

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

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

April 23, 2024

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

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Introduction

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

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

Instructions

1. To view a disease or condition table:

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

[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](#)

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

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

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

3. To access interactive features:

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

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

Index of Diseases and Conditions

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

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A

Abscess – (Various Organisms)

Acinetobacter

Acquired Immunodeficiency Syndrome (AIDS)

Actinomycosis (*Actinomyces* sp.)

Adenovirus

Adenovirus – Conjunctivitis

Adenovirus – Cystitis

Adenovirus – Gastroenteritis

Adenovirus – Respiratory Tract Infection

Aerosol Generating Medical Procedures (AGMP)

Aeromonas spp.

Amebiasis – (*Entamoeba histolytica*)

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

Antibiotic Resistant Organisms (ARO)

Arthropod borne virus (Arboviruses)

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

Aspergillosis (*Aspergillus* spp.)

Astrovirus

Avian Influenza

B

Babesiosis

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

Bacillus cereus

Bedbugs (*Cimex lectularius*, *C. hemipterus*)

Blastomycosis – pneumonia (*Blastomyces dermatitidis*)

Blastomycosis (*Blastomyces dermatitidis*) – skin lesions

Bocavirus

Botulism (*Clostridium botulinum*)

Bronchiolitis – (frequently caused by Respiratory Syncytial Virus)

Brucellosis – Undulant fever, Malta fever, Mediterranean fever

***Burkholderia cepacia* complex– non-respiratory infections**

***Burkholderia cepacia* – respiratory infection & colonization**

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

C

Caliciviridae (Norovirus, Norwalk virus)

Campylobacter jejuni

Candidiasis (*Candida* spp.)

Candida auris Multi-drug Resistant (MDR)

Carbapenemase Producing Organism (CPO)

Cat-scratch Fever (*Bartonella henselae*)

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

Chancroid (*Haemophilus ducreyi*)

Chickenpox - Exposed Susceptible Contact (Varicella Zoster Virus)

Chickenpox – Known Case (Varicella Zoster Virus)

Chikungunya virus

Chlamydia (*Chlamydia trachomatis*)

Chlamydia pneumoniae

Chlamydia psittaci (Psittacosis, ornithosis)

Cholera (*Vibrio cholerae*)

Clostridioides difficile Infection (CDI)

Clostridium perfringens – Food Poisoning

Clostridium perfringens – Gas Gangrene

Coccidioidomycosis (*Coccidioides immitis*)

Colorado Tick Fever (Arbovirus)

Congenital Rubella

Conjunctivitis – Pink Eye; Bacterial

Conjunctivitis – Pink Eye; Viral

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

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

Coronavirus, SARS CoV & MERS CoV

Corynebacterium diphtheriae - Toxigenic strain (see Diphtheria)

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

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

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

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

Crimean-Congo Hemorrhagic Fever (Arbovirus)

Croup (Various Organisms, usually viral)

Cryptococcosis (*Cryptococcus neoformans*, *C. gattii*)

Cryptosporidiosis (*Cryptosporidium parvum*)

Cyclosporiasis (*Cyclospora cayetanensis*)

Cystic Fibrosis (CF)

Cytomegalovirus (CMV)**D****Decubitus Ulcer – Pressure Ulcer (various organisms)****Dengue Fever (Arbovirus)****Dermatitis, Infected (Various Organisms)****Diarrhea – (Various Organisms)****Diphtheria (*Corynebacterium diphtheriae* – toxigenic)****E****Eastern Equine Encephalitis Virus****Arthropod-borne viral encephalitis****Ebola Viral Disease (Viral Hemorrhagic Fever)****Echinococcosis/Hydatidosis (*Echinococcus granulosus*, *Echinococcus multilocularis*)****Encephalitis – (Herpes Simplex Virus [HSV types 1 and 2], Enterovirus, Arbovirus)****Endometritis (Puerperal Sepsis)****Enterobiasis (Pinworm) (Oxyuriasis, *Enterobius vermicularis*)****Enteroviral Infections non-polio – (Echovirus, Coxsackievirus)****Epiglottitis – (*Haemophilus influenzae* type B [HIB], Group A Streptococcus, *Staphylococcus aureus*, *Streptococcus pneumoniae*)****Epstein-Barr Virus (Human Herpes Virus 4)****Erysipelas – (Group A Streptococcus)****ESBL (Extended Spectrum Beta Lactamase producers)*****Escherichia coli* 0157: H7 – Enteropathogenic and Enterohemorrhagic strains****F****Febrile Respiratory Illness, Acute Respiratory Tract Infection****Fever of unknown origin, Fever without focus (acute) – (Various Organisms)****Fifth Disease – Parvovirus B-19****Food Poisoning – (*Bacillus cereus*, *Clostridium perfringens*, *Staphylococcus aureus*, *Salmonella* sp., *Vibrio paraheamolyticus*, *Escherichia coli* 0157: H7, *Listeria monocytogenes*, *Toxoplasma gondii*)****G****Gas Gangrene (Exo-toxin producing *Clostridium* sp.)****GAS – Group A Streptococcus (*Streptococcus pyogenes*) – Skin Infection****GAS – Group A Streptococcus (*Streptococcus pyogenes*) – Invasive****GAS – Group A Streptococcus (*Streptococcus pyogenes*) – Scarlet Fever, pharyngitis****Gastroenteritis – (Various Organisms)****German Measles (Rubella virus) – Acquired****German Measles (Rubella virus) – Exposed Susceptible Contact****Giardiasis (*Giardia lamblia*)****Gingivostomatitis (primary HSV infection)****Gonococcus (*Neisseria gonorrhoeae*)**

Granuloma inguinale (Donovanosis, *Klebsiella granulomatis*)

Guillain-Barre Syndrome

H

Haemophilus influenzae type B (HiB) – Invasive disease

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

Hantavirus

Helicobacter pylori

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

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

Hepatitis – A, E

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

Herpangina (vesicular pharyngitis) – (Enteroviruses)

Herpes Simplex Virus (HSV 1 and HSV 2)

Herpes Zoster: Shingles (Varicella Zoster Virus) – Disseminated

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

Herpes Zoster: Shingles (Varicella Zoster Virus) – Localized

Histoplasmosis (*Histoplasma capsulatum*)

Hook Worm (*Necator americanus*, *Ancylostoma duodenale*)

Human Immunodeficiency Virus (HIV)

Human Metapneumovirus

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

I

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

Influenza – Avian

Influenza – New Pandemic Strain

Influenza – Seasonal

J

No organisms at this time

K

Kawasaki Disease

L

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

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

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

Leptospirosis (*Leptospira* sp.)

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

Listeriosis (*Listeria monocytogenes*)

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

M

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

N

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

O

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

P

Parainfluenza virus

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

Q

Q Fever (*Coxiella burnetii*)

R

Rabies

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

Rubeola – Measles

Rubeola – (Measles) Exposed Susceptible Contact

S

Salmonella (*Salmonella* spp.) – including *Salmonella* Typhi (Typhoid Fever)

SARS CoV – (Severe Acute Respiratory Syndrome Coronavirus)

Scabies (*Sarcoptes scabiei*)

Scarlet Fever – *Streptococcus pyogenes* (Group A Streptococcus)

Schistosomiasis (*Schistosoma* sp.)

Septic Arthritis – (Group A Streptococcus, *Staphylococcus aureus*, *Neisseria gonorrhoeae*, *Haemophilus influenzae*, many other bacteria)

Shigella (*Shigella* sp.)

Shingles: (Herpes Zoster) Varicella Zoster Virus – Disseminated

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

Shingles: (Herpes Zoster) Varicella Zoster Virus – Localized

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

Smallpox (Variola Virus)

Sporotrichosis (*Sporothrix schenckii*)

Staphylococcal Scalded Skin Syndrome (SSSS, Ritter's Disease)

Staphylococcus aureus, Methicillin-resistant (MRSA)

Staphylococcus aureus – Food poisoning (Toxin Mediated)

Staphylococcus aureus, Methicillin-sensitive – Pneumonia

Staphylococcus aureus, Methicillin-sensitive – Skin infection (MSSA)

Staphylococcus aureus – Toxic Shock Syndrome

Stenotrophomonas maltophilia

Streptobacillus moniliformis, *Spirillum minus* - Rat-bite Fever

Streptococcus agalactiae (Group B Streptococcus)

Streptococcus pyogenes (Group A Streptococcus) – Skin Infection

Streptococcus pyogenes (Group A Streptococcus) – Invasive

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

Streptococcus pneumoniae (Pneumococcus)

Strongyloidiasis (*Strongyloides stercoralis*)

Syphilis (*Treponema pallidum*)

T

Tapeworm (*Taenia saginata*, *Taenia solium*, *Diphyllobothrium latum*, *Hymenolepis nana*)

Tetanus (*Clostridium tetani*)

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

Toxic Shock Syndrome – (*Streptococcus pyogenes* [Group A] - GAS, *Staphylococcus aureus*)

Toxocariasis (*Toxocara canis*, *Toxocara cati*)

Toxoplasmosis (*Toxoplasma gondii*)

Trachoma (*Chlamydia trachomatis*, serovars A, B, C)

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

U

Urinary Tract Infection

V

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

W

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

X

No diseases or conditions at this time

Y

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

Yersinia enterocolitica; Yersinia pseudotuberculosis

Z

Zika Virus (*Flavivirus*)

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

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

A

Abscess – (Various Organisms)

Acinetobacter

Acquired Immunodeficiency Syndrome (AIDS)

Actinomycosis (*Actinomyces sp.*)

Adenovirus

Adenovirus – Conjunctivitis

Adenovirus – Cystitis

Adenovirus – Gastroenteritis

Adenovirus – Respiratory Tract Infection

Aerosol Generating Medical Procedures (AGMP)

Aeromonas spp.

Amebiasis – (*Entamoeba histolytica*)

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

Antibiotic Resistant Organisms (ARO)

Arthropod borne virus (Arboviruses)

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

Aspergillosis (*Aspergillus spp.*)

Astrovirus

Avian Influenza

Suspected/Known Disease or Microorganism Abscess – (Various Organisms)				
Clinical Presentation: Abscess				
Infectious Substances Wound drainage	How it is Transmitted Direct Contact, Indirect Contact			
Precautions Needed <i>If a pathogen is identified, follow organism specific instructions included in this manual.</i>				
Acute Care	<table border="1"> <tr> <td>Routine Practices Minor drainage contained by dressing</td> <td>Contact Precautions Major drainage not contained by dressing</td> <td>Droplet & Contact Precautions For first 24 hours antimicrobial therapy if invasive group A strep suspected</td> </tr> </table>	Routine Practices Minor drainage contained by dressing	Contact Precautions Major drainage not contained by dressing	Droplet & Contact Precautions For first 24 hours antimicrobial therapy if invasive group A strep suspected
Routine Practices Minor drainage contained by dressing	Contact Precautions Major drainage not contained by dressing	Droplet & Contact Precautions For first 24 hours antimicrobial therapy if invasive group A strep suspected		
Long-Term Care	<table border="1"> <tr> <td>Routine Practices Minor drainage contained by dressing</td> <td>Contact Precautions Major drainage not contained by dressing</td> <td></td> </tr> </table>	Routine Practices Minor drainage contained by dressing	Contact Precautions Major drainage not contained by dressing	
Routine Practices Minor drainage contained by dressing	Contact Precautions Major drainage not contained by dressing			
Home & Community	<table border="1"> <tr> <td>Routine Practices Minor drainage contained by dressing</td> <td>Contact Precautions Major drainage not contained by dressing</td> <td></td> </tr> </table>	Routine Practices Minor drainage contained by dressing	Contact Precautions Major drainage not contained by dressing	
Routine Practices Minor drainage contained by dressing	Contact Precautions Major drainage not contained by dressing			
Duration of Precautions Until symptoms resolve or return to baseline				
Incubation Period Not applicable	Period of Communicability Not applicable			
Comments Precautions required are in addition to Routine Practices **If Invasive Group A <i>Streptococcal</i> infection suspected add Droplet Precautions for first 24 hours of antimicrobial therapy. See GAS – Group A Streptococcus				

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

Suspected/Known Disease or Microorganism <i>Acinetobacter</i>	
Clinical Presentation Colonization or infection at any body site	
Infectious Substances Colonized or infected secretions or excretions	How it is Transmitted Direct Contact, Indirect Contact
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions Not applicable, use precautions at the direction of IPAC	
Incubation Period Variable	Period of Communicability While organism is present
Comments If reported as a Carbapenemase Producing Organism, see CPO	

Suspected/Known Disease or Microorganism Acquired Immunodeficiency Syndrome (AIDS)	
Clinical Presentation Asymptomatic; multiple clinical presentations	
Infectious Substances Blood and body fluids including: CSF, breast milk, semen, vaginal, synovial, pleural, peritoneal, pericardial, and amniotic fluids	How it is Transmitted Mucosal or percutaneous exposure to infective body fluids, sexual transmission, mother to child
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions Not applicable	
Incubation Period HIV: Weeks to months	Period of Communicability From onset of infection. Patients with undetectable viral loads are not capable of transmitting HIV.
Comments Reportable Disease	

Suspected/Known Disease or Microorganism Actinomyces (<i>Actinomyces sp.</i>)	
Clinical Presentation Cervicofacial, thoracic or abdominal infection (painful abscesses)	
Infectious Substances Endogenous oral flora	How it is Transmitted No person to person transmission
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions Not applicable	
Incubation Period Variable	Period of Communicability No person to person transmission
Comments	
<ul style="list-style-type: none"> • Normal flora • Infection is usually secondary to trauma 	

<p>Suspected/Known Disease or Microorganism</p> <p>Adenovirus</p>	
<p>Clinical Presentation</p> <ul style="list-style-type: none"> • Conjunctivitis (swelling, redness and soreness of the whites of the eyes, watery discharge, itching) • Gastroenteritis (diarrhea) • Respiratory tract infection (fever, cold-like symptoms: cough, runny nose, sore throat, pneumonia) 	
<p>Infectious Substances</p> <p>Excretions and secretions</p>	<p>How it is Transmitted</p> <p>Direct Contact, Indirect Contact, Droplet</p>
<p>Precautions Needed</p> <p>For precautions needed for each presentation, refer to:</p> <p>Adenovirus – Conjunctivitis</p> <p>Adenovirus – Cystitis</p> <p>Adenovirus – Gastroenteritis</p> <p>Adenovirus – Respiratory Tract Infection</p>	
<p>Duration of Precautions</p> <p>Until symptoms have resolved. Prolonged shedding may occur in immunocompromised patients, consult IPAC</p>	
<p>Incubation Period</p> <p>Late in incubation period until 14 days after onset</p>	<p>Period of Communicability</p> <p>Until acute symptoms resolve</p>
<p>Comments</p> <ul style="list-style-type: none"> • Precautions required are in addition to Routine Practices • Careful attention to aseptic technique and reprocessing of ophthalmology equipment is required. • Note that different strains are responsible for each disease condition. 	

Suspected/Known Disease or Microorganism Adenovirus – Conjunctivitis	
Clinical Presentation Conjunctivitis (swelling, redness and soreness of the whites of the eyes, watery discharge, itching)	
Infectious Substances Discharge from eyes	How it is Transmitted Direct Contact, Indirect Contact
Precautions Needed	
Acute Care	Contact Precautions
Long-Term Care	Contact Precautions
Home & Community	Contact Precautions
Duration of Precautions Until symptoms resolve	
Incubation Period Late in incubation period until 14 days after onset	Period of Communicability Until acute symptoms resolve
Comments <ul style="list-style-type: none"> • Precautions required are in addition to Routine Practices • Careful attention to aseptic technique and reprocessing of ophthalmology equipment is required. 	

