Taeniasis (*Taenia saginata*), Cysticercosis (*Taenia solium*), Diphyllobothrium Infection (*Diphyllobothrium latum*), Hymenolepiasis (*Hymenolepsis nana*)

CLINICAL PRESENTATION

Taeniasis, Diphyllobothrium Infection, Hymenolepiasis: asymptomatic (most common), nausea, vomiting, diarrhea, weight loss, perianal itchiness, difficulty sleeping, irritability
Cysticercosis: central nervous system involvement most commonly epileptic seizures, eye pain, lumps underneath skin, eye inflammation, diplopia, proptosis, hydrocephalus

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Ingestion of undercooked beef or pork, raw fish that has not been adequately pre-frozen Ingestion of contaminated food or water	Fecal-oral, foodborne, human-to-human

PRECAUTIONS NEEDED

ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS

Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
• 2 - 3 months • Variable, may be several years • 3 - 6 weeks	***Taenia Solium***: human-to-human, eggs shed from human hosts can survive days to months ***Hymenolepis nana***: Human-to-human, eggs passed in feces are immediately infectious and can survive up to 2 weeks ***Taenia Saginata, Diphyllobothrium latus***: Not human-to-human

COMMENTS

- Cysticercosis & Hymenolepiasis: autoinfection is possible and can persist for years. Diagnosis is made via visible inspection of tapeworm segments passed in feces

Tetanus (*Clostridium tetani*)

Also known as “Lockjaw”

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 human-to-human 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**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS
Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
3 - 21 days, with most cases occurring within 8 days. In neonatal, symptoms usually appear from 4 - 14 days after birth, averaging 7 days	Not applicable

COMMENTS
• REPORTABLE DISEASE

Tinea (*Trichophyton* sp., *Microsporum* sp., *Epidermophyton* sp.)

Commonly known as “Ringworm” or “Athlete’s foot”

CLINICAL PRESENTATION

Rash made of circular patches with raised, red edges, center of patch is often unaffected. Erythema, scaling,
lesions (skin, beard, scalp, groin, perineal area), black dot pattern, alopecia

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Skin, hair, contaminated items such as combs, hairbrushes, furniture, fabric, bathroom surfaces and infected animals	Close human-to-human, animal-to-human, direct contact

PRECAUTIONS NEEDED

ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS

Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
4 - 14 days	Until treatment has been initiated

COMMENTS

- Fungi can survive for several months on people, animals, environment.
- Patients should avoid sharing personal items such as combs, towels, hats, sports gear and should avoid swimming pools until treated.
- If multiple cases develop, use **Contact Precautions** and notify IPAC.

Toxic Shock Syndrome (TSS)

Group A Streptococcus – Streptococcus pyogenes (GAS), *Staphylococcus aureus, *Clostridium sordellii*

CLINICAL PRESENTATION
High fever, chills, myalgia, nausea/vomiting, diffuse macular rash, desquamation, hypotension, multi-organ failure

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Skin exudates & drainage due to secondary wound/lesion infection	Direct contact, indirect contact

PRECAUTIONS NEEDED		
If pathogen is identified, follow organism specific instructions in this manual.		
ACUTE CARE	**Routine Practices** • For drainage that can be covered/ contained	**Contact Precautions** • For drainage that cannot be covered/ contained
LONG-TERM CARE	**Routine Practices** • For drainage that can be covered/ contained	**Contact Precautions** • For drainage that cannot be covered/ contained
COMMUNITY	**Routine Practices** • For drainage that can be covered/ contained	**Contact Precautions** • For drainage that cannot be covered/ contained
PEDIATRICS	**Routine Practices** • For drainage that can be covered/ contained	**Contact Precautions** • For drainage that cannot be covered/ contained

DURATION OF PRECAUTIONS
Until drainage can be contained/covered

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Variable	Variable

COMMENTS

- If patient is presumed with invasive GAS add **Droplet & Contact Precautions** and see Group A Streptococcus (Streptococcus pyogenes) – Invasive (iGAS).
- Implement **Contact Plus Precautions** if organisms is *Clostridium sordellii*.

Toxocariasis *(Toxocara canis, Toxocara cati)*

CLINICAL PRESENTATION
Visceral toxocariasis: Fever, cough, wheezing, abdominal pain, malaise, and eosinophilia. **Ocular Toxocariasis**: Uveitis, endophthalmitis, retinal granulomas, unilateral vision loss. **Atypical manifestations:** myocarditis, seizures, encephalitis, and hemorrhagic rash.