Suspected/Known Disease or Microorganism Adenovirus – Cystitis	
Clinical Presentation Urinary tract infection (pain/burning during urination, frequency, urgency, suprapubic/back pain)	
Infectious Substances Urine	How it is Transmitted Direct Contact, Indirect Contact
Precautions Needed	
Acute Care	Contact Precautions
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions Until symptoms resolve	
Incubation Period Late in incubation period until 14 days after onset	Period of Communicability Until acute symptoms resolve
Comments Precautions required are in addition to Routine Practices	

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

Suspected/Known Disease or Microorganism			
Adenovirus – Gastroenteritis			
Clinical Presentation			
Diarrhea			
Infectious Substances	How it is Transmitted		
Feces	Direct Contact, Indirect Contact		
Precautions Needed			
Acute Care	<table border="1"> <tr> <td>Routine Practices Adult</td> <td>Contact Precautions Pediatric Adult if: <ul style="list-style-type: none"> • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment </td> </tr> </table>	Routine Practices Adult	Contact Precautions Pediatric Adult if: <ul style="list-style-type: none"> • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
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Home & Community	<table border="1"> <tr> <td>Routine Practices Adult</td> <td>Contact Precautions Pediatric</td> </tr> </table>	Routine Practices Adult	Contact Precautions Pediatric
Routine Practices Adult	Contact Precautions Pediatric		
Duration of Precautions			
Until symptoms have stopped for 48 hours OR, for adults until patient is continent and has good hygiene			
Incubation Period	Period of Communicability		
Late in incubation period until 14 days after onset	Until acute symptoms resolve		
Comments			
Precautions required are in addition to Routine Practices			

Suspected/Known Disease or Microorganism				
Adenovirus – Respiratory Tract Infection				
Clinical Presentation Respiratory tract infection (fever, cold-like symptoms: cough, runny nose, sore throat, pneumonia)				
Infectious Substances Respiratory secretions	How it is Transmitted Droplet, Direct Contact, Indirect Contact			
Precautions Needed				
Acute Care	<table border="1"> <tr> <td>Routine Practices Adult</td> <td>Droplet & Contact Precautions Pediatric Adult in high risk units* only</td> <td>If AGMP indicated Refer to IPAC AGMP Best Practice Guideline</td> </tr> </table>	Routine Practices Adult	Droplet & Contact Precautions Pediatric Adult in high risk units* only	If AGMP indicated Refer to IPAC AGMP Best Practice Guideline
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Routine Practices Adult	Droplet & Contact Precautions Pediatric			
Duration of Precautions Until symptoms resolve. For immunocompromised hosts, isolation precautions need to be maintained for a longer duration. Contact IPAC for discontinuation of precautions.				
Incubation Period Late in incubation period until 14 days after onset	Period of Communicability Until acute symptoms resolve			
Comments Precautions required are in addition to Routine Practices <ul style="list-style-type: none"> Minimize exposure of highrisk patients. VCH Bed Placement for Viral Respiratory Illness (VRI) <p>* High risk units: Solid Organ Transplant (SOT), Bone Marrow Transplant (BMT), Intensive Care Unit (ICU), Burns, Trauma, High Acuity (BTHA) and Thoracic</p>				

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

Aerosol Generating Medical Procedures (AGMP)

Clinical Presentation

Not applicable – refers to a clinical procedure

Infectious Substances

Aerosols

How it is Transmitted

Airborne, Direct Contact

Precautions Needed

All settings

Routine Practices

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

N95 respirator for AGMP

Refer to [AGMP Best Practice Guideline](#) for detailed description

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

Duration of Precautions

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

Incubation Period Not applicable

Period of Communicability Not applicable

Comments

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

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

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

Suspected/Known Disease or Microorganism <i>Aeromonas</i> spp.							
Clinical Presentation Diarrhea (sometimes called Traveler's Diarrhea)							
Infectious Substances Feces	How it is Transmitted Fecal-Oral, Direct Contact, Indirect Contact						
Precautions Needed							
Acute Care	<table border="1"> <tr> <td>Routine Practices Adult</td> <td>Contact Precautions Pediatric Adult if: <ul style="list-style-type: none"> • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment </td> </tr> <tr> <td>Long-Term Care</td> <td>Contact Precautions For adults as described above</td> </tr> <tr> <td>Home & Community</td> <td>Contact Precautions Pediatric</td> </tr> </table>	Routine Practices Adult	Contact Precautions Pediatric Adult if: <ul style="list-style-type: none"> • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment 	Long-Term Care	Contact Precautions For adults as described above	Home & Community	Contact Precautions Pediatric
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Long-Term Care	Contact Precautions For adults as described above						
Home & Community	Contact Precautions Pediatric						
Duration of Precautions Until symptoms have stopped for 48 hours OR, (for adults) until patient is continent and has good hygiene							
Incubation Period 3-10 days	Period of Communicability Until symptoms resolve						
Comments Precautions are used in addition to Routine Practices							

Suspected/Known Disease or Microorganism Amebiasis – (<i>Entamoeba histolytica</i>)			
Clinical Presentation: Dysentery, diarrhea and liver abscesses			
Infectious Substances Feces	How it is Transmitted Fecal-oral, Direct Contact, Indirect Contact Person to person transmission is rare		
Precautions Needed			
Acute Care	<table border="1"> <tr> <td>Routine Practices Adult</td> <td>Contact Precautions Pediatric Adult if: <ul style="list-style-type: none"> • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment </td> </tr> </table>	Routine Practices Adult	Contact Precautions Pediatric Adult if: <ul style="list-style-type: none"> • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
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Routine Practices Adult	Contact Precautions Pediatric		
Duration of Precautions Until symptoms have stopped for 48 hours OR, for adults until patient is continent and has good hygiene			
Incubation Period 2 – 4 weeks	Period of Communicability Until symptoms resolve		
Comments Precautions are used in addition to Routine Practices <ul style="list-style-type: none"> • Reportable Disease • Transmission in setting for the mentally challenged and in a family group has been reported. Use care when handling diapered infants and mentally challenged patients. 			

Suspected/Known Disease or Microorganism

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

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

Infectious Substances

Soil and animals, including livestock; lesion drainage (very rare). *Bacillus anthracis* spores that are dormant in the environment enter animal or human bodies to activate.

How it is Transmitted

No person-to-person transmission, only from source supply. Acquired from contact with infected animals or animal products. Ingestion of food or drink with spores
Pulmonary inhalation of spores from bioterrorism
Direct Contact: spore entry via cuts/opening in the skin

Precautions Needed

Acute Care

Routine Practices

Skin lesions covered with drainage contained

Contact Precautions

Major wound drainage not contained by dressing

Airborne & Contact Precautions

Anthrax pneumonia/pulmonary

Long-Term Care

Routine Practices

Skin lesions covered with drainage contained

Contact Precautions

Major wound drainage not contained by dressing

Airborne & Contact Precautions

Anthrax pneumonia/pulmonary

Home & Community

Routine Practices

Skin lesions covered with drainage contained

Contact Precautions

Major wound drainage not contained by dressing

Airborne & Contact Precautions

Anthrax pneumonia/pulmonary

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

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

Period of Communicability

Comments

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

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

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

<p>Suspected/Known Disease or Microorganism</p> <p>Antibiotic Resistant Organisms (ARO)</p>	
<p>Clinical Presentation</p> <p>Infection or colonization of any body site</p>	
<p>Infectious Substances</p> <p>Infected or colonized secretions/excretions</p>	<p>How it is Transmitted</p> <p>Direct Contact, Indirect Contact</p>
<p>Precautions Needed</p> <p>See specific organism for precautions indicated</p> <p>See Candida auris</p> <p>See Carbapenemase Producing Organism (CPO)</p> <p>See Methicillin Resistant <i>Staphylococcus aureus</i> (MRSA)</p> <p>See Vancomycin-resistant <i>Enterococcus</i> (VRE)</p>	
<p>Duration of Precautions</p> <p>As directed by Infection Prevention and Control</p>	
<p>Incubation Period</p> <p>Variable</p>	<p>Period of Communicability</p> <p>Variable</p>
<p>Comments</p> <p>Precautions are used in addition to Routine Practices</p> <ul style="list-style-type: none"> Refer to Acute Care ARO Screening Summary Table, for screening locations and indications Infection Control Admission Screening Tool ARO Acute Care Patient Placement Algorithm 	

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

Suspected/Known Disease or Microorganism Arthropod borne virus (Arboviruses)	
Clinical Presentation: Encephalitis, fever, rash, arthralgia, meningitis	
Infectious Substances Not applicable	How it is Transmitted Insectborne (vector) No person-to-person transmission except rarely by transfusion, organ transplant, vertical (mother to fetus), sexual contact (Zika).
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions: Not applicable	
Incubation Period Variable 3-21 days	Period of Communicability Variable
Comments	
<ul style="list-style-type: none"> • Several hundred different viruses exist. Most are limited to specific geographic areas. • Most common North American diseases caused by Arboviruses: <ul style="list-style-type: none"> ➤ Colorado tick fever (reovirus) ➤ West Nile Encephalitis (flavivirus) • Other North American Diseases caused by Arboviruses: <ul style="list-style-type: none"> ➤ California encephalitis (bunyavirus), St. Louis encephalitis (flavivirus), Western equine encephalitis (alphavirus), Eastern equine encephalitis (alphavirus), Powassan encephalitis (flavivirus), Zika Virus (flavivirus) can also be sexually transmitted 	

Suspected/Known Disease or Microorganism Ascariasis – Roundworm, Hookworm, Whipworm (<i>Ascaris</i> spp.)							
Clinical Presentation Usually asymptomatic							
Infectious Substances Contaminated soil or water	How it is Transmitted Ingestion of infective eggs/larvae, no person to person transmission						
Precautions Needed <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 30%; text-align: center; vertical-align: middle;">Acute Care</td> <td style="text-align: center; vertical-align: middle;">Routine Practices</td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">Long-Term Care</td> <td style="text-align: center; vertical-align: middle;">Routine Practices</td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">Home & Community</td> <td style="text-align: center; vertical-align: middle;">Routine Practices</td> </tr> </table>		Acute Care	Routine Practices	Long-Term Care	Routine Practices	Home & Community	Routine Practices
Acute Care	Routine Practices						
Long-Term Care	Routine Practices						
Home & Community	Routine Practices						
Duration of Precautions Not applicable							
Incubation Period Life cycle requires 4-8 weeks for completion	Period of Communicability No person to person transmission						
Comments <ul style="list-style-type: none"> • Transmission occurs by ingestion of infective eggs from contaminated soil. • Ova must hatch in soil to become infectious. 							

Suspected/Known Disease or Microorganism Aspergillosis (<i>Aspergillus</i> spp.)	
Clinical Presentation Infection of skin, lung, wound or central nervous system	
Infectious Substances Ubiquitous in nature, particularly in decaying material and in soil, air, water and food	How it is Transmitted Inhalation of airborne spores, no person to person transmission
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions Not applicable	
Incubation Period Variable	Period of Communicability No person to person transmission
Comments	
<ul style="list-style-type: none"> Spores may be present in dust; infection in immunocompromised patients has been associated with exposure to dust generated by construction, renovation and maintenance activities. Contact Precautions and Airborne Precautions if massive soft tissue infection with copious drainage and repeated irrigations required, contact IPAC if this occurs. 	

Suspected/Known Disease or Microorganism			
Astrovirus			
Clinical Presentation			
Diarrhea			
Infectious Substances	How it is Transmitted		
Feces	Fecal-oral, Direct Contact, Indirect Contact		
Precautions Needed			
Acute Care	<table border="1"> <tr> <td>Routine Practices Adult</td> <td>Contact Precautions Pediatric Adult if: <ul style="list-style-type: none"> • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment </td> </tr> </table>	Routine Practices Adult	Contact Precautions Pediatric Adult if: <ul style="list-style-type: none"> • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
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Routine Practices Adult	Contact Precautions Pediatric		
Duration of Precautions			
Until symptoms have stopped for 48 hours OR (for adults), until patient is continent and has good hygiene			
Incubation Period	Period of Communicability		
3-10 days	Until symptoms resolve		
Comments			
Precautions are used in addition to Routine Practices			

Suspected/Known Disease or Microorganism	
Avian Influenza	
Clinical Presentation: Respiratory tract infection, conjunctivitis	
Infectious Substances Excreta of birds Possibly human respiratory tract secretions	How it is Transmitted Direct Contact, Indirect Contact, Droplet
Precautions Needed	
Acute Care	Airborne and Contact Precautions + Droplet Use eye protection
Long-Term Care	Droplet & Contact Precautions If AGMP indicated Refer to IPAC AGMP Best Practice Guideline
Home & Community	Droplet & Contact Precautions If AGMP indicated Refer to IPAC AGMP Best Practice Guideline
Duration of Precautions Until asymptomatic or a minimum of 10 days from onset of symptoms. Contact IPAC for discontinuation of precautions.	
Incubation Period 7 days or less, often 2-5 days	Period of Communicability 21 days
Comments Precautions are used in addition to Routine Practices	
<ul style="list-style-type: none"> • Reportable Disease • Private room preferred, refer to the VCH Bed Placement for Viral Respiratory Illness (VRI) • Most human infections are thought to result from direct contact with infected birds/animals • Current information on Avian influenza 	

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

B

Babesiosis

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

Bacillus cereus

Bedbugs (*Cimex lectularius*, *C. hemipterus*)

Blastomycosis – pneumonia (*Blastomyces dermatitidis*)

Blastomycosis (*Blastomyces dermatitidis*) – skin lesions

Bocavirus

Botulism (*Clostridium botulinum*)

Bronchiolitis – (frequently caused by Respiratory Syncytial Virus)

Brucellosis – Undulant fever, Malta fever, Mediterranean fever

***Burkholderia cepacia* complex– non-respiratory infections**

***Burkholderia cepacia* – respiratory infection & colonization**

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

[**A**](#) [**B**](#) [**C**](#) [**D**](#) [**E**](#) [**F**](#) [**G**](#) [**H**](#) [**I**](#) [**J**](#) [**K**](#) [**L**](#) [**M**](#) [**N**](#) [**O**](#) [**P**](#) [**Q**](#) [**R**](#) [**S**](#) [**T**](#) [**U**](#) [**V**](#) [**W**](#) [**X**](#) [**Y**](#) [**Z**](#) [**HOME**](#)

Suspected/Known Disease or Microorganism	
Babesiosis	
Clinical Presentation Often asymptomatic, non-specific flu-like symptoms such as fever, chills, sweats, headache, body aches, loss of appetite, nausea, or fatigue	
Infectious Substances Not applicable	How it is Transmitted Insectborne (tickborne)
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions Not applicable	
Incubation Period Weeks to months	Period of Communicability No person to person transmission, except rarely by blood transfusion from asymptomatic parasitaemic donors
Comments	

Suspected/Known Disease or Microorganism			
<i>Bacillus anthracis</i> (Anthrax – confirmed, probable or suspect case)			
Clinical Presentation: Skin lesions or pulmonary (shortness of breath, discomfort during breathing) stomach fever, loss of appetite, vomiting and diarrhea			
Infectious Substances Soil and animals, including livestock; lesion drainage (very rare). <i>Bacillus anthracis</i> spores that are dormant in the environment enter animal or human bodies to become activated.	How it is Transmitted No person-to-person transmission, only from source supply. Acquired from contact with infected animals or animal products. Ingestion of food or drink with spores Pulmonary inhalation of spores from bioterrorism Direct Contact: spore entry via cuts/opening in the skin		
Precautions Needed			
Acute Care	<table border="1"> <tr> <td>Routine Practices</td> <td>Contact Precautions Major wound drainage not contained by dressing</td> </tr> </table>	Routine Practices	Contact Precautions Major wound drainage not contained by dressing
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Long-Term Care	<table border="1"> <tr> <td>Routine Practices</td> <td>Contact Precautions Major wound drainage not contained by dressing</td> </tr> </table>	Routine Practices	Contact Precautions Major wound drainage not contained by dressing
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Routine Practices	Contact Precautions Major wound drainage not contained by dressing		
Duration of Precautions Until wound draining contained as directed by IPAC			
Incubation Period 1-7 days, may be up to 60 days	Period of Communicability No person to person transmission		
Comments Precautions are used in addition to Routine Practices			
<ul style="list-style-type: none"> • Reportable Disease • Decontamination and post exposure prophylaxis is necessary for exposure to aerosols in the laboratory setting or from biological bioterrorism. Notify lab before sending specimens. 			

Suspected/Known Disease or Microorganism <i>Bacillus cereus</i>	
Clinical Presentation Nausea, vomiting, diarrhea, abdominal cramps (food poisoning)	
Infectious Substances Not applicable	How it is Transmitted Foodborne, no person to person transmission
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions Not applicable	
Incubation Period 30 minutes – 15 hours	Period of Communicability Not applicable
Comments	
<ul style="list-style-type: none"> Ubiquitous in the environment, found in soil Food safety: Ensure food is maintained either at a temperature above 60°C or refrigerated below 4°C. Cool cooked foods that will not be immediately consumed to below 4°C within 6 hours. When reheating food, ensure that the temperature reaches at least 74°C. 	

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

Suspected/Known Disease or Microorganism Bedbugs (<i>Cimex lectularius</i>, <i>C. hemipterus</i>)							
Clinical Presentation Small, hard, swollen, white welts that become inflamed and itchy. Bites are usually in rows.							
Infectious Substances Bed clothes, mattresses, headboards, dresser tables, clothing, soft toys, suitcases, purses. Tend to hide in items that are within 2.5M/8ft of where people sleep and come out of hiding after dark.	How it is Transmitted Insectborne Direct Contact, Indirect Contact						
Precautions Needed <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; text-align: center; vertical-align: middle;">Acute Care</td> <td style="text-align: center; vertical-align: middle;">Contact Precautions</td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">Long-Term Care</td> <td style="text-align: center; vertical-align: middle;">Contact Precautions</td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">Home & Community</td> <td style="text-align: center; vertical-align: middle;">Contact Precautions</td> </tr> </table>		Acute Care	Contact Precautions	Long-Term Care	Contact Precautions	Home & Community	Contact Precautions
Acute Care	Contact Precautions						
Long-Term Care	Contact Precautions						
Home & Community	Contact Precautions						
Duration of Precautions: Until belongings are bagged and housekeeping has attended to the room							
Incubation Period Not applicable	Period of Communicability No person to person transmission, but requires direct personal contact with infested material						
Comments <ul style="list-style-type: none"> • If it becomes apparent that a patient has bedbugs at home or they are visible on admission, have all belongings that are potentially infested (see infective material) placed in sealed plastic bags or taken straight home • Notify Environmental Services if bedbugs are found. Environmental Services will determine what cleaning is required and can assist with monitoring for bedbugs. • VCH Guide to Bed Bug Control • VCH Bed Bug Policy 							

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

Suspected/Known Disease or Microorganism	
Blastomycosis – pneumonia (<i>Blastomyces dermatitidis</i>)	
Clinical Presentation Respiratory infection (fever, cold-like symptoms: cough, runny nose, sore throat); pneumonia (shortness of breath, discomfort during breathing)	
Infectious Substances Moist soil	How it is Transmitted Inhalation of spore-laden dust
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions Not applicable	
Incubation Period 30-45 days	Period of Communicability No person to person transmission
Comments <ul style="list-style-type: none"> <i>B. dermatitidis</i> is a fungus that lives in moist soil. Fungal spores can become airborne when the soil is disturbed. 	