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Contaminated feces of dogs and cats. Soil with infective eggs of the parasite.	No human-to-human transmission. Ingestion of contaminated soil. May be acquired from contact with dogs and cats.

PRECAUTIONS NEEDED	
ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS
Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Unknown	Not applicable

COMMENTS

Toxoplasmosis (*Toxoplasma gondii*)

CLINICAL PRESENTATION
Asymptomatic, congenital infection, or for immunocompromised individuals: fever, lymphadenopathy, retinitis, encephalitis, pneumonitis, myositis, myelitis, myocarditis, hepatic dysfunction

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Cat feces, contaminated soil, food, and water	Acquired by contact with infected cat feces or soil contaminated by cats, consumption of raw meat, contaminated raw vegetables or contaminated water. Transplantation of stem cells or organs. Vertical (pregnant individual to fetus in utero). No human-to-human transmission except pregnant individual to fetus.

PRECAUTIONS NEEDED

ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS
Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
5 - 23 days	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

Trachoma *(Chlamydia trachomatis)*

Serovars A, B, C

CLINICAL PRESENTATION
Keratoconjunctivitis with pannus formation

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Ocular secretions	Direct contact, indirect contact

PRECAUTIONS NEEDED	
ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS
Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
5 - 12 days	While viable organisms present in secretions

COMMENTS

- REPORTABLE DISEASE

Trichinosis (Roundworm - *Trichinella* spp.)

CLINICAL PRESENTATION
Asymptomatic, diarrhea, nausea, vomiting, periorbital edema, facial edema, conjunctivitis, fever, myalgias, rashes

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Acquired from consumption of infected meat	Foodborne No human-to-human transmission

PRECAUTIONS NEEDED	
ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS
Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
5 - 45 days	Not applicable

COMMENTS
• REPORTABLE DISEASE

Trichomoniasis (*Trichomonas vaginalis*)

CLINICAL PRESENTATION
Mostly asymptomatic. **Female:** Diffuse vaginal discharge, malodour, vulvovaginal pruritus and irritation, dysuria, erymathous and edematous vaginal mucosa, and “strawberry cervix”. **Male:** Urethritis. Rarely – epididymitis or prostatitis.

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**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS
Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Average 1 week (range from 5 - 28 days)	Duration of infection

COMMENTS

Trichuriasis – Whipworm *(Trichuris trichiura)*

CLINICAL PRESENTATION
Asymptomatic, abdominal pain, diarrhea, rectal prolapse

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Contaminated soil, water, food or other surfaces	Ingestion of contaminated soil, water, food or other fomites (fecal-oral) No human-to-human transmission

PRECAUTIONS NEEDED	
ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS
Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
12 weeks	Not applicable

COMMENTS

- Eggs must incubate in certain soil conditions for several weeks before becoming infectious.
- Adult egg laying female worms can live in a host for years and produce thousands of eggs per day in the large intestines which are shed through stool.

Tuberculosis – Extrapulmonary Disease (EPTB)

Mycobacterium tuberculosis complex including species: *M. tuberculosis, M. africanum, *M. bovis BCG, M. canettii, M. caprae, M. microti, M. orygis, M. pinnipedii*

CLINICAL PRESENTATION

Cervical lymphadenitis, pericarditis, meningitis, pleural effusion, infections of the skin, joint or bones, draining lesions. May affect any system outside the lungs

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Drainage	Airborne (oral cavity, larynx), aerosolized drainage

PRECAUTIONS NEEDED

ACUTE CARE	**Routine Practices** • If no draining lesions	****Airborne Precautions**
LONG-TERM CARE	**Routine Practices** • If no draining lesions	****Airborne Precautions**
COMMUNITY	**Routine Practices** • If no draining lesions	****Airborne Precautions**
PEDIATRICS	**Routine Practices** • If no draining lesions	****Airborne Precautions**

DURATION OF PRECAUTIONS

Acute Care & LTC: Consult IPAC prior to discontinuing precautions
Community: Consult Public Health/TB Consultant prior to discontinuing precautions

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Weeks to years	During procedures that may aerosolize infected drainage. Until pulmonary TB is ruled out.