Suspected/Known Disease or Microorganism Blastomycosis (<i>Blastomyces dermatitidis</i>) – skin lesions	
Clinical Presentation Skin lesions	
Infectious Substances Moist soil	How it is Transmitted Hematogenous dissemination following primary lung infection
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions Not applicable	
Incubation Period 30 – 45 days	Period of Communicability No person to person transmission
Comments	
<ul style="list-style-type: none"> <i>B. dermatitidis</i> is a fungus that lives in moist soil. Fungal spores can become airborne when the soil is disturbed. Skin lesions may develop when the infection disseminates from the lungs. Skin lesions can be nodular, verrucous or ulcerative and typically appear on the face or distal extremities. 	

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

Suspected/Known Disease or Microorganism				
Bocavirus				
Clinical Presentation: Respiratory tract infection (fever, cold-like symptoms: cough, runny nose, sore throat)				
Infectious Substances Respiratory secretions	How it is Transmitted Droplet, Direct Contact, Indirect Contact			
Precautions Needed				
Acute Care	<table border="1"> <tr> <td>Routine Practices Adult</td> <td>Droplet & Contact Precautions Pediatric Adult in high risk units* only</td> <td>If AGMP indicated Refer to IPAC AGMP Best Practice Guideline</td> </tr> </table>	Routine Practices Adult	Droplet & Contact Precautions Pediatric Adult in high risk units* only	If AGMP indicated Refer to IPAC AGMP Best Practice Guideline
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Routine Practices Adult	Droplet & Contact Precautions Pediatric			
Duration of Precautions				
Until symptoms resolve				
For immunocompromised hosts, isolation precautions need to be maintained for a longer duration. Contact IPAC for discontinuation of precautions.				
Incubation Period: Unknown	Period of Communicability: Until acute symptoms resolve			
Comments				
Precautions required are in addition to Routine Practices				
<ul style="list-style-type: none"> Minimize exposure of highrisk patients. VCH Bed Placement for Viral Respiratory Illness (VRI) 				
* High risk units: Solid Organ Transplant (SOT), Bone Marrow Transplant (BMT), Intensive Care Unit (ICU), Burns, Trauma, High Acuity (BTHA) and Thoracic				

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

Suspected/Known Disease or Microorganism Botulism (<i>Clostridium botulinum</i>)	
Clinical Presentation Nausea, vomiting, diarrhea, flaccid paralysis, cranial nerve palsies	
Infectious Substances Toxin producing spores in soil, agricultural products, honey, and animal intestine	How it is Transmitted Foodborne (Ingestion of toxins in contaminated food); wounds contaminated by soil. Infants may colonize the gut. No person to person transmission
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions Not applicable	
Incubation Period Variable	Period of Communicability No person-to-person transmission
Comments	
<ul style="list-style-type: none"> • May be bioterrorism related • Reportable Disease Physician to report to Medical Health Officer at <u>suspect stage</u> • Botulism antitoxin 	

Suspected/Known Disease or Microorganism										
Bronchiolitis – (frequently caused by Respiratory Syncytial Virus)										
Clinical Presentation: Respiratory infection (fever, cold-like symptoms: cough, runny nose, sore throat)										
Infectious Substances Respiratory secretions	How it is Transmitted Direct Contact, Indirect Contact, Droplet									
Precautions Needed <i>If a pathogen is identified, follow organism specific instructions in this manual. If influenza suspected, use Droplet & Contact Precautions in all settings</i>										
Acute Care	<table border="1"> <tr> <td>Routine Practices Adult</td> <td>Droplet & Contact Precautions Pediatric Adult in high risk units*</td> <td>If AGMP indicated Refer to IPAC AGMP Best Practice Guideline</td> </tr> <tr> <td>Routine Practices Adult</td> <td></td> <td></td> </tr> <tr> <td>Routine Practices Adult</td> <td>Droplet & Contact Precautions Pediatric</td> <td></td> </tr> </table>	Routine Practices Adult	Droplet & Contact Precautions Pediatric Adult in high risk units*	If AGMP indicated Refer to IPAC AGMP Best Practice Guideline	Routine Practices Adult			Routine Practices Adult	Droplet & Contact Precautions Pediatric	
Routine Practices Adult	Droplet & Contact Precautions Pediatric Adult in high risk units*	If AGMP indicated Refer to IPAC AGMP Best Practice Guideline								
Routine Practices Adult										
Routine Practices Adult	Droplet & Contact Precautions Pediatric									
Long-Term Care										
Home & Community										
Duration of Precautions Refer to specific organism, if no organism identified until symptoms resolved										
Incubation Period Variable	Period of Communicability Until acute symptoms resolve									
Comments Precautions required are in addition to Routine Practices										
<ul style="list-style-type: none"> Minimize exposure of highrisk patients. VCH Bed Placement for Viral Respiratory Illness (VRI) VCH Respiratory Assessment Algorithm <p>*High risk units: Solid Organ Transplant (SOT), Bone Marrow Transplant (BMT), Intensive Care Unit (ICU), Burns, Trauma, High Acuity (BTHA) and Thoracic</p>										

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

<p>Suspected/Known Disease or Microorganism</p> <p>Brucellosis – Undulant fever, Malta fever, Mediterranean fever</p>							
<p>Clinical Presentation</p> <p>Systemic bacterial disease of acute to insidious onset. Continued, intermittent or irregular fever, headache, weakness, profuse sweating, arthralgia</p>							
<p>Infectious Substances</p> <p>Infected animals and tissues such as cattle, sheep, goats bison, wild hogs, elk, moose and camels and their byproducts such as milk, feces</p>	<p>How it is Transmitted</p> <p>Not transmitted person to person, except rarely by banked spermatozoa and sexual contact</p>						
<p>Precautions Needed</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 30%; text-align: center;">Acute Care</td> <td style="border: 2px solid black; text-align: center; padding: 5px;">Routine Practices</td> </tr> <tr> <td style="text-align: center;">Long-Term Care</td> <td style="border: 2px solid black; text-align: center; padding: 5px;">Routine Practices</td> </tr> <tr> <td style="text-align: center;">Home & Community</td> <td style="border: 2px solid black; text-align: center; padding: 5px;">Routine Practices</td> </tr> </table>		Acute Care	Routine Practices	Long-Term Care	Routine Practices	Home & Community	Routine Practices
Acute Care	Routine Practices						
Long-Term Care	Routine Practices						
Home & Community	Routine Practices						
<p>Duration of Precautions</p> <p>Not applicable</p>							
<p>Incubation Period</p> <p>Weeks to months</p>	<p>Period of Communicability</p> <p>Unknown</p>						
<p>Comments</p> <ul style="list-style-type: none"> Acquired from contact through breaks in skin tissues with infected animals or ingestion of unpasteurized dairy products from infected animals. Hazardous to laboratory staff, notify lab of suspect diagnosis when specimen submitted Reportable Disease 							

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

Suspected/Known Disease or Microorganism <i>Burkholderia cepacia</i> complex– non-respiratory infections	
Clinical Presentation Based on site of infection. Clinical symptoms may vary including skin and soft-tissue infections, surgical wound infections and UTI infections.	
Infectious Substances Potentially skin and body fluids	How it is Transmitted Direct Contact, Indirect Contact
Precautions Needed	
Acute Care	Contact Precautions CF patients
Long-Term Care	Routine Practices
Home & Community	Routine Practices Home care
	Contact Precautions Schedule outpatient clinics in order to cohort CF patients with <i>B. cepacia</i> (same day, end of day)
Duration of Precautions As directed by Infection Prevention and Control	
Incubation Period Variable	Period of Communicability Variable
Comments Precautions required are in addition to Routine Practices	
<ul style="list-style-type: none"> Causes infection only in individuals with cystic fibrosis (CF) or chronic granulomatous disease (CGD). Cystic Fibrosis Canada Infection Prevention and Control Infection Prevention and Control Guidelines for Cystic Fibrosis: 2013 Update Do not room with patient with cystic fibrosis (CF) who is not infected or colonized with <i>Burkholderia cepacia</i> 	

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

Suspected/Known Disease or Microorganism <i>Burkholderia cepacia</i> – respiratory infection & colonization	
Clinical Presentation Exacerbation of chronic lung disease in patients with Cystic Fibrosis	
Infectious Substances Respiratory Secretions	How it is Transmitted Direct Contact, Indirect Contact, Droplet
Precautions Needed	
Acute Care	Contact Precautions CF patients
Long-Term Care	Routine Practices
Home & Community	Routine Practices Home care
	Contact Precautions Schedule outpatient clinics in order to cohort CF patients with <i>B. cepacia</i> (same day, end of day)
Duration of Precautions As directed by Infection Prevention and Control	
Incubation Period Variable	Period of Communicability Variable
Comments Precautions required are in addition to Routine Practices	
<ul style="list-style-type: none"> Segregate cystic fibrosis (CF) patients with <i>Burkholderia cepacia</i> from other CF patients in all settings Cystic Fibrosis Canada Infection Prevention and Control Infection Prevention and Control Guidelines for Cystic Fibrosis: 2013 Update 	

Suspected/Known Disease or Microorganism				
Burns (infected) – (<i>Staphylococcus aureus</i>, Group A Streptococcus, many other bacteria)				
Clinical Presentation: Burn				
Infectious Substances Wound drainage, purulence	How it is Transmitted Direct Contact, Indirect Contact			
Precautions Needed				
<i>If a pathogen is identified, follow organism specific instructions in this manual.</i>				
Acute Care	<table border="1"> <tr> <td>Routine Practices Minor drainage contained by dressing</td> <td>Contact Precautions Major drainage not contained by dressing</td> <td>Droplet & Contact Precautions For first 24 hours antimicrobial therapy if invasive group A strep suspected</td> </tr> </table>	Routine Practices Minor drainage contained by dressing	Contact Precautions Major drainage not contained by dressing	Droplet & Contact Precautions For first 24 hours antimicrobial therapy if invasive group A strep suspected
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Routine Practices Minor drainage contained by dressing	Contact Precautions Major drainage not contained by dressing			
Duration of Precautions Until symptoms resolve or return to baseline				
Incubation Period Not applicable	Period of Communicability Not applicable			
Comments				
Precautions required are in addition to Routine Practices				
<ul style="list-style-type: none"> If Invasive Group A <i>Streptococcal</i> infection suspected add Droplet Precautions for first 24 hours of antimicrobial therapy. See GAS – Group A Streptococcus 				

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

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

Suspected/Known Disease or Microorganism Caliciviridae (Norovirus, Norwalk virus)	
Clinical Presentation: Acute onset nausea, vomiting, diarrhea	
Infectious Substances Feces, emesis/vomit	How it is Transmitted Fecal-oral, Direct Contact, Indirect Contact, Droplet
Precautions Needed	
Acute Care	<div style="border: 2px solid brown; padding: 5px; display: inline-block;"> Contact Plus Precautions Add Droplet if vomiting </div>
Long-Term Care	<div style="border: 2px solid brown; padding: 5px; display: inline-block;"> Contact Plus Precautions Add Droplet if vomiting </div>
Home & Community	<div style="border: 2px solid yellow; padding: 5px; display: inline-block; margin-right: 20px;"> Contact Precautions </div> <div style="border: 2px solid orange; padding: 5px; display: inline-block;"> Droplet & Contact Precautions If vomiting </div>
Duration of Precautions Until symptoms have stopped for 48 hours. For immunocompromised hosts, isolation precautions need to be maintained for a longer duration. Contact IPAC for discontinuation of precautions.	
Incubation Period 12 hours-4 days	Period of Communicability Duration of viral shedding, usually 48 hours after diarrhea resolves.
Comments Precautions required are in addition to Routine Practices <ul style="list-style-type: none"> • Common causes of outbreaks. Refer to the VCH GI Outbreak Resources • Reportable Disease • If a patient in an acute care multi-bed room tests positive, move to a private room if possible and place asymptomatic, exposed (> 4 hours in the same room as index case) roommates on Contact Plus Precautions. 	

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

Suspected/Known Disease or Microorganism <i>Campylobacter jejuni</i>			
Clinical Presentation Diarrhea (possibly bloody), abdominal pain and fever			
Infectious Substances Feces	How it is Transmitted Direct Contact (fecal-oral) Indirect Contact (fecal-oral and contaminated food and water)		
Precautions Needed			
Acute Care	<table border="1"> <tr> <td>Routine Practices Adult</td> <td>Contact Precautions Pediatric Adult if: <ul style="list-style-type: none"> • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment </td> </tr> </table>	Routine Practices Adult	Contact Precautions Pediatric Adult if: <ul style="list-style-type: none"> • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
Routine Practices Adult	Contact Precautions Pediatric Adult if: <ul style="list-style-type: none"> • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment 		
Long-Term Care	<table border="1"> <tr> <td>Routine Practices</td> <td>Contact Precautions For adults as described above</td> </tr> </table>	Routine Practices	Contact Precautions For adults as described above
Routine Practices	Contact Precautions For adults as described above		
Home & Community	<table border="1"> <tr> <td>Routine Practices Adult</td> <td>Contact Precautions Pediatric</td> </tr> </table>	Routine Practices Adult	Contact Precautions Pediatric
Routine Practices Adult	Contact Precautions Pediatric		
Duration of Precautions Until symptoms have stopped for 48 hours OR for adults, until patient is continent and has good hygiene			
Incubation Period 2-5 days	Period of Communicability Until symptoms resolve		
Comments Precautions required are in addition to Routine Practices <ul style="list-style-type: none"> • Reportable Disease 			

Suspected/Known Disease or Microorganism Candidiasis (<i>Candida</i> spp.)	
Clinical Presentation Various, mucocutaneous lesions, systemic disease	
Infectious Substances Mucocutaneous secretions and excretions	How it is Transmitted Normal flora, not applicable
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions Not applicable	
Incubation Period Variable	Period of Communicability Not applicable
Comments	
<ul style="list-style-type: none"> Affects vulnerable patient populations (e.g. immunocompromised) See Candida auris if indicated 	

Suspected/Known Disease or Microorganism <i>Candida auris</i> Multi-drug Resistant (MDR)	
Clinical Presentation Various, mucocutaneous lesions, systemic disease. Colonization or infection.	
Infectious Substances Mucocutaneous secretions and excretions	How it is Transmitted Direct contact, Indirect Contact
Precautions Needed	
Acute Care	<div style="border: 2px solid yellow; padding: 5px; display: inline-block;"> Contact Precautions Private room with dedicated bathroom or commode. Dedicate equipment whenever possible. </div> <div style="border: 2px solid orange; padding: 5px; display: inline-block; margin-left: 20px;"> Droplet & Contact Precautions if productive cough </div>
Long-Term Care	<div style="border: 2px solid black; padding: 5px; display: inline-block;"> Enhanced Barrier Precautions <i>C. auris</i> colonization </div> <div style="border: 2px solid yellow; padding: 5px; display: inline-block; margin-left: 20px;"> Contact Precautions <i>C. auris</i> infection Use Droplet & Contact Precautions if productive cough </div>
Home & Community	<div style="border: 2px solid black; padding: 5px; display: inline-block;"> Routine Practices Home care and low risk community settings. Use Droplet & Contact Precautions if productive cough </div> <div style="border: 2px solid yellow; padding: 5px; display: inline-block; margin-left: 20px;"> Contact Precautions High risk community settings Use Droplet & Contact Precautions if productive cough </div>
Duration of Precautions As directed by Infection Prevention and Control	
Incubation Period Variable	Period of Communicability Not applicable
Comments Precautions required are in addition to Routine Practices <ul style="list-style-type: none"> • Infection affects vulnerable patient populations (e.g. immunocompromised, prolonged hospitalization, antimicrobial/antifungal use, indwelling devices) • May be misidentified in laboratory, required special testing • IPAC will direct ring screen as required • See VCH <i>C. auris</i> resources on the IPAC website • Reportable Disease 	

Suspected/Known Disease or Microorganism	
Carbapenemase Producing Organism (CPO)	
Gram negative bacilli including the following but not limited to: <i>E. coli</i> , <i>Klebsiella spp.</i> , <i>Serratia spp.</i> , <i>Providencia spp.</i> , <i>Proteus spp.</i> , <i>Citrobacter spp.</i> , <i>Enterobacter spp.</i> , <i>Morganella spp.</i> , <i>Salmonella spp.</i> , <i>Hafnia spp.</i>	
Clinical Presentation: Colonization or Infections. Symptoms based on sites involved	
Infectious Substances Colonized or infected body fluids/sites	How it is Transmitted Direct Contact, Indirect Contact
Precautions Needed	
Acute Care	<div style="border: 2px solid yellow; padding: 5px; display: inline-block;"> <p>Contact Precautions Private room with dedicated bathroom or commode. Dedicate equipment whenever possible.</p> </div> <div style="border: 2px solid orange; padding: 5px; display: inline-block; margin-left: 20px;"> <p>Droplet & Contact Precautions If CPO found in sputum or tracheostomy and productive cough or ventilated.</p> </div>
Long-Term Care	<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <p>Enhanced Barrier Precautions CPO colonization</p> </div> <div style="border: 2px solid yellow; padding: 5px; display: inline-block; margin-left: 20px;"> <p>Contact Precautions CPO infection Use Droplet & Contact Precautions if productive cough</p> </div>
Home & Community	<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <p>Routine Practices Home care and low risk community settings. Use Droplet & Contact Precautions if productive cough</p> </div> <div style="border: 2px solid yellow; padding: 5px; display: inline-block; margin-left: 20px;"> <p>Contact Precautions High risk community settings Use Droplet & Contact Precautions if productive cough</p> </div>
Duration of Precautions: As directed by Infection Prevention and Control	
Incubation Period: Variable	Period of Communicability: Not applicable
Comments	
Precautions required are in addition to Routine Practices	
Refer to ARO Acute Patient Placement Algorithm	
<ul style="list-style-type: none"> • Reportable Disease • IPAC will direct ring screening as required. Complete admission screening per VCH protocol • See VCH CPO resources on the IPAC website. 	

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

Suspected/Known Disease or Microorganism Cat-scratch Fever (<i>Bartonella henselae</i>)	
Clinical Presentation Fever, lymphadenopathy (swelling and pain of the lymph nodes with night sweats and weight loss)	
Infectious Substances Infected domestic cats	How it is Transmitted Infection occurs via scratch, bite, lick or other exposure to a cat
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions Not applicable	
Incubation Period 16-22 days	Period of Communicability No person to person transmission
Comments	

Suspected/Known Disease or Microorganism				
Cellulitis – (<i>Staphylococcus aureus</i>, Group A Streptococcus, many other bacteria)				
Clinical Presentation				
Purulent inflammation of cellular or subcutaneous tissue				
Infectious Substances	How it is Transmitted			
Wound drainage	Direct Contact, Indirect Contact			
Precautions Needed				
<i>If a pathogen is identified, follow organism specific instructions in this manual.</i>				
Acute Care	<table border="1"> <tr> <td>Routine Practices Minor drainage contained by dressing</td> <td>Contact Precautions Major drainage not contained by dressing</td> <td>Droplet & Contact Precautions For first 24 hours antimicrobial therapy if invasive group A strep suspected</td> </tr> </table>	Routine Practices Minor drainage contained by dressing	Contact Precautions Major drainage not contained by dressing	Droplet & Contact Precautions For first 24 hours antimicrobial therapy if invasive group A strep suspected
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Routine Practices Minor drainage contained by dressing	Contact Precautions Major drainage not contained by dressing			
Duration of Precautions: Until symptoms resolve or return to baseline				
Incubation Period	Period of Communicability			
Not applicable	Not applicable			
Comments				
Precautions required are in addition to Routine Practices				
<ul style="list-style-type: none"> Periorbital cellulitis in children <5 years old may be caused by <i>H. influenzae</i> and requires Droplet & Contact Precautions 				

Suspected/Known Disease or Microorganism Chancroid (<i>Haemophilus ducreyi</i>)	
Clinical Presentation Genital ulcers, papules or pustules	
Infectious Substances Drainage	How it is Transmitted Sexual Contact
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions Not applicable	
Incubation Period 3-5 days	Period of Communicability As long as ulcerations remain unhealed
Comments	
<ul style="list-style-type: none"> Chancroid rarely spreads from the genital tract and does not cause systemic disease Reportable Disease 	

Suspected/Known Disease or Microorganism							
Chickenpox - Exposed Susceptible Contact (Varicella Zoster Virus)							
Clinical Presentation: Asymptomatic							
Infectious Substances If lesions develop: lesion drainage, respiratory secretions	How it is Transmitted Direct Contact, Indirect Contact, Airborne						
Precautions Needed							
Acute Care	<table border="1"> <tr> <td style="border: 2px solid green;">Airborne Precautions 8 days after first contact and until 21 days after last contact with case (extend to 28 days if given VZIG)</td> <td style="border: 2px solid pink;">Airborne & Contact Precautions If lesions develop see Chickenpox known case</td> </tr> <tr> <td style="border: 2px solid green;">Airborne Precautions 8 days after first contact and until 21 days after last contact with case (extend to 28 days if given VZIG)</td> <td style="border: 2px solid pink;">Airborne & Contact Precautions If lesions develop see Chickenpox known case</td> </tr> <tr> <td style="border: 2px solid green;">Airborne Precautions 8 days after first contact and until 21 days after last contact with case (extend to 28 days if given VZIG)</td> <td style="border: 2px solid pink;">Airborne & Contact Precautions If lesions develop see Chickenpox known case</td> </tr> </table>	Airborne Precautions 8 days after first contact and until 21 days after last contact with case (extend to 28 days if given VZIG)	Airborne & Contact Precautions If lesions develop see Chickenpox known case	Airborne Precautions 8 days after first contact and until 21 days after last contact with case (extend to 28 days if given VZIG)	Airborne & Contact Precautions If lesions develop see Chickenpox known case	Airborne Precautions 8 days after first contact and until 21 days after last contact with case (extend to 28 days if given VZIG)	Airborne & Contact Precautions If lesions develop see Chickenpox known case
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Home & Community	<table border="1"> <tr> <td style="border: 2px solid green;">Airborne Precautions 8 days after first contact and until 21 days after last contact with case (extend to 28 days if given VZIG)</td> <td style="border: 2px solid pink;">Airborne & Contact Precautions If lesions develop see Chickenpox known case</td> </tr> </table>	Airborne Precautions 8 days after first contact and until 21 days after last contact with case (extend to 28 days if given VZIG)	Airborne & Contact Precautions If lesions develop see Chickenpox known case				
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Duration of Precautions From 8 days after first contact until 21 days after last contact with rash (or 28 days if given VZIG)							
Incubation Period 10-21 days	Period of Communicability 2 days before rash starts and until all skin lesions have dried and						
Comments Precautions required are in addition to Routine Practices							
<ul style="list-style-type: none"> • If VZIG indicated, administer within 96 hours (can be administered up to 10 day post exposure) • Consult IPAC if chicken pox exposure occurred in a healthcare setting • Newborn: If mother develops chicken pox <5 days before giving birth, assess for VZIG and place newborn on Airborne Precautions. If lesions develop change to Airborne and Contact Precautions. • An exposed susceptible person will develop chicken pox (varicella), not shingles (herpes zoster). • Susceptible contact refers to exposed person who has no evidence of VZV immunity 							

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

Suspected/Known Disease or Microorganism	
Chickenpox – Known Case (Varicella Zoster Virus)	
Clinical Presentation Generalized, Itchy, vesicular rash with lesions in varying stages of weeping, crusting, mild fever. Rash usually appears first on the head, chest and back before spreading to the rest of the body. Vesicular lesions are mostly concentrated on the chest and back.	
Infectious Substances Lesion drainage, respiratory secretions	How it is Transmitted Direct Contact, Indirect Contact , Airborne
Precautions Needed	
Acute Care	Airborne & Contact Precautions
Long-Term Care	Airborne & Contact Precautions
Home & Community	Airborne & Contact Precautions
Duration of Precautions Until all lesions have dried and crusted	
Incubation Period 10-21 days	Period of Communicability 2 days before rash starts and until all skin lesions have dried and crusted
Comments Precautions required are in addition to Routine Practices	
<ul style="list-style-type: none"> Defer non-urgent admissions if chicken pox or disseminated zoster is present Susceptible HCWs should not enter the room if immune staff are available. If they must enter the room, an N95 respirator must be worn. Other non-immune persons should not enter except in urgent or compassionate circumstances. If immunity is unknown, assume person is non-immune. On discharge or transfer, keep room on Airborne Precautions per Air Clearance/Settle time If other patients exposed, notify IPAC and refer to exposure follow-up instruction 	

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

Suspected/Known Disease or Microorganism Chikungunya virus	
Clinical Presentation Fever, joint pain, headache, muscle pain, joint swelling and rash	
Infectious Substances <i>Aedes albopictus</i> and <i>Aedes aegypti</i> mosquitoes	How it is Transmitted Insectborne
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions Not applicable	
Incubation Period Not applicable	Period of Communicability No person to person transmission
Comments	

Suspected/Known Disease or Microorganism Chlamydia (<i>Chlamydia trachomatis</i>)	
Clinical Presentation Urogenital tract, rectum, pneumonia (infants), conjunctivitis, trachoma, Lymphogranuloma venereum	
Infectious Substances Conjunctival and genital secretions	How it is Transmitted Sexually transmitted, mother to newborn at birth Trachoma: Direct contact, Indirect contact
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions Not applicable	
Incubation Period Variable	Period of Communicability As long as organism present in secretions
Comments • Reportable Disease	

Suspected/Known Disease or Microorganism <i>Chlamydia pneumoniae</i>	
Clinical Presentation Pneumonia	
Infectious Substances Respiratory secretions	How it is Transmitted Unknown
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions Not applicable	
Incubation Period Unknown	Period of Communicability Unknown
Comments	
<ul style="list-style-type: none"> • Reportable Disease • Rare outbreaks of pneumonia in institutionalized populations 	

Suspected/Known Disease or Microorganism <i>Chlamydia psittaci</i> (Psittacosis, ornithosis)							
Clinical Presentation Pneumonia, undifferentiated fever							
Infectious Substances Infected birds	How it is Transmitted Contact with infected birds, bird droppings						
Precautions Needed <table border="0" style="width: 100%;"> <tr> <td style="width: 20%;">Acute Care</td> <td style="border: 2px solid black; padding: 5px; text-align: center;">Routine Practices</td> </tr> <tr> <td>Long-Term Care</td> <td style="border: 2px solid black; padding: 5px; text-align: center;">Routine Practices</td> </tr> <tr> <td>Home & Community</td> <td style="border: 2px solid black; padding: 5px; text-align: center;">Routine Practices</td> </tr> </table>		Acute Care	Routine Practices	Long-Term Care	Routine Practices	Home & Community	Routine Practices
Acute Care	Routine Practices						
Long-Term Care	Routine Practices						
Home & Community	Routine Practices						
Duration of Precautions Not applicable							
Incubation Period 7-14 days	Period of Communicability Not person to person						
Comments <ul style="list-style-type: none"> • Reportable Disease • Acquired by inhalation of desiccated droppings, secretions and dust of infected birds 							

Suspected/Known Disease or Microorganism Cholera (<i>Vibrio cholerae</i>)											
Clinical Presentation Voluminous watery diarrhea, dehydration											
Infectious Substances Contaminated food or water, feces	How it is Transmitted (fecal/oral) Direct Contact, Indirect Contact, Ingestion of contaminated food or water										
Precautions Needed											
Acute Care	<table border="1"> <tr> <td>Routine Practices Adult</td> <td>Contact Precautions Pediatric Adult if: <ul style="list-style-type: none"> • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment </td> </tr> <tr> <td>Long-Term Care</td> <td> <table border="1"> <tr> <td>Routine Practices</td> <td>Contact Precautions For adults as described above</td> </tr> </table> </td> </tr> <tr> <td>Home & Community</td> <td> <table border="1"> <tr> <td>Routine Practices Adult</td> <td>Contact Precautions Pediatric</td> </tr> </table> </td> </tr> </table>	Routine Practices Adult	Contact Precautions Pediatric Adult if: <ul style="list-style-type: none"> • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment 	Long-Term Care	<table border="1"> <tr> <td>Routine Practices</td> <td>Contact Precautions For adults as described above</td> </tr> </table>	Routine Practices	Contact Precautions For adults as described above	Home & Community	<table border="1"> <tr> <td>Routine Practices Adult</td> <td>Contact Precautions Pediatric</td> </tr> </table>	Routine Practices Adult	Contact Precautions Pediatric
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Routine Practices Adult	Contact Precautions Pediatric										
Duration of Precautions Until symptoms have stopped for 48 hours OR, for adults until patient is continent and has good hygiene											
Incubation Period 2 - 3 days	Period of Communicability Duration of shedding										
Comments Precautions required are in addition to Routine Practices <ul style="list-style-type: none"> • Reportable Disease Physician report to Medical Health Officer when preliminary or final lab confirmation available • Immunization information 											

Suspected/Known Disease or Microorganism <i>Clostridioides difficile</i> Infection (CDI)							
Clinical Presentation Diarrhea, abdominal cramping and discomfort, toxic megacolon, pseudomembranous colitis. In rare cases, a symptomatic patient will present with ileus or colonic distention							
Infectious Substances Feces	How it is Transmitted Fecal-oral, Direct Contact, Indirect Contact						
Precautions Needed <table border="0" style="width: 100%;"> <tr> <td style="width: 20%;">Acute Care</td> <td style="border: 2px solid brown; padding: 5px; text-align: center;">Contact Plus Precautions</td> </tr> <tr> <td>Long-Term Care</td> <td style="border: 2px solid brown; padding: 5px; text-align: center;">Contact Plus Precautions</td> </tr> <tr> <td>Home & Community</td> <td style="border: 2px solid yellow; padding: 5px; text-align: center;">Contact Precautions</td> </tr> </table>		Acute Care	Contact Plus Precautions	Long-Term Care	Contact Plus Precautions	Home & Community	Contact Precautions
Acute Care	Contact Plus Precautions						
Long-Term Care	Contact Plus Precautions						
Home & Community	Contact Precautions						
Duration of Precautions Until symptoms have stopped for 72 hours (back to baseline). A negative <i>Clostridioides difficile</i> test is not recommended as a test of cure (PCR testing may identify colonized individuals and may continue to be positive after infection is resolved)							
Incubation Period Variable	Period of Communicability Until symptoms resolve						
Comments Precautions required are in addition to Routine Practices <ul style="list-style-type: none"> Use soap and water for hand washing, alcohol-based hand rubs are not as effective for spores Bacterial spores persist in the environment , careful discharge cleaning is required (UV if available) Only send specimens on symptomatic individuals, do not test children < 1 yr 							

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

Suspected/Known Disease or Microorganism <i>Clostridium perfringens</i> – Food Poisoning	
Clinical Presentation Gastroenteritis (abdominal pain, severe diarrhea)	
Infectious Substances Feces or soil contaminated food	How it is Transmitted Foodborne
Precautions Needed*	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions Not applicable	
Incubation Period Not applicable	Period of Communicability No person to person transmission
Comments	

Suspected/Known Disease or Microorganism <i>Clostridium perfringens</i> – Gas Gangrene			
Clinical Presentation Breakdown of muscle tissue (myonecrosis). Severe pain, edema, tenderness, pallor, discoloration, hemorrhagic bullae and production of gas at wound site			
Infectious Substances Feces, soil, water	How it is Transmitted No person-to-person transmission. Infection occurs through contamination of wounds (fractures, cuts, bullet wounds) with soil or any foreign material contaminated with <i>C.perfringens</i>		
Precautions Needed			
Acute Care	<table border="1"> <tr> <td> Routine Practices Minor drainage contained by dressing </td> <td> Contact Precautions Major drainage not contained by dressing </td> </tr> </table>	Routine Practices Minor drainage contained by dressing	Contact Precautions Major drainage not contained by dressing
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Duration of Precautions Contact Precautions - if wound drainage present and not contained by dressing			
Incubation Period Variable	Period of Communicability No person-to-person transmission		
Comments Precautions required are in addition to Routine Practices <ul style="list-style-type: none"> Clinical manifestations of gas gangrene are caused by exotoxins produced by <i>C.perfringens</i>. 			

Suspected/Known Disease or Microorganism Coccidioidomycosis (<i>Coccidioides immitis</i>)	
Clinical Presentation Pneumonia, draining lesions	
Infectious Substances Spores from soil and dust in endemic areas	How it is Transmitted Inhalation of spores
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions Not applicable	
Incubation Period 1-4 weeks	Period of Communicability No person-to-person transmission
Comments	
<ul style="list-style-type: none"> • Transmission occurs by inhalation of spores in soil and dust • Exercise care when changing or discarding dressings, casts or other materials that may be contaminated with exudate. 	

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

Suspected/Known Disease or Microorganism Colorado Tick Fever (Arbovirus)	
Clinical Presentation Fever	
Infectious Substances Tick bite	How it is Transmitted Tickborne (vector)
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions Not applicable	
Incubation Period 3-6 days	Period of Communicability No person to person transmission
Comments	

Suspected/Known Disease or Microorganism	
Congenital Rubella	
Clinical Presentation Congenital rubella syndrome (severe birth defects)	
Infectious Substances Respiratory secretions, urine	How it is Transmitted Direct Contact, Indirect Contact, Droplet
Precautions Needed	
Acute Care	Droplet & Contact Precautions
Long-Term Care	Not applicable
Home & Community	Droplet & Contact Precautions
Duration of Precautions Until 1 year of age unless nasopharyngeal and urine cultures done after 3 months of age are negative	
Incubation Period 14-21 days	Period of Communicability Prolonged shedding in respiratory tract and urine can be up to one year
Comments Precautions required are in addition to Routine Practices	
<ul style="list-style-type: none"> • Reportable Disease • Defer non-urgent admission if rubella is present. May admit after rash has resolved • If possible, only immune HCWs, caretakers and visitors should enter the room • Droplet Precautions should be maintained for exposed susceptible contacts for 7 days after first contact through to 21 days after last contact • Administer vaccine to exposed susceptible non-pregnant persons within 3 days of exposure 	

Suspected/Known Disease or Microorganism			
Conjunctivitis – Pink Eye; Bacterial			
Clinical Presentation Inflammation of the conjunctiva, redness of the whites of the eyes, purulent discharge , itching or irritation.			
Infectious Substances Eye discharge (mucoid/purulent)	How it is Transmitted Direct Contact, Indirect Contact		
Precautions Needed <i>If a pathogen is identified, follow organism specific instructions in this manual.</i>			
Acute Care	<table border="1"> <tr> <td>Routine Practices Adult Unless caused by ARO then refer to specific organism</td> <td>Contact Precautions Pediatrics Adult if viral etiology not ruled out</td> </tr> </table>	Routine Practices Adult Unless caused by ARO then refer to specific organism	Contact Precautions Pediatrics Adult if viral etiology not ruled out
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Routine Practices Adult	Contact Precautions Pediatrics Adult if viral etiology not ruled out		
Duration of Precautions Until 24 hours of effective antimicrobial therapy completed			
Incubation Period 24-72 hours	Period of Communicability During active infection		
Comments Precautions required are in addition to Routine Practices			
<ul style="list-style-type: none"> Most common bacterial causes are: <i>Staphylococcus aureus</i>, <i>Haemophilus influenzae</i>, <i>Streptococcus pneumoniae</i>, <i>Moraxella catarrhalis</i> Bacterial conjunctivitis is less common in children older than 5 years of age. 			