COMMENTS

- REPORTABLE DISEASE
- **M. Bovis* BCG is not part of the Mycobacterium tuberculosis complex but is treated likeTB

****Implement Airborne Precautions**:

» During procedures that may generate aerosols from the affected site, see IPAC AGMP Best Practice Guideline
» Until pulmonary TB ruled out
» For patients with EPTB in the oral cavity or larynx
» Patients presumed with miliary TB with pulmonary involvement
» When performing wound care to the affected site
- Consult IPAC if drain is present

Tuberculosis (TB) – Pulmonary Disease

Mycobacterium tuberculosis complex including species: *M. tuberculosis, M. africanum, *M. bovis BCG, M. canettii, M. caprae, M. microti, M. orygis, M. pinnipedii*

CLINICAL PRESENTATION

New or worsening cough (lasting >3 weeks), fever, night sweats, weight loss. Laryngeal disease

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Respiratory secretions	Airborne

PRECAUTIONS NEEDED

ACUTE CARE	**Airborne Precautions**
LONG-TERM CARE	**Airborne Precautions**
COMMUNITY	**Airborne Precautions**
PEDIATRICS	****Airborne Precautions**

DURATION OF PRECAUTIONS

Acute Care & LTC: Consult IPAC prior to discontinuing precautions for presumed cases
Community: Consult Public Health/TB Consultant

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Weeks to years	Varies; while viable organisms are in sputum

COMMENTS

- REPORTABLE DISEASE
- Refer to TB Checklist.
- **M. Bovis* BCG is not part of the Mycobacterium tuberculosis complex but is treated like TB
- ***Young children with TB disease are usually not infectious. **Airborne Precautions** should be implemented until patient has been assessed as non-infectious. Visiting household adult contacts may be the source of infection and should be advised to: restrict movement outside of patient's room and wear a mask when leaving the room until active disease is ruled out in the visiting contact
- Although protection of the infant from exposure/infection is priority, maternal/infant contact should be provided when possible. Birthing parent presumed with or confirmed TB disease to be kept separated from infant till TB is ruled out. Expressed breastmilk can be fed to infant. Infant should be assessed for congenital TB
- Canadian TB Standards

Tularemia *(Francisella tularensis)*

CLINICAL PRESENTATION
Fever, chills, ulcers on the skin or mouth, lymphadenopathy, muscle aches, joint pain, progressive weakness, sore throat, dry cough, pneumonia

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Infected animals (such as rodents and rabbits), through the bite of ticks and sometimes deer flies, contaminated water or undercooked food, dust from contaminated soil or plants.	No human-to-human transmission. Acquired from contact with infected animals. Tick-borne. Can also be acquired following ingestion of contaminated water or inadequately cooked meat, inhalation of contaminated aerosols generated during lawn mowing or certain farming activities (e.g., baling contaminated hay).

PRECAUTIONS NEEDED	
ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS
Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Usually is 3 - 5 days, with a range of 1 - 21 days	Not applicable

COMMENTS

- REPORTABLE DISEASE
- Hazardous to laboratory workers. **Notify Microbiology Laboratory prior to sending specimen**.
- May be Bioterrorism related.

Typhoid or Paratyphoid Fever (*Salmonella* Typhi, *Salmonella* Paratyphi)

CLINICAL PRESENTATION

Diarrhea, abdominal pain, sustained/enteric fever, headache, malaise, anorexia, lethargy, hepatomegaly, splenomegaly, dactylitis, and rose spots.

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Feces, contaminated food and water	Fecal-oral, direct contact, indirect contact, foodborne

PRECAUTIONS NEEDED

ACUTE CARE	**Routine Practices**	**Contact Precautions** For Adults if: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
LONG-TERM CARE	**Routine Practices**	**Contact Precautions** For Adults if: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
COMMUNITY	**Routine Practices**	**Contact Precautions** For Adults if: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
PEDIATRICS		**Contact Precautions**

DURATION OF PRECAUTIONS

For adults: until they are continent and have good hygiene.
For pediatrics: until culture results are negative for 3 consecutive stool specimens obtained at least 48 hours after discontinuing antimicrobial therapy.

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
7 - 14 days (range 3 - 60 days)	Variable

COMMENTS

- REPORTABLE DISEASE

Vancomycin-Resistant Enterococcus (VRE)

CLINICAL PRESENTATION
Infection or colonization of any body site (urinary tract, bloodstream, wound)

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Infected or colonized secretions and excretions	Direct contact, indirect contact

PRECAUTIONS NEEDED	
ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS
Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Variable	Duration of colonization

COMMENTS

- Enterococci persist in the environment – ensure thorough cleaning.