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

<p>Suspected/Known Disease or Microorganism</p> <p>Conjunctivitis – Pink Eye; Viral</p>							
<p>Clinical Presentation Inflammation of the conjunctiva, redness of the whites of the eyes, watery discharge. Bilateral itchiness may indicate allergic conjunctivitis.</p>							
<p>Infectious Substances Eye discharge (watery)</p>	<p>How it is Transmitted Direct Contact, Indirect Contact</p>						
<p>Precautions Needed <i>If a pathogen is identified, follow organism specific instructions in this manual</i></p> <table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">Acute Care</td> <td style="border: 2px solid yellow; padding: 5px;">Contact Precautions</td> </tr> <tr> <td>Long-Term Care</td> <td style="border: 2px solid yellow; padding: 5px;">Contact Precautions</td> </tr> <tr> <td>Home & Community</td> <td style="border: 2px solid yellow; padding: 5px;">Contact Precautions</td> </tr> </table>		Acute Care	Contact Precautions	Long-Term Care	Contact Precautions	Home & Community	Contact Precautions
Acute Care	Contact Precautions						
Long-Term Care	Contact Precautions						
Home & Community	Contact Precautions						
<p>Duration of Precautions Until symptoms are resolved or a non-viral cause is found</p>							
<p>Incubation Period Variable</p>	<p>Period of Communicability Up to 14 days</p>						
<p>Comments Precautions required are in addition to Routine Practices</p> <ul style="list-style-type: none"> • The most common cause of viral conjunctivitis is Adenovirus, followed by Enteroviruses, Rubella, Rubeola and Herpesviruses. • See Adenovirus – Conjunctivitis for more information, see Enterovirus for more information • Patient handout 							

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

Suspected/Known Disease or Microorganism										
Coronavirus, Human – Common Cold (not SARS/MERS/COVID-19)										
Clinical Presentation: Common cold (runny nose, sore throat)										
Infectious Substances Respiratory secretions	How it is Transmitted Direct Contact, Indirect Contact, Droplet									
Precautions Needed										
Acute Care	<table border="1"> <tr> <td>Routine Practices Adult</td> <td>Droplet & Contact Precautions Pediatric Adult in high risk units* only</td> <td>If AGMP indicated Refer to IPAC AGMP Best Practice Guideline</td> </tr> <tr> <td>Long-Term Care & Mental Health</td> <td>Routine Practices Adult</td> <td></td> </tr> <tr> <td>Home & Community</td> <td>Routine Practices Adult</td> <td>Droplet & Contact Precautions Pediatric</td> </tr> </table>	Routine Practices Adult	Droplet & Contact Precautions Pediatric Adult in high risk units* only	If AGMP indicated Refer to IPAC AGMP Best Practice Guideline	Long-Term Care & Mental Health	Routine Practices Adult		Home & Community	Routine Practices Adult	Droplet & Contact Precautions Pediatric
Routine Practices Adult	Droplet & Contact Precautions Pediatric Adult in high risk units* only	If AGMP indicated Refer to IPAC AGMP Best Practice Guideline								
Long-Term Care & Mental Health	Routine Practices Adult									
Home & Community	Routine Practices Adult	Droplet & Contact Precautions Pediatric								
Duration of Precautions Until symptoms resolve. For immunocompromised hosts, isolation precautions need to be maintained for a longer duration. Contact IPAC for discontinuation of precautions.										
Incubation Period 2-4 days	Period of Communicability Until acute symptoms resolve									
Comments Precautions required are in addition to Routine Practices <ul style="list-style-type: none"> Minimize exposure of highrisk patients. VCH Bed Placement for Viral Respiratory Illness (VRI) * High risk units: Solid Organ Transplant (SOT), Bone Marrow Transplant (BMT), Intensive Care Unit (ICU), Burns, Trauma, High Acuity (BTHA) and Thoracic										

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

Suspected/Known Disease or Microorganism Coronavirus, Novel (COVID-19, nCoV-19)										
Clinical Presentation Respiratory tract infection (fever, cold-like symptoms: cough, runny nose, sore throat); Pneumonia (shortness of breath, discomfort during breathing).										
Infectious Substances Respiratory secretions and exhaled droplets and particles	How it is Transmitted Direct Contact, Indirect Contact, Droplet									
Precautions Needed <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px;">Acute Care</td> <td style="width: 30%; padding: 5px; text-align: center;">Droplet & Contact Precautions</td> <td style="width: 50%; padding: 5px;">If AGMP indicated Refer to IPAC AGMP Best Practice Guideline</td> </tr> <tr> <td style="padding: 5px;">Long-Term Care & Mental Health</td> <td style="padding: 5px; text-align: center;">Droplet & Contact Precautions</td> <td style="padding: 5px;">If AGMP indicated Refer to IPAC AGMP Best Practice Guideline</td> </tr> <tr> <td style="padding: 5px;">Home & Community</td> <td style="padding: 5px; text-align: center;">Droplet & Contact Precautions</td> <td style="padding: 5px;">If AGMP indicated Refer to IPAC AGMP Best Practice Guideline</td> </tr> </table>		Acute Care	Droplet & Contact Precautions	If AGMP indicated Refer to IPAC AGMP Best Practice Guideline	Long-Term Care & Mental Health	Droplet & Contact Precautions	If AGMP indicated Refer to IPAC AGMP Best Practice Guideline	Home & Community	Droplet & Contact Precautions	If AGMP indicated Refer to IPAC AGMP Best Practice Guideline
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Duration of Precautions: Acute Care – follow VCH Respiratory Testing & De-isolation Pathway Long-Term Care and Mental Health – maintain droplet and contact precautions for 5 days from symptom onset date. Precautions remain in place until improvement of symptoms AND resolution of fever for 24 hours without the use of fever-reducing medication. Home & Community – follow BCCDC Interim Guidance: Public Health Management of Cases and Contacts Associated with Novel Coronavirus (COVID-19) in the Community										
Incubation Period: 1 – 14 days	Period of Communicability: Unknown									
Comments <ul style="list-style-type: none"> • Reportable Disease • If confirmed or suspected case admitted to a VCH facility – notify IPAC, MHO, ID & Med Micro on call • If a patient in an acute care multi-bed room tests positive, move to private room whenever possible and place roommates on Droplet & Contact Precautions for 5 days. • VCH COVID-19 resources • BCCDC COVID-19 resources 										

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

<p>Suspected/Known Disease or Microorganism</p> <p>Coronavirus, SARS CoV & MERS CoV</p>							
<p>Clinical Presentation</p> <p>Respiratory tract infection (fever, cold-like symptoms: cough, runny nose, sore throat); Pneumonia (shortness of breath, discomfort during breathing)</p>							
<p>Infectious Substances</p> <p>Respiratory secretions and exhaled droplets and particles</p>	<p>How it is Transmitted</p> <p>Direct Contact, Indirect Contact, Droplet</p>						
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Home & Community	<p>Droplet & Contact Precautions</p> <p>If AGMP indicated Refer to IPAC AGMP Best Practice Guideline</p>						
<p>Duration of Precautions</p> <p>14 days following resolution of fever if respiratory symptoms have also resolved.</p>							
<p>Incubation Period</p> <p>3-10 days</p>	<p>Period of Communicability</p> <p>Variable</p>						
<p>Comments</p> <p>Precautions required are in addition to Routine Practices</p> <ul style="list-style-type: none"> • Reportable Disease Physicians report to Medical Health Officer at suspect stage • Notify IPAC, contact Medical Microbiologist on call 							

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

Suspected/Known Disease or Microorganism			
<i>Corynebacterium diphtheriae</i> - Toxigenic strain (see Diphtheria)			
Clinical Presentation			
Skin or nasopharyngeal ulcerative lesion (lesions are asymmetrical with grayish white membranes surrounded with swelling and redness)			
Infectious Substances	How it is Transmitted		
Lesion drainage and/or nasopharyngeal secretions	Direct Contact, Indirect Contact, Droplet		
Precautions Needed			
Acute Care	<table border="1"> <tr> <td>Contact Precautions Cutaneous</td> <td>Droplet & Contact Precautions Pharyngeal</td> </tr> </table>	Contact Precautions Cutaneous	Droplet & Contact Precautions Pharyngeal
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Contact Precautions Cutaneous	Droplet & Contact Precautions Pharyngeal		
Duration of Precautions			
Until two cultures from skin lesions and/or both nose and throat cultures are negative			
Incubation Period	Period of Communicability		
2-5 days	If untreated, 2 weeks to several months If treated with appropriate antibiotics, 48hr		
Comments			
Precautions required are in addition to Routine Practices			
Reportable Disease Physician report respiratory diphtheria to Medical Health Officer			
<ul style="list-style-type: none"> • If cultures are not available, maintain precautions until 2 weeks after completion of treatment • Not all <i>Corynebacterium diphtheriae</i> strains produce toxin, Routine Practices is sufficient for non-toxigenic strains. • Cutaneous <i>Corynebacterium diphtheria</i> isolates are not routinely sent for toxin testing. Toxin testing by clinician request based on the clinical context (e.g., travel to endemic area and/or wound presentation). • Close contacts require antimicrobial prophylaxis, diphtheria antitoxin • Immunization information 			

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

Suspected/Known Disease or Microorganism					
Cough, fever, acute upper respiratory tract infection (Respiratory syncytial virus [RSV], Parainfluenza virus, Influenza, Adenovirus, Coronavirus, <i>Bordetella pertussis</i>, <i>Mycoplasma pneumoniae</i>)					
Clinical Presentation: Cough, fever, sore throat, running nose					
Infectious Substances Respiratory secretions	How it is Transmitted Direct Contact, Indirect Contact, Large Droplets				
Precautions Needed					
<i>If a pathogen is identified, follow organism specific instructions in this manual.</i>					
Acute Care	<table border="1"> <tr> <td>Droplet & Contact Precautions Respiratory infection NYD</td> <td rowspan="3">If AGMP indicated Refer to IPAC AGMP Best Practice Guideline</td> </tr> <tr> <td>Droplet & Contact Precautions Respiratory infection NYD</td> </tr> <tr> <td>Droplet & Contact Precautions Respiratory infection NYD</td> </tr> </table>	Droplet & Contact Precautions Respiratory infection NYD	If AGMP indicated Refer to IPAC AGMP Best Practice Guideline	Droplet & Contact Precautions Respiratory infection NYD	Droplet & Contact Precautions Respiratory infection NYD
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Droplet & Contact Precautions Respiratory infection NYD					
Droplet & Contact Precautions Respiratory infection NYD					
Long-Term Care & Mental Health					
Home & Community					
Duration of Precautions: Until acute symptoms resolve or return to baseline					
Incubation Period Variable	Period of Communicability Duration of Illness or until infectious etiology ruled out				
Comments					
Precautions required are in addition to Routine Practices					
<ul style="list-style-type: none"> Refer to the VCH Bed Placement for Viral Respiratory Illness (VRI) for placement priority. May cohort individuals infected with the same virus. Minimize exposure of immunocompromised patients, children with chronic cardiac or lung diseases, nephritic syndrome, neonates. 					

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

Suspected/Known Disease or Microorganism Cough, fever, pulmonary infiltrates in person at risk for TB (suspected <i>Mycobacterium tuberculosis</i>)							
Clinical Presentation Fever, weight loss, cough, hemoptysis, night sweats, abnormal chest x-ray							
Infectious Substances Respiratory Secretions	How it is Transmitted Airborne						
Precautions Needed <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; text-align: center; vertical-align: middle;">Acute Care</td> <td style="text-align: center; vertical-align: middle;">Airborne Precautions</td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">Long-Term Care</td> <td style="text-align: center; vertical-align: middle;">Airborne Precautions</td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">Home & Community</td> <td style="text-align: center; vertical-align: middle;">Airborne Precautions</td> </tr> </table>		Acute Care	Airborne Precautions	Long-Term Care	Airborne Precautions	Home & Community	Airborne Precautions
Acute Care	Airborne Precautions						
Long-Term Care	Airborne Precautions						
Home & Community	Airborne Precautions						
Duration of Precautions Until tuberculosis ruled out: <ol style="list-style-type: none"> After 3 negative AFBs, alternate diagnosis & patient improvement Physician no longer suspecting TB If TB confirmed, see Tuberculosis – Pulmonary							
Incubation Period Not applicable	Period of Communicability Duration of Illness or until infectious etiology ruled out						
Comments Precautions required are in addition to Routine Practices <ul style="list-style-type: none"> Refer to: TB checklist Refer to: Specimens for TB On discharge or transfer, keep room on Airborne precautions per Air Clearance/Settle time 							

Suspected/Known Disease or Microorganism			
Coxsackievirus Infections, Hand-Foot-Mouth-Disease (HFMD)			
Clinical Presentation Fever, meningitis, encephalitis, hemorrhagic conjunctivitis (inflammation, redness and soreness of the whites of the eyes, itching, with added damage to the vessel of the eye causing bleeding), lesions or rash to hands, feet and/or buttocks, possible sore throat, vomiting and/or diarrhea may also be present.			
Infectious Substances Respiratory secretions, feces	How it is Transmitted Direct Contact with secretions, Indirect Contact (Fecal-oral)		
Precautions Needed			
Acute Care	<table border="1"> <tr> <td>Routine Practices Adult</td> <td>Contact Precautions Pediatric</td> </tr> </table>	Routine Practices Adult	Contact Precautions Pediatric
Routine Practices Adult	Contact Precautions Pediatric		
Long-Term Care	<table border="1"> <tr> <td>Routine Practices</td> <td></td> </tr> </table>	Routine Practices	
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Routine Practices Adult	Contact Precautions Pediatric		
Duration of Precautions Until symptoms are resolved for 48 hours			
Incubation Period 3-5 days	Period of Communicability During acute states of illness, potentially longer if patient remains incontinent		
Comments Precautions required are in addition to Routine Practices			

Suspected/Known Disease or Microorganism	
Creutzfeldt-Jakob Disease – classic (CJD) and variant (vCJD)	
Clinical Presentation: Subacute onset of confusion, progressive dementia, chronic encephalopathy	
Infectious Substances Tissues of infected animals and humans High Risk Tissues: Brain, dura mater, spinal cord, CSF, posterior eyes	How it is Transmitted Contaminated instrumentation (classical), ingestion of central nervous system tissue
Precautions Needed	
Acute Care	Routine Practices Except special precautions are needed for surgery and autopsy in all suspect cases
Long-Term Care	Routine Practices
Home & Community Care	Routine Practices
Duration of Precautions Not applicable	
Incubation Period Months to years	Period of Communicability Highest level of infectivity during symptomatic illness
Comments Special precautions for surgery and autopsy: <ul style="list-style-type: none"> Immediately consult IPAC if CJD is suspected. Special precautions are needed for neurosurgical procedures, autopsy and handling/autopsy of body after death. Refer to VCH IPAC Guidelines for Management of CJD and other Prion Diseases Reportable Disease 	

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

Suspected/Known Disease or Microorganism Crimean-Congo Hemorrhagic Fever (Arbovirus)							
Clinical Presentation Headache, fever, back pain, joint pain, stomach pain, vomiting, red eyes, red, throat, petechiae, jaundice, mood change, bruising, bleeding							
Infectious Substances Blood and body fluids shed from sick domestic animals and or humans, tick bite	How it is Transmitted Direct Contact, Indirect Contact, Tickborne						
Precautions Needed <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px;">Acute Care</td> <td style="padding: 5px; text-align: center;">Airborne & Contact Precautions</td> </tr> <tr> <td style="padding: 5px;">Long-Term Care</td> <td style="padding: 5px; text-align: center;">Airborne & Contact Precautions</td> </tr> <tr> <td style="padding: 5px;">Home & Community</td> <td style="padding: 5px; text-align: center;">Airborne & Contact Precautions</td> </tr> </table>		Acute Care	Airborne & Contact Precautions	Long-Term Care	Airborne & Contact Precautions	Home & Community	Airborne & Contact Precautions
Acute Care	Airborne & Contact Precautions						
Long-Term Care	Airborne & Contact Precautions						
Home & Community	Airborne & Contact Precautions						
Duration of Precautions Contact IPAC prior to stopping precautions							
Incubation Period 1-3 days following exposure via tick bite 5-6 days following contact with infected blood or tissue	Period of Communicability From onset of infection						
Comments Precautions required are in addition to Routine Practices <ul style="list-style-type: none"> Reportable Disease Physician to notify Medical Health Officer at suspect stage 							

Suspected/Known Disease or Microorganism Croup (Various Organisms, usually viral)								
Clinical Presentation Respiratory tract infection								
Infectious Substances Respiratory secretions	How it is Transmitted Direct Contact, Indirect Contact, Droplet							
Precautions Needed <i>If a pathogen is identified, follow organism specific instructions in this manual.</i> <table border="1" data-bbox="159 735 1318 1155"> <tr> <td data-bbox="159 735 357 871">Acute Care</td> <td data-bbox="370 735 808 871"> Droplet & Contact Precautions Respiratory infection NYD </td> <td data-bbox="844 735 1318 871" rowspan="3"> If AGMP indicated Refer to IPAC AGMP Best Practice Guideline </td> </tr> <tr> <td data-bbox="159 882 357 1018">Long-Term Care</td> <td data-bbox="370 882 808 1018"> Droplet & Contact Precautions Respiratory infection NYD </td> </tr> <tr> <td data-bbox="159 1029 357 1155">Home & Community</td> <td data-bbox="370 1029 808 1155"> Droplet & Contact Precautions Respiratory infection NYD </td> </tr> </table>		Acute Care	Droplet & Contact Precautions Respiratory infection NYD	If AGMP indicated Refer to IPAC AGMP Best Practice Guideline	Long-Term Care	Droplet & Contact Precautions Respiratory infection NYD	Home & Community	Droplet & Contact Precautions Respiratory infection NYD
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Long-Term Care	Droplet & Contact Precautions Respiratory infection NYD							
Home & Community	Droplet & Contact Precautions Respiratory infection NYD							
Duration of Precautions Duration of symptoms								
Incubation Period Variable	Period of Communicability Dependent on bacterial/virus type							
Comments Precautions required are in addition to Routine Practices <ul style="list-style-type: none"> • May cohort with same virus. Minimize exposure of immunocompromised patients, children with chronic cardiac or lung disease and neonates. VCH VRI Patient Placement Algorithm 								