Vancomycin-Resistant *Staphylococcus aureus* (VRSA) & Vancomycin-Intermediate *Staphylococcus aureus* (VISA)

CLINICAL PRESENTATION

Infection or colonization of any body site

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Infected or colonized secretions and excretions	Direct contact, indirect contact, droplet

PRECAUTIONS NEEDED

ACUTE CARE	**Contact Precautions** • VRSA/VISA colonization and infection	**Droplet & Contact Precautions** • If VRSA/VISA found in sputum or tracheostomy and have a productive cough or ventilated
LONG-TERM CARE	**Routine Practices** • VRSA/VISA colonization	**Contact Precautions** • VRSA/VISA infection • Use Droplet & Contact Precautions if VRSA/VISA found in sputum or tracheostomy and have a productive cough or ventilated.
COMMUNITY	**Routine Practices** • Lower risk of transmission*	**Contact Precautions** • Higher risk of transmission* • Use Droplet & Contact Precautions if VRSA/VISA found in sputum or tracheostomy and have a productive cough or ventilated.
PEDIATRICS	**Contact Precautions** • Colonization and infection	**Droplet & Contact Precautions** • if VRSA/VISA found in sputum or tracheostomy and have a productive cough or ventilated.

DURATION OF PRECAUTIONS

Acute Care: For the duration of admission or visit. Contact IPAC prior to stopping droplet precautions for respiratory infection.
Long-Term Care: Maintain additional precautions until infection is resolved, and then return to Routine Practices.

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Variable	Variable

COMMENTS

- *Refer to Additional Precautions in Community Healthcare Settings for definition of lower risk and higher risk transmission.

Varicella Zoster Virus: Chickenpox – Known Case

CLINICAL PRESENTATION

Generalized, itchy, vesicular rash with lesions in varying stages of weeping and crusting; mild fever. Rash often appears first on the head, chest and back before spreading all over the body. Vesicular lesions are usually concentrated on the chest and back. Complications include pneumonia, central nervous system involvement, and bacterial superimposed infected lesions

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Vesicular fluid, respiratory secretions	Airborne, direct contact, indirect contact

PRECAUTIONS NEEDED

ACUTE CARE	**Airborne & Contact Precautions**
LONG-TERM CARE	**Airborne & Contact Precautions**
COMMUNITY	**Airborne & Contact Precautions**
PEDIATRICS	**Airborne & Contact Precautions**

DURATION OF PRECAUTIONS

Notify IPAC prior to discontinuing precautions
Pediatric: Minimum 5 days after onset of rash **AND** until all lesions have dried and crusted.
Adult: 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

- **NOTIFY IPAC if chickenpox exposure occurred in a healthcare setting.**
- To determine if an exposure is significant, see PHAC Significant Exposures to VZV.
- To determine if a person is immune or susceptible to VZV, see PHAC VZV Susceptibility and Immunity.
- Susceptible health care workers should not enter the room if immune staff are available.
- Non-immune persons should not enter the room except in urgent or compassionate circumstances.
- Immunocompromised patients may have prolonged viral shedding. Consult with IPAC prior to discontinuing precautions.

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

CLINICAL PRESENTATION

Prodrome may include myalgia, nausea, decreased appetite and headache. If infected, a rash and fever may develop

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
If lesions develop: vesicular fluid and exhaled airborne particles	Airborne, direct contact, indirect contact

PRECAUTIONS NEEDED

ACUTE CARE	**Airborne Precautions** • If lesions develop, see Chickenpox known case
LONG-TERM CARE	**Airborne Precautions** • If lesions develop, see Chickenpox known case
COMMUNITY	**Airborne Precautions** • If lesions develop, see Chickenpox known case
PEDIATRICS	**Airborne Precautions** • Neonates: If pregnant individual develops chicken pox <5 days before birth until 48 hrs after delivery, place newborn on airborne and assess for VZIG**

DURATION OF PRECAUTIONS

As directed by IPAC.
From 8 days after first contact until 21 days after last contact with rash (or 28 days if given VZIG immune globulin)

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
10 - 21 days	2 days before rash starts and until all skin lesions have dried and crusted