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

Suspected/Known Disease or Microorganism	
Cryptococcosis (<i>Cryptococcus neoformans</i>, <i>C. gattii</i>)	
Clinical Presentation Meningitis (usually in immunocompromised hosts), pulmonary cryptococcosis, disseminated cryptococcosis	
Infectious Substances Soil, decaying wood, bird droppings	How it is Transmitted Inhalation of the fungal spores or possibly through infected transplanted organs
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions Not applicable	
Incubation Period Unknown	Period of Communicability No person-to-person transmission
Comments • Reportable Disease	

Suspected/Known Disease or Microorganism Cryptosporidiosis (<i>Cryptosporidium parvum</i>)							
Clinical Presentation Diarrhea, cramps, weight loss, nausea and headaches							
Infectious Substances Feces (Fecal oocysts)	How it is Transmitted Fecal-oral, Direct Contact, Indirect Contact						
Precautions Needed							
Acute Care	<table border="1"> <tr> <td>Routine Practices Adult</td> <td>Contact Precautions Pediatric Adult if: <ul style="list-style-type: none"> • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment </td> </tr> <tr> <td>Long-Term Care</td> <td>Contact Precautions For adults as described above</td> </tr> <tr> <td>Home & Community</td> <td>Contact Precautions Pediatric</td> </tr> </table>	Routine Practices Adult	Contact Precautions Pediatric Adult if: <ul style="list-style-type: none"> • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment 	Long-Term Care	Contact Precautions For adults as described above	Home & Community	Contact Precautions Pediatric
Routine Practices Adult	Contact Precautions Pediatric Adult if: <ul style="list-style-type: none"> • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment 						
Long-Term Care	Contact Precautions For adults as described above						
Home & Community	Contact Precautions Pediatric						
Duration of Precautions Until symptoms have stopped for 48 hours OR (for adults) until patient is continent and has good hygiene							
Incubation Period 1-12 days	Period of Communicability From onset of symptoms until several weeks after symptoms are resolved						
Comments <ul style="list-style-type: none"> • Precautions required are in addition to Routine Practices • Reportable Disease 							

Suspected/Known Disease or Microorganism			
Cyclosporiasis (<i>Cyclospora cayetanensis</i>)			
Clinical Presentation Vomiting, diarrhea, weight loss, abdominal pain, nausea, fever, or may be asymptomatic			
Infectious Substances Contaminated water, fruits and vegetables. Imported, fresh raspberries, other fruits and lettuce from Central America	How it is Transmitted Fecal-oral ingestion of contaminated food or water Direct person-to-person transmission is unlikely		
Precautions Needed			
Acute Care	<table border="1"> <tr> <td>Routine Practices Adult</td> <td>Contact Precautions Pediatric Adult if: <ul style="list-style-type: none"> • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment </td> </tr> </table>	Routine Practices Adult	Contact Precautions Pediatric Adult if: <ul style="list-style-type: none"> • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
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Routine Practices Adult	Contact Precautions Pediatric		
Duration of Precautions Until symptoms have stopped for 48 hours OR (for adults) until patient is continent and has good hygiene			
Incubation Period 2-14 days	Period of Communicability No person-to-person transmission		
Comments <ul style="list-style-type: none"> • Precautions required are in addition to Routine Practices • Reportable Disease 			

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

<p>Suspected/Known Disease or Microorganism</p> <p>Cystic Fibrosis (CF)</p>										
<p>Clinical Presentation</p> <p>Variable with patients age at presentation, most diagnosed by age 1.</p>										
<p>Infectious Substances</p> <p>CF is genetic not infectious, CF patients are at high risk for infection and colonization with AROs</p>	<p>How it is Transmitted</p> <p>CF patients can transmit organisms to other CF patients by Direct Contact, Indirect Contact, Droplet</p>									
<p>Precautions Needed</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 20%;">Acute Care</td> <td style="width: 30%; border: 2px solid yellow; padding: 5px;">Contact Precautions</td> <td style="width: 50%;"></td> </tr> <tr> <td>Long-Term Care</td> <td style="border: 2px solid black; padding: 5px;">Routine Practices</td> <td></td> </tr> <tr> <td>Home & Community</td> <td style="border: 2px solid black; padding: 5px;">Routine Practices Home care</td> <td style="border: 2px solid yellow; padding: 5px;">Contact Precautions Outpatient clinics in community settings, minimize time in common waiting rooms & contact with other CF patients</td> </tr> </table>		Acute Care	Contact Precautions		Long-Term Care	Routine Practices		Home & Community	Routine Practices Home care	Contact Precautions Outpatient clinics in community settings, minimize time in common waiting rooms & contact with other CF patients
Acute Care	Contact Precautions									
Long-Term Care	Routine Practices									
Home & Community	Routine Practices Home care	Contact Precautions Outpatient clinics in community settings, minimize time in common waiting rooms & contact with other CF patients								
<p>Duration of Precautions</p> <p>As directed by Infection Prevention and Control</p>										
<p>Incubation Period</p> <p>Not applicable</p>	<p>Period of Communicability</p> <p>Not applicable</p>									
<p>Comments</p> <p>Precautions required are in addition to Routine Practices</p> <ul style="list-style-type: none"> Segregate newly diagnosed cystic fibrosis (CF) patients from other CF patients in all settings until IPAC education has been provided Cystic Fibrosis Canada Infection Prevention and Control Infection Prevention and Control Guidelines for Cystic Fibrosis: 2013 Update 										

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

Suspected/Known Disease or Microorganism	
Cytomegalovirus (CMV)	
Clinical Presentation	
Usually asymptomatic; congenital infection, retinitis, mononucleosis, pneumonia, disseminated infection in immunocompromised person	
Infectious Substances	How it is Transmitted
Saliva, genital secretions, urine, breastmilk, transplanted organs	Sexual Contact, Direct Contact, Vertical (mother to child in utero, at birth or through breast milk), Transfusion, Transplantation
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions	
Not applicable	
Incubation Period	Period of Communicability
Unknown for person-to-person transmission 3-12 weeks for blood transfusions, 1-4 months for tissue transplants	Neonates: 5-6 years Adults: Variable, linked to immuno-suppressed status
Comments	
<ul style="list-style-type: none"> Requires intimate personal contact for transmission. No additional precautions necessary for pregnant healthcare workers. Congenital CMV is a Reportable Disease, CMV immunoglobulin 	

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

D

Decubitus Ulcer – Pressure Ulcer (various organisms)

Dengue Fever (Arbovirus)

Dermatitis, Infected (Various Organisms)

Diarrhea – (Various Organisms)

Diphtheria (*Corynebacterium diphtheriae* – toxigenic)

Suspected/Known Disease or Microorganism Decubitus Ulcer – Pressure Ulcer (various organisms)				
Clinical Presentation Abscess, draining pressure sores				
Infectious Substances Wound Drainage	How it is Transmitted Direct Contact, Indirect Contact			
Precautions Needed				
Acute Care	<table border="1"> <tr> <td>Routine Practices Minor drainage contained by dressing</td> <td>Contact Precautions Major drainage not contained by dressing</td> <td>Droplet & Contact Precautions For first 24 hours antimicrobial therapy if invasive group A strep suspected</td> </tr> </table>	Routine Practices Minor drainage contained by dressing	Contact Precautions Major drainage not contained by dressing	Droplet & Contact Precautions For first 24 hours antimicrobial therapy if invasive group A strep suspected
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Routine Practices Minor drainage contained by dressing	Contact Precautions Major drainage not contained by dressing			
Duration of Precautions Until symptoms resolve or return to baseline				
Incubation Period Not applicable	Period of Communicability Not applicable			
Comments Precautions required are in addition to Routine Practices				

Suspected/Known Disease or Microorganism Dengue Fever (Arbovirus)	
Clinical Presentation Fever, joint pain, rash	
Infectious Substances Human/mosquito and monkey/mosquito cycles	How it is Transmitted Bite of infected mosquito (insect/vectorborne) No person to person transmission
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions Not applicable	
Incubation Period 3-14 days	Period of Communicability Not applicable
Comments <ul style="list-style-type: none"> • Reportable Disease 	

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

<p>Suspected/Known Disease or Microorganism</p> <p>Dermatitis, Infected (Various Organisms)</p>										
<p>Clinical Presentation</p> <p>Multiple presentations on skin: inflammation, rash, blisters, scaly patches</p>										
<p>Infectious Substances</p> <p>Drainage</p>	<p>How it is Transmitted</p> <p>Direct Contact, Indirect Contact</p>									
<p>Precautions Needed</p> <p><i>If a pathogen is identified, follow organism specific instructions in this manual.</i></p> <table border="0"> <tr> <td style="vertical-align: top;">Acute Care</td> <td style="border: 2px solid black; padding: 5px;"> <p>Routine Practices Minor drainage contained by dressing</p> </td> <td style="border: 2px solid yellow; padding: 5px;"> <p>Contact Precautions Major drainage not contained by dressing</p> </td> </tr> <tr> <td style="vertical-align: top;">Long-Term Care</td> <td style="border: 2px solid black; padding: 5px;"> <p>Routine Practices Minor drainage contained by dressing</p> </td> <td style="border: 2px solid yellow; padding: 5px;"> <p>Contact Precautions Major drainage not contained by dressing</p> </td> </tr> <tr> <td style="vertical-align: top;">Home & Community</td> <td style="border: 2px solid black; padding: 5px;"> <p>Routine Practices Minor drainage contained by dressing</p> </td> <td style="border: 2px solid yellow; padding: 5px;"> <p>Contact Precautions Major drainage not contained by dressing</p> </td> </tr> </table>		Acute Care	<p>Routine Practices Minor drainage contained by dressing</p>	<p>Contact Precautions Major drainage not contained by dressing</p>	Long-Term Care	<p>Routine Practices Minor drainage contained by dressing</p>	<p>Contact Precautions Major drainage not contained by dressing</p>	Home & Community	<p>Routine Practices Minor drainage contained by dressing</p>	<p>Contact Precautions Major drainage not contained by dressing</p>
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<p>Duration of Precautions</p> <p>Until symptoms resolve or return to baseline</p>										
<p>Incubation Period</p> <p>Not applicable</p>	<p>Period of Communicability</p> <p>Not applicable</p>									
<p>Comments</p> <p>Precautions required are in addition to Routine Practices</p> <ul style="list-style-type: none"> If compatible with scabies take appropriate precautions pending diagnosis (See Scabies) 										

Suspected/Known Disease or Microorganism Diarrhea – (Various Organisms)	
Clinical Presentation: Diarrhea	
Infectious Substances Feces	How it is Transmitted Fecal-oral, Direct Contact, Indirect Contact
Precautions Needed <i>If a pathogen is identified, follow organism specific instructions in this manual.</i>	
Acute Care	Contact Plus Precautions Diarrhea and/or vomiting NYD and gastroenteritis is suspected
Long-Term Care	Contact Plus Precautions Diarrhea and/or vomiting NYD and gastroenteritis is suspected
Home & Community	Contact Precautions Diarrhea and/or vomiting NYD and gastroenteritis is suspected
Duration of Precautions Refer to specific organism. If no organism identified, until symptoms resolved for 48 hours or until infectious cause is ruled out.	
Incubation Period Not applicable	Period of Communicability Not applicable
Comments Precautions required are in addition to Routine Practices <ul style="list-style-type: none"> • Refer to GI Assessment Algorithm • Refer to GI Adult Patient Placement Algorithm • Refer to GI Outbreak Resources 	

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

Suspected/Known Disease or Microorganism			
Diphtheria (<i>Corynebacterium diphtheriae</i> – toxigenic)			
Clinical Presentation Cutaneous (skin) or nasopharyngeal ulcerative lesions. Nasopharyngeal lesions are asymmetric with grayish white membranes.			
Infectious Substances Lesion drainage and/or nasopharyngeal secretions	How it is Transmitted Direct Contact, Indirect Contact, Droplet		
Precautions Needed			
Acute Care	<table border="1"> <tr> <td>Contact Precautions Cutaneous</td> <td>Droplet & Contact Precautions Pharyngeal</td> </tr> </table>	Contact Precautions Cutaneous	Droplet & Contact Precautions Pharyngeal
Contact Precautions Cutaneous	Droplet & Contact Precautions Pharyngeal		
Long-Term Care	<table border="1"> <tr> <td>Contact Precautions Cutaneous</td> <td>Droplet & Contact Precautions Pharyngeal</td> </tr> </table>	Contact Precautions Cutaneous	Droplet & Contact Precautions Pharyngeal
Contact Precautions Cutaneous	Droplet & Contact Precautions Pharyngeal		
Home & Community	<table border="1"> <tr> <td>Contact Precautions Cutaneous</td> <td>Droplet & Contact Precautions Pharyngeal</td> </tr> </table>	Contact Precautions Cutaneous	Droplet & Contact Precautions Pharyngeal
Contact Precautions Cutaneous	Droplet & Contact Precautions Pharyngeal		
Duration of Precautions Until after antimicrobial therapy is complete AND two cultures from skin lesions and/or both nose and throat cultures, collected at least 24 hours apart, are negative			
Incubation Period 2-5 days	Period of Communicability If untreated, 2 weeks to several months		
Comments Precautions required are in addition to Routine Practices			
<ul style="list-style-type: none"> • Reportable Disease Physician report respiratory diphtheria to Medical Health Officer • If cultures are not available, maintain precautions until 2 weeks after completion of treatment • Toxigenic strains produce diphtheria toxin. Not all <i>Corynebacterium diphtheriae</i> strains produce toxin • Close contacts require antimicrobial prophylaxis 			

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

E

Eastern Equine Encephalitis Virus

Arthropod-borne viral encephalitis

Ebola Viral Disease (Viral Hemorrhagic Fever)

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

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

Endometritis (Puerperal Sepsis)

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

Enteroviral Infections non-polio – (Echovirus, Coxsackievirus)

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

Epstein-Barr Virus (Human Herpes Virus 4)

Erysipelas – (Group A Streptococcus)

ESBL (Extended Spectrum Beta Lactamase producers)

Escherichia coli 0157: H7 – Enteropathogenic and Enterohemorrhagic strains

Suspected/Known Disease or Microorganism Eastern Equine Encephalitis Virus Arthropod-borne viral encephalitis	
Clinical Presentation Fever, encephalomyelitis (headache, chills, vomiting, disorientation, seizures)	
Infectious Substances Aedes mosquito bite (virus found in birds, bats, and possibly rodents)	How it is Transmitted Bite of infected mosquito (Insect/vectorborne)
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions Not applicable	
Incubation Period 4-10 days	Period of Communicability No person-to-person transmission
Comments <ul style="list-style-type: none"> Reportable Disease 	

Suspected/Known Disease or Microorganism Ebola Viral Disease (Viral Hemorrhagic Fever)	
Clinical Presentation Fever, myalgias, pharyngitis, nausea, vomiting and diarrhea. Hemorrhagic fever in late clinical presentation.	
Infectious Substances Blood, body fluids and respiratory secretions	How it is Transmitted Direct Contact, Indirect Contact, Droplet
Precautions Needed	
Acute Care	Airborne & Contact Precautions + Droplet
Long-Term Care	Airborne & Contact Precautions + Droplet
Home & Community	Airborne & Contact Precautions + Droplet
Duration of Precautions: Until symptoms resolved, two negative PCR tests at least 24 hours apart <i>and as directed by IPAC</i>	
Incubation Period 2-21 days	Period of Communicability Until all symptoms resolve and no virus circulating in the blood
Comments Precautions required are in addition to Routine Practices <ul style="list-style-type: none"> • Reportable Disease Physician report to the Medical Health Officer at suspect stage • Consult IPAC immediately if EVD suspected • For general information visit the BC MOH Ebola webpage • VCH Response Procedures for Viral Hemorrhagic Fever and Other Unusual Communicable Diseases 	

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

Suspected/Known Disease or Microorganism	
Echinococcosis/Hydatidosis (<i>Echinococcus granulosus</i>, <i>Echinococcus multilocularis</i>)	
Clinical Presentation	
Cyst present in various organs, typically asymptomatic except for noticeable mass. Rupture or leaking cysts can cause anaphylactic reactions or even death.	
Infectious Substances	How it is Transmitted
Worm eggs in feces from infected dogs. Contaminated food, soil, and water. Fur may be contaminated.	Fecal-oral, contact with infected animals
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community Care	Routine Practices
Duration of Precautions	
Not applicable	
Incubation Period	Period of Communicability
Months to years	No person to person transmission
Comments	
<ul style="list-style-type: none"> Acquired by ingestion of eggs passed in the feces of infected animals. 	

Suspected/Known Disease or Microorganism Encephalitis – (Herpes Simplex Virus [HSV types 1 and 2], Enterovirus, Arbovirus)				
Clinical Presentation Acute onset febrile illness with altered level of consciousness, +/- focal neurological deficits and seizures. Once organism identified refer to that specific page				
Infectious Substances Feces and respiratory secretions	How it is Transmitted Direct Contact, Indirect Contact, Droplet			
Precautions Needed <i>If a pathogen is identified, follow organism specific instructions in this manual.</i>				
Acute Care	<table border="1"> <tr> <td> Routine Practices Adult </td> <td> Contact Precautions Pediatric </td> <td> Droplet & Contact Precautions NICU </td> </tr> </table>	Routine Practices Adult	Contact Precautions Pediatric	Droplet & Contact Precautions NICU
Routine Practices Adult	Contact Precautions Pediatric	Droplet & Contact Precautions NICU		
Long-Term Care	<table border="1"> <tr> <td> Routine Practices </td> <td></td> <td></td> </tr> </table>	Routine Practices		
Routine Practices				
Home & Community	<table border="1"> <tr> <td> Routine Practices Adult </td> <td> Contact Precautions Pediatric </td> </tr> </table>	Routine Practices Adult	Contact Precautions Pediatric	
Routine Practices Adult	Contact Precautions Pediatric			
Duration of Precautions Until specific etiology established				
Incubation Period Not applicable	Period of Communicability Not applicable			
Comments Precautions required are in addition to Routine Practices <ul style="list-style-type: none"> • Reportable Disease • May be associated with measles, mumps, varicella, <i>Mycoplasma pneumoniae</i>, Epstein-Barr Virus (EBV). If so, take appropriate precautions for associated organism. 				

Suspected/Known Disease or Microorganism			
Endometritis (Puerperal Sepsis)			
Clinical Presentation Abdominal distension or swelling, abnormal vaginal bleeding or discharge, fever, lower abdominal pain			
Infectious Substances Not applicable	How it is Transmitted Not applicable		
Precautions Needed			
Acute Care	<table border="1"> <tr> <td>Routine Practices Adult</td> <td>Droplet & Contact Precautions for signs of toxic shock for the first 24 hours of antimicrobial therapy if invasive Group A <i>Streptococcus</i> suspected</td> </tr> </table>	Routine Practices Adult	Droplet & Contact Precautions for signs of toxic shock for the first 24 hours of antimicrobial therapy if invasive Group A <i>Streptococcus</i> suspected
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Home & Community	<table border="1"> <tr> <td>Routine Practices Adult</td> <td>Droplet & Contact Precautions for signs of toxic shock for the first 24 hours of antimicrobial therapy if invasive Group A <i>Streptococcus</i> suspected – transfer to acute care</td> </tr> </table>	Routine Practices Adult	Droplet & Contact Precautions for signs of toxic shock for the first 24 hours of antimicrobial therapy if invasive Group A <i>Streptococcus</i> suspected – transfer to acute care
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Duration of Precautions Not applicable			
Incubation Period Not applicable	Period of Communicability Not applicable		
Comments Precautions required are in addition to Routine Practices			

Suspected/Known Disease or Microorganism	
Enterobiasis (Pinworm) (Oxyuriasis, <i>Enterobius vermicularis</i>)	
Clinical Presentation Nocturnal perianal itching. Occasionally ulcer-like bowel lesions	
Infectious Substances Ova in perianal region, contaminated fomites	How it is Transmitted Fecal-oral, Direct Contact, Indirect Contact
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions Not applicable	
Incubation Period 1-2 months	Period of Communicability Until effective treatment
Comments	
<ul style="list-style-type: none"> • There can be a secondary bacterial infection due to the irritation and scratching of the anal area. • All household contacts and caretakers of the infected person should be treated at the same time. • Careful handling of contaminated linens and undergarments. 	

Suspected/Known Disease or Microorganism					
Enteroviral Infections non-polio – (Echovirus, Coxsackievirus)					
Clinical Presentation: Respiratory tract infection (fever, cold-like symptoms: cough, runny nose, sore throat), headache, upset stomach, diarrhea or skin infections that appear as a rash, blisters or mouth blisters. Acute febrile illness, aseptic meningitis, hand foot and mouth disease.					
Infectious Substances Respiratory secretions, fecal and infective secretions or blister fluid	How it is Transmitted Direct Contact, Indirect Contact, Droplet				
Precautions Needed					
Acute Care	<table border="1"> <tr> <td>Routine Practices Adult <i>*exceptions</i></td> <td>Contact Precautions • Pediatric <i>*Conjunctivitis</i></td> <td>Droplet & Contact Precautions • Pediatric respiratory Adult respiratory in high risk units*</td> <td>Airborne & Contact Precautions <i>*Respiratory ICU</i></td> </tr> </table>	Routine Practices Adult <i>*exceptions</i>	Contact Precautions • Pediatric <i>*Conjunctivitis</i>	Droplet & Contact Precautions • Pediatric respiratory Adult respiratory in high risk units*	Airborne & Contact Precautions <i>*Respiratory ICU</i>
Routine Practices Adult <i>*exceptions</i>	Contact Precautions • Pediatric <i>*Conjunctivitis</i>	Droplet & Contact Precautions • Pediatric respiratory Adult respiratory in high risk units*	Airborne & Contact Precautions <i>*Respiratory ICU</i>		
Long-Term Care	<table border="1"> <tr> <td>Routine Practices</td> <td>Contact Precautions <i>*Conjunctivitis</i></td> <td></td> <td></td> </tr> </table>	Routine Practices	Contact Precautions <i>*Conjunctivitis</i>		
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Home & Community	<table border="1"> <tr> <td>Routine Practices Adult</td> <td>Contact Precautions • Pediatric <i>*Conjunctivitis</i></td> <td>Droplet & Contact Precautions • Pediatric respiratory</td> <td></td> </tr> </table>	Routine Practices Adult	Contact Precautions • Pediatric <i>*Conjunctivitis</i>	Droplet & Contact Precautions • Pediatric respiratory	
Routine Practices Adult	Contact Precautions • Pediatric <i>*Conjunctivitis</i>	Droplet & Contact Precautions • Pediatric respiratory			
Duration of Precautions: Until symptoms resolve					
Incubation Period: 2-10 days	Period of Communicability: Until symptoms resolve				
Comments Precautions required are in addition to Routine Practices <ul style="list-style-type: none"> Minimize exposure of highrisk patients. VCH Bed Placement for Viral Respiratory Illness (VRI) Refer to IPAC AGMP Best Practice Guideline <i>* High risk units: Solid Organ Transplant (SOT), Bone Marrow Transplant (BMT), Intensive Care Unit (ICU), Burns, Trauma, High Acuity (BTHA) and Thoracic</i>					

Suspected/Known Disease or Microorganism			
Epiglottitis – (<i>Haemophilus influenzae</i> type B [HIB], Group A <i>Streptococcus</i>, <i>Staphylococcus aureus</i>, <i>Streptococcus pneumoniae</i>)			
Clinical Presentation			
Sore throat, muffling or change in voice, difficulty speaking or swallowing, fever			
Infectious Substances	How it is Transmitted		
Respiratory secretions	Direct Contact, Indirect Contact		
Precautions Needed			
Acute Care	<table border="1"> <tr> <td>Routine Practices</td> <td>Droplet Precautions Pediatric if <i>H. influenzae</i> type b is suspected</td> </tr> </table>	Routine Practices	Droplet Precautions Pediatric if <i>H. influenzae</i> type b is suspected
Routine Practices	Droplet Precautions Pediatric if <i>H. influenzae</i> type b is suspected		
Long-Term Care	<table border="1"> <tr> <td>Routine Practices</td> <td></td> </tr> </table>	Routine Practices	
Routine Practices			
Home & Community	<table border="1"> <tr> <td>Routine Practices</td> <td>Droplet Precautions Pediatric if <i>H. influenzae</i> type b is suspected</td> </tr> </table>	Routine Practices	Droplet Precautions Pediatric if <i>H. influenzae</i> type b is suspected
Routine Practices	Droplet Precautions Pediatric if <i>H. influenzae</i> type b is suspected		
Duration of Precautions			
24 hours of antimicrobial therapy or until <i>H. influenzae</i> type b is ruled out			
Incubation Period	Period of Communicability		
2-4 days for HIB 1-3 days for Strep A	Not applicable		
Comments			
Precautions required are in addition to Routine Practices			
<ul style="list-style-type: none"> Invasive <i>Haemophilus influenzae</i> type B is a Reportable Disease 			

Suspected/Known Disease or Microorganism Epstein-Barr Virus (Human Herpes Virus 4)	
Clinical Presentation Infectious Mononucleosis; fever, sore throat, lymphadenopathy, splenomegaly, rash	
Infectious Substances Direct oropharyngeal route via saliva; transplantation	How it is Transmitted Direct oropharyngeal route via saliva; transplantation
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions Not applicable	
Incubation Period 4-6 weeks	Period of Communicability Prolonged; pharyngeal excretion may be intermittent or persistent for years
Comments	

Suspected/Known Disease or Microorganism Erysipelas – (Group A Streptococcus)			
Clinical Presentation Purulent inflammation of cellular or subcutaneous tissue			
Infectious Substances Wound drainage	How it is Transmitted Direct Contact, Indirect Contact		
Precautions Needed			
Acute Care	Routine Practices Minor drainage contained by dressing	Contact Precautions Major drainage not contained by dressing	Droplet & Contact Precautions Pediatric
Long-Term Care	Routine Practices Minor drainage contained by dressing	Contact Precautions Major drainage not contained by dressing	
Home & Community	Routine Practices Minor drainage contained by dressing	Contact Precautions Major drainage not contained by dressing	Droplet & Contact Precautions Pediatric
Duration of Precautions Duration of drainage Pediatrics until 24 hours after appropriate antimicrobial therapy			
Incubation Period Not applicable	Period of Communicability Not applicable		
Comments Precautions required are in addition to Routine Practices			

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

Suspected/Known Disease or Microorganism ESBL (Extended Spectrum Beta Lactamase producers) <i>E. coli, Klebsiella sp., Others</i>							
Clinical Presentation Asymptomatic or various infections							
Infectious Substances Depends on location of colonized/infected body sites	How it is Transmitted Direct Contact, Indirect Contact						
Precautions Needed <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; text-align: center; vertical-align: middle;">Acute Care</td> <td style="text-align: center; vertical-align: middle;">Routine Practices</td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">Long-Term Care</td> <td style="text-align: center; vertical-align: middle;">Routine Practices</td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">Home & Community</td> <td style="text-align: center; vertical-align: middle;">Routine Practices</td> </tr> </table>		Acute Care	Routine Practices	Long-Term Care	Routine Practices	Home & Community	Routine Practices
Acute Care	Routine Practices						
Long-Term Care	Routine Practices						
Home & Community	Routine Practices						
Duration of Precautions Not applicable							
Incubation Period Variable	Period of Communicability Variable						
Comments							

Suspected/Known Disease or Microorganism <i>Escherichia coli</i> 0157: H7 – Enteropathogenic and Enterohemorrhagic strains										
Clinical Presentation Diarrhea, haemolytic-uremic syndrome (HUS), thrombotic thrombocytopenic purpura										
Infectious Substances Feces, contaminated foods	How it is Transmitted (fecal – oral) Foodborne, Direct Contact, Indirect Contact									
Precautions Needed <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; text-align: center; vertical-align: middle;">Acute Care</td> <td style="width: 30%; border: 2px solid black; padding: 5px;"> Routine Practices Adult </td> <td style="width: 50%; border: 2px solid yellow; padding: 5px;"> Contact Precautions Pediatric Adult if: <ul style="list-style-type: none"> Incontinent Stool not contained Poor hygiene Contaminating their environment </td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">Long-Term Care</td> <td style="border: 2px solid black; padding: 5px;"> Routine Practices </td> <td style="border: 2px solid yellow; padding: 5px;"> Contact Precautions For adults as described above </td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">Home & Community</td> <td style="border: 2px solid black; padding: 5px;"> Routine Practices Adult </td> <td style="border: 2px solid yellow; padding: 5px;"> Contact Precautions Pediatric </td> </tr> </table>		Acute Care	Routine Practices Adult	Contact Precautions Pediatric Adult if: <ul style="list-style-type: none"> Incontinent Stool not contained Poor hygiene Contaminating their environment 	Long-Term Care	Routine Practices	Contact Precautions For adults as described above	Home & Community	Routine Practices Adult	Contact Precautions Pediatric
Acute Care	Routine Practices Adult	Contact Precautions Pediatric Adult if: <ul style="list-style-type: none"> Incontinent Stool not contained Poor hygiene Contaminating their environment 								
Long-Term Care	Routine Practices	Contact Precautions For adults as described above								
Home & Community	Routine Practices Adult	Contact Precautions Pediatric								
Duration of Precautions Until symptoms have stopped for 48 hours OR for adults, until patient is continent and has good hygiene If HUS: Until two (2) successive negative stool samples for E. coli 0157: H7 or 10 days after onset of diarrhea and symptoms have resolved.										
Incubation Period 1 - 8 days	Period of Communicability Duration of shedding									
Comments Precautions required are in addition to Routine Practices <ul style="list-style-type: none"> Reportable Disease 										

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

F

Febrile Respiratory Illness, Acute Respiratory Tract Infection

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

Fifth Disease – Parvovirus B-19

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

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

<p>Suspected/Known Disease or Microorganism</p> <p>Febrile Respiratory Illness, Acute Respiratory Tract Infection</p> <p>Refer to VCH Respiratory and/or Febrile Illness Assessment Algorithm</p>								
<p>Clinical Presentation: Fever, cough, runny nose, sneezing</p>								
<p>Infectious Substances</p> <p>Respiratory Secretions</p>	<p>How it is Transmitted</p> <p>Direct Contact, Indirect Contact, Droplet</p>							
<p>Precautions Needed</p> <p><i>If a pathogen is identified, follow organism specific instructions in this manual.</i></p> <table border="1"> <tr> <td>Acute Care</td> <td> <p>Droplet & Contact Precautions</p> <p>Acute respiratory tract infection NYD</p> </td> <td rowspan="3"> <p>If AGMP indicated Refer to IPAC AGMP Best Practice Guideline</p> </td> </tr> <tr> <td>Long-Term Care</td> <td> <p>Droplet & Contact Precautions</p> <p>Acute respiratory tract infection NYD</p> </td> </tr> <tr> <td>Home & Community</td> <td> <p>Droplet & Contact Precautions</p> <p>Acute respiratory tract infection NYD</p> </td> </tr> </table>		Acute Care	<p>Droplet & Contact Precautions</p> <p>Acute respiratory tract infection NYD</p>	<p>If AGMP indicated Refer to IPAC AGMP Best Practice Guideline</p>	Long-Term Care	<p>Droplet & Contact Precautions</p> <p>Acute respiratory tract infection NYD</p>	Home & Community	<p>Droplet & Contact Precautions</p> <p>Acute respiratory tract infection NYD</p>
Acute Care	<p>Droplet & Contact Precautions</p> <p>Acute respiratory tract infection NYD</p>	<p>If AGMP indicated Refer to IPAC AGMP Best Practice Guideline</p>						
Long-Term Care	<p>Droplet & Contact Precautions</p> <p>Acute respiratory tract infection NYD</p>							
Home & Community	<p>Droplet & Contact Precautions</p> <p>Acute respiratory tract infection NYD</p>							
<p>Duration of Precautions</p> <p>If organism identified, refer to specific organism otherwise until acute symptoms resolved</p>								
<p>Incubation Period</p> <p>Variable</p>	<p>Period of Communicability</p> <p>Until symptoms resolve</p>							
<p>Comments</p> <p>Precautions required are in addition to Routine Practices</p> <ul style="list-style-type: none"> Minimize exposure of immunocompromised patients, children with chronic cardiac or lung disease, nephritic syndrome, neonates. These patients should not be cohorted Refer to VCH Bed Placement for Viral Respiratory Illness (VRI) Refer to Viral Respiratory Illness (VRI) Outbreak resources 								

Suspected/Known Disease or Microorganism			
Fever of unknown origin, Fever without focus (acute) – (Various Organisms)			
Clinical Presentation: Fever			
Infectious Substances Feces and respiratory secretions	How it is Transmitted Direct Contact, Indirect Contact		
Precautions Needed <i>If a pathogen is identified, follow organism specific instructions in this manual.</i>			
Acute Care	<table border="1"> <tr> <td>Routine Practices Adult</td> <td>Contact Precautions Pediatric</td> </tr> </table>	Routine Practices Adult	Contact Precautions Pediatric
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Long-Term Care	<table border="1"> <tr> <td>Routine Practices</td> <td></td> </tr> </table>	Routine Practices	
Routine Practices			
Home & Community	<table border="1"> <tr> <td>Routine Practices Adult</td> <td>Contact Precautions Pediatric</td> </tr> </table>	Routine Practices Adult	Contact Precautions Pediatric
Routine Practices Adult	Contact Precautions Pediatric		
Duration of Precautions Variable			
Incubation Period Variable	Period of Communicability Variable		
<p>CommentsPrecautions required are in addition to Routine Practices</p> <ul style="list-style-type: none"> If findings suggest a specific transmissible infection, take precautions for that infection, or symptoms such as influenza like illness, pending diagnosis. Refer to VCH Respiratory and/or Febrile Illness Assessment Algorithm 			