COMMENTS

- **NOTIFY IPAC if chickenpox exposure occurred in a healthcare setting**
- To determine if an exposure is significant, see PHAC Significant Exposures to VZV
- To determine if a person is immune or susceptible to VZV, see PHAC VZV Susceptibility and Immunity
- If VZIG is indicated, follow NACI Recommendations for the Use of VZIG/VarIg for the Prevention of Varicella
- Exposure to chickenpox results in chickenpox infection. Exposure to shingles (herpes zoster) causes chickenpox (varicella) in susceptible contacts, not shingles.
- Susceptible contact refers to exposed person who has no evidence of VZV immunity.
- * If lesions develop, use **Airborne & Contact Precautions**, see Varicella Zoster Virus: Chickenpox, known case
- ** Varicella Zoster immunoglobulin (VZIG)

Varicella Zoster Virus: Herpes Zoster (Shingles) – Disseminated

CLINICAL PRESENTATION

Vesicular lesions that involve > 3 adjacent dermatomes or cross the midline and has multiple, widespread lesions outside the localized dermatomal area - refer to Dermatome Map.

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Vesicular fluid, respiratory secretions	Vesicular fluid, respiratory secretions

PRECAUTIONS NEEDED

ACUTE CARE	**Airborne & Contact Precautions**
LONG-TERM CARE	**Airborne & Contact Precautions**
COMMUNITY	**Airborne & Contact Precautions**
PEDIATRICS	**Airborne & Contact Precautions**

DURATION OF PRECAUTIONS

Until all lesions have crusted and dried. **Notify IPAC prior to discontinuing precautions.**

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Reactivation of latent infection	Until all lesions have crusted and dried

COMMENTS

- **NOTIFY IPAC if other patients are exposed in a healthcare setting**. Refer to the Varicella Zoster Virus: Exposed Susceptible Contact page in this manual.
- To determine if an exposure is significant, see PHAC Significant Exposures to VZV
- To determine if a person is immune or susceptible to VZV, see PHAC VZV Susceptibility and Immunity.
- Susceptible health care workers should not enter the room if immune staff are available.
- Non-immune persons should not enter the room except in urgent or compassionate circumstances.
- Exposure to shingles (herpes zoster) causes chickenpox (varicella) in susceptible contacts, not shingles.
- Immunocompromised patients may have prolonged viral shedding. Consult with IPAC prior to discontinuing precautions.

Varicella Zoster Virus: Herpes Zoster (Shingles) Localized Rash

CLINICAL PRESENTATION

Vesicular lesions in a dermatomal distribution, refer to Dermatome Chart.
Localized refers to 1 - 3 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 and contained** by a dressing • Host is not severely immunocompromised	**Airborne & Contact Precautions** • Localized rash that **cannot be covered or contained** by a dressing (eg, on face, in mouth) • Localized rash in a severely immunocompromised host
LONG-TERM CARE	**Same as Acute Care**	
COMMUNITY	**Same as Acute Care**	
PEDIATRICS	**Same as Acute Care**	

DURATION OF PRECAUTIONS

Consult IPAC prior to discontinuing precautions.

- Until all lesions are dried and crusted
- In severely immunocompromised individuals: 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 & Contact Precautions** until all lesions are dried and crusted

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Reactivation of latent infection.	Until all lesions have dried and crusted

COMMENTS

- **NOTIFY IPAC if other patients are exposed in a healthcare setting**. Refer to the Varicella Zoster Virus: Herpes zoster (Shingles) – Exposed Susceptible Contact page in this manual
- To determine if an exposure is significant, see PHAC Significant Exposures to VZV
- To determine if a person is immune or susceptible to VZV, see PHAC VZV Susceptibility and Immunity
- Susceptible health care workers should not enter the room if immune staff are available.
- Non-immune persons should not enter the room except in urgent or compassionate circumstances.
- Exposure to shingles (herpes zoster) causes chickenpox (varicella) in susceptible contacts, not shingles.
- Immunocompromised patients may have prolonged viral shedding.

Varicella Zoster Virus: no visible lesions

Includes: Encephalitis, meningitis, pneumonia, Ramsay-Hunt syndrome, Herpes zoster oticus, visceral zoster, Zoster sine herpete

CLINICAL PRESENTATION

Encephalitis (Fever, seizures, headache, photophobia, neck stiffness, lethargy, mental confusion, nausea & vomiting), meningitis, pneumonia, Ramsay-Hunt Syndrome (facial palsy, hearing loss, ear pain)

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**
COMMUNITY	**Airborne & Contact Precautions**
PEDIATRICS	**Airborne & Contact Precautions**

DURATION OF PRECAUTIONS

As directed by IPAC on a case-by-case basis. Advise IPAC of patient immune status, immunosuppressive treatment, antiviral treatment, clinical status.

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Variable	Unknown

COMMENTS

- Vesicular lesions can often develop in following days. **If rash (vesicles) is found, use Airborne & Contact Precautions and refer to relevant chicken pox or shingles section of this manual**
- Ramsay Hunt Syndrome often develops rash inside the ear or mouth. Carefully inspect the auditory canal and inner cheek and tongue for vesicles. If found refer to Varicella Zoster Virus: Herpes Zoster (Shingles) Localized Rash, cannot be covered (**Airborne & Contact Precautions**)

Vibrio cholerae

Commonly known as “Cholera”

CLINICAL PRESENTATION
Voluminous watery diarrhea, rice-water diarrhea, acute dehydration

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Contaminated food or water, feces	Direct contact, indirect contact Ingestion of contaminated food or water

PRECAUTIONS NEEDED		
ACUTE CARE	**Routine Practices**	**Contact Precautions** For Adults if: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
LONG-TERM CARE	**Routine Practices**	**Contact Precautions** For Adults if: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
COMMUNITY	**Routine Practices**	**Contact Precautions** For Adults if: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
PEDIATRICS		**Contact Precautions**

DURATION OF PRECAUTIONS
Until symptoms have stopped for 48 hours AND return to baseline bowel movements, OR (for adults) until they are continent and have good hygiene.

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
1 - 5 days	Until symptoms resolve

COMMENTS
• REPORTABLE DISEASE

Vibrio paraheaemolyticus Enteritis

CLINICAL PRESENTATION
Diarrhea, vomiting, food poisoning

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Contaminated food (particularly seafood)	Foodborne

PRECAUTIONS NEEDED		
ACUTE CARE	**Routine Practices**	**Contact Precautions** For Adults if: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
LONG-TERM CARE	**Routine Practices**	**Contact Precautions** For Adults if: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
COMMUNITY	**Routine Practices**	**Contact Precautions** For Adults if: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
PEDIATRICS		**Contact Precautions**

DURATION OF PRECAUTIONS
Until symptoms have stopped for 48 hours AND return to baseline bowel movements, OR (for adults) until they are continent and have good hygiene.

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
5 - 92 hours	Duration of illness

COMMENTS

- REPORTABLE DISEASE
- *V. parahaemolyticus*, *V. alginolyticus*, and *V. vulnificus* are the most common organisms causing non-cholera Vibrio infections.

Vincents Angina (Acute Necrotizing Ulcerative Gingivitis)

Also known as “Trench Mouth”, or “Vincent’s Stomatitis”

CLINICAL PRESENTATION
Progressive painful infection with ulceration, swelling and sloughing off dead tissue from the mouth and throat due to the spread of infection from the gum

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Overgrowth of normal oral flora	No human-to-human transmission

PRECAUTIONS NEEDED	
ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS
Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Variable	Not applicable

COMMENTS

Viral Hemorrhagic Fever (VHF), not yet diagnosed (NYD)

(Crimean-Congo virus, Ebola, Lassa, Marburg)

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

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

ACUTE CARE	**Airborne & Contact + Droplet Precautions**
LONG-TERM CARE	**Airborne & Contact + Droplet Precautions**
COMMUNITY	**Airborne & Contact + Droplet Precautions**
PEDIATRICS	**Airborne & Contact + Droplet Precautions**

DURATION OF PRECAUTIONS

Until symptoms resolved **AND as directed by IPAC**

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Variable	Variable

COMMENTS

- REPORTABLE DISEASE
- Acute care provider to **call or page the Medical Microbiologist On-Call** at presumed stage.
- History of travel and/or contact with persons and non-human primates from endemic countries must be considered at triage
- **Call or page IPAC immediately** if Viral Hemorrhagic Fever is presumed
- Maintain a log of all people entering the patient's room
- High threat pathogens require special PPE considerations, see VCH Response Procedures for Viral Hemorrhagic Fever and Other Unusual Communicable Diseases for more information
- For general information visit the BC MOH Ebola webpage
- Dengue, Yellow Fever, & Rift Valley Fever can progress to viral hemorrhagic fever but are not high threat pathogens (no human-to-human transmission). Follow organism specific instructions in this manual if these diseases are presumed.

Vomiting, not yet diagnosed (NYD)

Various organisms

CLINICAL PRESENTATION
Nausea, vomiting

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Emesis/vomit	Direct and indirect contact

PRECAUTIONS NEEDED	
If a pathogen is identified, follow organism specific instructions in this manual.	
ACUTE CARE	**Contact Plus Precautions + Droplet Precautions**
LONG-TERM CARE	**Contact Plus Precautions + Droplet Precautions**
COMMUNITY	**Contact Precautions + Droplet Precautions**
PEDIATRICS	**Contact Plus Precautions + Droplet Precautions**

DURATION OF PRECAUTIONS
Refer to specific organism if identified. If organism is unknown, until vomiting has resolved for 48 hours or until infectious cause is ruled out

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Not applicable	Not applicable

COMMENTS

- Soap and water is the preferred method for hand hygiene
- GI Adult Patient Placement Algorithm
- GI Outbreak Resources

West Nile Virus *(Orthoflavivirus)*

CLINICAL PRESENTATION
Sudden onset fever, headache, muscle pain and weakness, abdominal pain, nausea, vomiting and diarrhea, may have rash

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Bite from an infected mosquito	Mosquito borne (vector) Rare human-to-human transmission can occur through blood transfusion, organ transplant, by breastmilk or transplacental

PRECAUTIONS NEEDED	
ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS
Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
Variable, usually 3 - 21 days	Not applicable

COMMENTS

- REPORTABLE DISEASE
- Transmission is limited to geographical areas where the virus is circulating.
- For more information, please see BCCDC West Nile Virus (WNV) Information for Health Professionals.

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 with the skin lesions

PRECAUTIONS NEEDED	
ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS
Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
9 - 90 days	Variable

COMMENTS

Yellow Fever *(Orthoflavivirus)*

CLINICAL PRESENTATION
Sudden fever, chills, headache, back and muscle aches, nausea, vomiting, prostration, jaundice

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Bite from an infected mosquito	Mosquito borne (vector) No human-to-human transmission

PRECAUTIONS NEEDED	
ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS
Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
3 - 6 days	Not applicable

COMMENTS

- REPORTABLE DISEASE
- Transmission is limited to geographical areas where the virus is circulating (ie, South America and Africa).
- For more information, please see BCCDC Yellow Fever Information for Health Professionals

Yersiniosis *(Yersinia spp.)*

Includes: *Y. enterocolitica, Y. pseudotuberculosis, Y. kristensenii, etc.*

CLINICAL PRESENTATION
Diarrhea

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Feces	Fecal-oral, direct contact, indirect contact, foodborne

PRECAUTIONS NEEDED		
ACUTE CARE	**Routine Practices**	**Contact Precautions** For Adults if: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
LONG-TERM CARE	**Routine Practices**	**Contact Precautions** For Adults if: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
COMMUNITY	**Routine Practices**	**Contact Precautions** For Adults if: • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
PEDIATRICS		**Contact Precautions**

DURATION OF PRECAUTIONS
Until symptoms have stopped for 48 hours AND return to baseline bowel movements, OR (for adults) until they are continent and have good hygiene.

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
1 - 14 days	Duration of diarrhea

COMMENTS
• REPORTABLE DISEASE

Zika Virus *(Orthoflavivirus)*

CLINICAL PRESENTATION
Fever, skin rashes, conjunctivitis, muscle and joint pain, malaise, and headache. Congenital microcephaly and neurologic sequelae.

INFECTIOUS SUBSTANCES	HOW IT IS TRANSMITTED
Blood, body fluids	Mosquito borne (vector) Pregnant individual to fetus in utero Possibly sexually transmitted

PRECAUTIONS NEEDED	
ACUTE CARE	**Routine Practices**
LONG-TERM CARE	**Routine Practices**
COMMUNITY	**Routine Practices**
PEDIATRICS	**Routine Practices**

DURATION OF PRECAUTIONS
Not applicable

INCUBATION PERIOD	PERIOD OF COMMUNICABILITY
3 - 12 days	Unknown

COMMENTS

- REPORTABLE DISEASE
- Zika virus has been detected in breastmilk, but the benefits of breastfeeding for the infant and mother outweigh any potential risk transmission through breastmilk.