Suspected/Known Disease or Microorganism					
Fifth Disease – Parvovirus B-19					
Clinical Presentation Erythema Infectiosum (slapped-cheek rash), aplastic crisis					
Infectious Substances Respiratory secretions	How it is Transmitted Droplet, Direct Contact, Vertical mother to fetus				
Precautions Needed					
Acute Care	<table border="1"> <tr> <td>Routine Practices</td> <td>Droplet Precautions</td> </tr> <tr> <td></td> <td> <ul style="list-style-type: none"> Aplastic crisis Chronic infection in immunocompromised patient Papular-purpuric gloves-socks syndrome </td> </tr> </table>	Routine Practices	Droplet Precautions		<ul style="list-style-type: none"> Aplastic crisis Chronic infection in immunocompromised patient Papular-purpuric gloves-socks syndrome
Routine Practices	Droplet Precautions				
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Routine Practices	Droplet Precautions				
	As above				
Home & Community	<table border="1"> <tr> <td>Routine Practices</td> <td>Droplet Precautions</td> </tr> <tr> <td></td> <td>As above</td> </tr> </table>	Routine Practices	Droplet Precautions		As above
Routine Practices	Droplet Precautions				
	As above				
Duration of Precautions For patients with transient aplastic or erythrocyte crisis maintain precautions for 7 days. For immunocompromised patients with chronic infection, or those with papular purpuric gloves and socks syndrome (PPGS), maintain precautions for duration of hospitalization.					
Incubation Period 4-21 days	Period of Communicability Immunocompetent patients are no longer infectious by the time the rash appears				
Comments Precautions required are in addition to Routine Practices					

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

Suspected/Known Disease or Microorganism							
Food Poisoning – (<i>Bacillus cereus</i>, <i>Clostridium perfringens</i>, <i>Staphylococcus aureus</i>, <i>Salmonella</i> sp., <i>Vibrio paraheamolyticus</i>, <i>Escherichia coli</i> 0157: H7, <i>Listeria monocytogenes</i>, <i>Toxoplasma gondii</i>)							
Clinical Presentation: Nausea, vomiting, diarrhea, abdominal cramps/pain							
Infectious Substances Feces	How it is Transmitted (fecal-oral) Foodborne, Direct Contact, Indirect Contact						
Precautions Needed <i>If a pathogen is identified, follow organism specific instructions in this manual.</i>							
Acute Care	<table border="1"> <tr> <td>Routine Practices Adult</td> <td>Contact Precautions Pediatric Adult if: <ul style="list-style-type: none"> • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment </td> </tr> <tr> <td>Long-Term Care</td> <td>Contact Precautions For adults as described above</td> </tr> <tr> <td>Home & Community</td> <td>Contact Precautions Pediatric</td> </tr> </table>	Routine Practices Adult	Contact Precautions Pediatric Adult if: <ul style="list-style-type: none"> • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment 	Long-Term Care	Contact Precautions For adults as described above	Home & Community	Contact Precautions Pediatric
Routine Practices Adult	Contact Precautions Pediatric Adult if: <ul style="list-style-type: none"> • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment 						
Long-Term Care	Contact Precautions For adults as described above						
Home & Community	Contact Precautions Pediatric						
Duration of Precautions Until symptoms have stopped for 48 hours OR (for adults) until patient is continent and has good hygiene							
Incubation Period Not applicable	Period of Communicability Not applicable						
Comments Precautions required are in addition to Routine Practices							

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

G

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

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

Suspected/Known Disease or Microorganism			
Gas Gangrene (Exo-toxin producing <i>Clostridium</i> sp.)			
Clinical Presentation Crepitus, abscesses, myonecrosis			
Infectious Substances Normal gut flora, soil	How it is Transmitted No person to person transmission		
Precautions Needed			
Acute Care	<table border="0"> <tr> <td style="border: 2px solid black; padding: 5px;">Routine Practices Minor drainage contained by dressing</td> <td style="border: 2px solid yellow; padding: 5px;">Contact Precautions Major drainage not contained by dressing</td> </tr> </table>	Routine Practices Minor drainage contained by dressing	Contact Precautions Major drainage not contained by dressing
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Routine Practices Minor drainage contained by dressing	Contact Precautions Major drainage not contained by dressing		
Duration of Precautions If on Contact Precautions , discontinue isolation when drainage is contained by dressings			
Incubation Period Variable	Period of Communicability No person to person transmission		
Comments Precautions required are in addition to Routine Practices			
<ul style="list-style-type: none"> Infection related to devitalized tissue 			

Suspected/Known Disease or Microorganism			
GAS – Group A Streptococcus (<i>Streptococcus pyogenes</i>) – Skin Infection			
Clinical Presentation Wound or burn infection, skin infection, impetigo, cellulitis.			
Infectious Substances Infected body fluids	Infectious Substances Direct Contact, Indirect Contact		
Precautions Needed			
Acute Care	<table border="1"> <tr> <td>Routine Practices Minor drainage contained by dressing</td> <td>Contact Precautions <ul style="list-style-type: none"> Major drainage not contained by dressing Pediatrics </td> </tr> </table>	Routine Practices Minor drainage contained by dressing	Contact Precautions <ul style="list-style-type: none"> Major drainage not contained by dressing Pediatrics
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Routine Practices Minor drainage contained by dressing	Contact Precautions <ul style="list-style-type: none"> Major drainage not contained by dressing Pediatrics 		
Duration of Precautions Until 24 hours after effective antimicrobial therapy or until drainage contained			
Incubation Period 1 – 3 days	Period of communicability Until 24 hours of effective antimicrobial therapy completed		
Comments Precautions required are in addition to Routine Practices			

Suspected/Known Disease or Microorganism	
GAS – Group A Streptococcus (<i>Streptococcus pyogenes</i>) – Invasive	
Clinical Presentation Pneumonia, epiglottitis; meningitis; bacteremia, septic arthritis, necrotizing fasciitis, myonecrosis/myositis, toxic shock	
Infectious Substances Respiratory secretions and wound drainage	How it is Transmitted Direct Contact, Indirect Contact, Droplet
Precautions Needed	
Acute Care	Droplet & Contact Precautions
Long-Term Care	Droplet & Contact Precautions
Home & Community	Droplet & Contact Precautions
Duration of Precautions Until 24 hours of effective antimicrobial therapy completed	
Incubation Period Typically 1-3 days	Period of Communicability 10-21 days in untreated, uncomplicated cases
Comments Precautions required are in addition to Routine Practices	
<ul style="list-style-type: none"> Exposed contacts of invasive disease may require prophylaxis. Reportable Disease 	

Suspected/Known Disease or Microorganism GAS – Group A Streptococcus (<i>Streptococcus pyogenes</i>) – Scarlet Fever, pharyngitis			
Clinical Presentation Scarlet Fever, pharyngitis, strep throat			
Infectious Substances Respiratory secretions	Infectious Substances Large droplets		
Precautions Needed			
Acute Care	<table border="1"> <tr> <td>Routine Practices Adult</td> <td>Droplet & Contact Precautions Pediatric</td> </tr> </table>	Routine Practices Adult	Droplet & Contact Precautions Pediatric
Routine Practices Adult	Droplet & Contact Precautions Pediatric		
Long-Term Care	<table border="1"> <tr> <td>Routine Practices</td> <td></td> </tr> </table>	Routine Practices	
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Home & Community	<table border="1"> <tr> <td>Routine Practices Adult</td> <td>Droplet & Contact Precautions Pediatric</td> </tr> </table>	Routine Practices Adult	Droplet & Contact Precautions Pediatric
Routine Practices Adult	Droplet & Contact Precautions Pediatric		
Duration of Precautions Until 24 hours of effective antimicrobial therapy completed			
Incubation Period 2-5 days	Incubation Period While organism in respiratory secretions, 10-21 days if not treated		
Comments Precautions required are in addition to Routine Practices			

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

Suspected/Known Disease or Microorganism	
Gastroenteritis – (Various Organisms)	
Clinical Presentation Diarrhea and/or vomiting	
Infectious Substances Feces, emesis	How it is Transmitted (fecal-oral) Direct Contact, Indirect Contact
Precautions Needed <i>If a pathogen is identified, follow organism specific instructions in this manual.</i>	
Acute Care	<div style="border: 2px solid brown; padding: 5px;"> <p>Contact Plus Precautions Add Droplet if vomiting Gastroenteritis NYD</p> </div>
Long-Term Care	<div style="border: 2px solid brown; padding: 5px;"> <p>Contact Plus Precautions Add Droplet if vomiting Gastroenteritis NYD</p> </div>
Home & Community	<div style="display: flex; justify-content: space-between;"> <div style="border: 2px solid yellow; padding: 5px;"> <p>Contact Precautions Gastroenteritis NYD</p> </div> <div style="border: 2px solid orange; padding: 5px;"> <p>Droplet & Contact Precautions If vomiting</p> </div> </div>
Duration of Precautions Refer to specific organism. If no organism identified, until symptoms resolved for 48 hours or until infectious cause is ruled out.	
Incubation Period Variable	Period of Communicability Until symptoms resolve and stools are normal
Comments Precautions required are in addition to Routine Practices	
<ul style="list-style-type: none"> Refer to GI Assessment Algorithm Refer to GI Patient Placement Algorithm Refer to GI Outbreak Resources 	

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

Suspected/Known Disease or Microorganism	
German Measles (Rubella virus) – Acquired	
Clinical Presentation: Fever and maculopapular rash	
Infectious Substances Respiratory secretions	How it is Transmitted Direct Contact, Droplet
Precautions Needed	
Acute Care	<div style="border: 2px solid blue; padding: 5px; display: inline-block;">Droplet Precautions</div> <div style="border: 2px solid orange; padding: 5px; display: inline-block; margin-left: 20px;"> Droplet & Contact Precautions Congenital Rubella </div>
Long-Term Care	<div style="border: 2px solid blue; padding: 5px; display: inline-block;">Droplet Precautions</div>
Home & Community	<div style="border: 2px solid blue; padding: 5px; display: inline-block;">Droplet Precautions</div>
Duration of Precautions	
Until 7 days after onset of rash, consult IPAC before discontinuing precautions. Congenital: continue precautions for 1 year unless 2 negative urine and nasopharyngeal results after 3 months of age	
Incubation Period 14-21 days	Period of Communicability <ul style="list-style-type: none"> • One week before rash onset to 7 days after • Can be contagious up to 14 days after rash appears • Congenitally infected infants may shed virus for up to 3 years
Comments	
Precautions required are in addition to Routine Practices <ul style="list-style-type: none"> • Defer non-urgent admission if rubella is present. May admit after rash has resolved • If possible, only immune HCWs, caretakers and visitors should enter the room • Reportable Disease • Droplet Precautions should be maintained for exposed susceptible contacts for 7 days after first contact through to 21 days after last contact • Administer vaccine to exposed susceptible non-pregnant persons within 3 days of exposure 	

Suspected/Known Disease or Microorganism German Measles (Rubella virus) – Exposed Susceptible Contact	
Clinical Presentation: Asymptomatic	
Infectious Substances Respiratory Secretions	How it is Transmitted Direct Contact, Droplet
Precautions Needed	
Acute Care	Droplet Precautions
Long-Term Care	Droplet Precautions
Home & Community	Droplet Precautions
Duration of Precautions Droplet Precautions should be maintained for exposed susceptible patients for 7 days after first contact through to 21 days after last contact	
Incubation Period 14-21 days	Period of Communicability One week before rash onset to 7 days after. Can be contagious up to 14 days after rash appears
Comments Precautions required are in addition to Routine Practices <ul style="list-style-type: none"> • Defer non-urgent admission if rubella is present. May admit after rash has resolved • Administer vaccine to exposed susceptible non-pregnant persons within 3 days of exposure 	

Suspected/Known Disease or Microorganism			
Giardiasis (<i>Giardia lamblia</i>)			
Clinical Presentation Diarrhea, abdominal cramps, bloating, flatulence, dehydration			
Infectious Substances Feces	How it is Transmitted (fecal-oral) Direct Contact, Indirect Contact		
Precautions Needed			
Acute Care	<table border="1"> <tr> <td>Routine Practices Adult</td> <td>Contact Precautions Pediatric Adult if: <ul style="list-style-type: none"> • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment </td> </tr> </table>	Routine Practices Adult	Contact Precautions Pediatric Adult if: <ul style="list-style-type: none"> • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
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Long-Term Care	<table border="1"> <tr> <td>Routine Practices</td> <td>Contact Precautions For adults as described above</td> </tr> </table>	Routine Practices	Contact Precautions For adults as described above
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Home & Community	<table border="1"> <tr> <td>Routine Practices Adult</td> <td>Contact Precautions Pediatric</td> </tr> </table>	Routine Practices Adult	Contact Precautions Pediatric
Routine Practices Adult	Contact Precautions Pediatric		
Duration of Precautions Until symptoms have stopped for 48 hours OR for adults, until patient is continent and has good hygiene			
Incubation Period 3-25 days	Period of Communicability 2-6 weeks, may continue for months		
Comments Precautions required are in addition to Routine Practices			
<ul style="list-style-type: none"> • Reportable Disease 			

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

Suspected/Known Disease or Microorganism Gingivostomatitis (primary HSV infection)	
Clinical Presentation Inflammation of the oral mucosa and gingiva. Primary Herpes Simplex infection	
Infectious Substances Lesions	How it is Transmitted Direct contact
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions Not applicable	
Incubation Period	Period of Communicability
Comments <ul style="list-style-type: none"> Use Contact Precautions if extensive disease 	

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

Suspected/Known Disease or Microorganism Gonococcus (<i>Neisseria gonorrhoeae</i>)	
Clinical Presentation Ophthalmia, neonatorum, gonorrhoea, arthritis, pelvic inflammatory disease	
Infectious Substances Infected mucous membranes, urogenital discharge	How it is Transmitted Vertical (mother to child), Sexual Contact, Rarely Direct/Indirect Contact
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions Not applicable	
Incubation Period 2-7 days	Period of Communicability May extend for months in untreated individuals
Comments • Reportable Disease	

Suspected/Known Disease or Microorganism Granuloma inguinale (Donovanosis, <i>Klebsiella granulomatis</i>)	
Clinical Presentation Painless genital ulcers, inguinal ulcers, nodules	
Infectious Substances Lesions	How it is Transmitted Sexual Contact
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions Not applicable	
Incubation Period Unknown, likely 1 – 16 weeks	Period of Communicability Unknown, likely for the duration of open lesions on the skin or mucous membranes
Comments Reportable Disease	

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

Suspected/Known Disease or Microorganism Guillain-Barre Syndrome	
Clinical Presentation Acute infective polyneuritis with motor weakness and abolition of tendon reflexes	
Infectious Substances Not applicable	How it is Transmitted Not applicable
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions Not applicable	
Incubation Period Not applicable	Period of Communicability Not applicable
Comments	
<ul style="list-style-type: none"> • May follow within weeks of a respiratory or gastrointestinal infection, e.g. <i>Mycoplasma pneumoniae</i>, <i>Campylobacter jejuni</i> • Associated with many infections, if a specific pathogen is identified, follow organism specific instructions in this manual 	

H

***Haemophilus influenzae* type B (HiB) – Invasive disease**

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

Hantavirus

Helicobacter pylori

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

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

Hepatitis – A, E

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

Herpangina (vesicular pharyngitis) – (Enteroviruses)

Herpes Simplex Virus (HSV 1 and HSV 2)

Herpes Zoster: Shingles (Varicella Zoster Virus) – Disseminated

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

Herpes Zoster: Shingles (Varicella Zoster Virus) – Localized

Histoplasmosis (*Histoplasma capsulatum*)

Hook Worm (*Necator americanus, Ancylostoma duodenale*)

Human Immunodeficiency Virus (HIV)

Human Metapneumovirus

Suspected/Known Disease or Microorganism <i>Haemophilus influenzae</i> type B (HiB) – Invasive disease			
Clinical Presentation Pneumonia, epiglottitis, meningitis, bacteremia, septic arthritis, cellulitis			
Infectious Substances Respiratory secretions	How it is Transmitted Direct Contact, Droplet		
Precautions Needed			
Acute Care	<table border="1"> <tr> <td style="border: 2px solid black; padding: 5px;"> Routine Practices </td> <td style="border: 2px solid blue; padding: 5px;"> Droplet Precautions Pediatric </td> </tr> </table>	Routine Practices	Droplet Precautions Pediatric
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Routine Practices	Droplet Precautions Pediatric		
Duration of Precautions Until 24 hours of effective antimicrobial therapy completed			
Incubation Period Exact incubation period is unknown Likely approximately 2-4 days	Period of Communicability Infectious in the week prior to onset of illness and during the illness until treated. HI is non-communicable within 24 to 48 hours of starting effective antibiotics		
Comments Precautions required are in addition to Routine Practices <ul style="list-style-type: none"> • Close contact <48 months old, who are not immune may require chemoprophylaxis • For guidelines on treatment and chemoprophylaxis for invasive HIB disease, see the American Academy of Pediatrics Red Book • Household contacts of infected children should also receive prophylaxis. Mask visitors who will have extensive contact with non-immune infants. • Immunization information • Reportable Disease 			

Suspected/Known Disease or Microorganism			
Hand, Foot and Mouth Disease – (Enterovirus, Coxsackie A & B viruses)			
Clinical Presentation Fever, mouth sores, skin rash			
Infectious Substances Feces and respiratory secretions, blister fluid	How it is Transmitted Fecal-oral, Direct Contact, Indirect Contact, Droplet		
Precautions Needed			
Acute Care	<table border="1"> <tr> <td>Routine Practices Adult</td> <td>Contact Precautions Pediatric</td> </tr> </table>	Routine Practices Adult	Contact Precautions Pediatric
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Routine Practices Adult	Contact Precautions Pediatric		
Duration of Precautions Until symptoms are resolved for 48 hours			
Incubation Period 4-6 days	Period of Communicability Most contagious during first week of illness. Virus can remain in the body weeks after symptoms have resolved		
Comment Precautions required are in addition to Routine Practices			

Suspected/Known Disease or Microorganism	
Hantavirus	
Clinical Presentation Fever, fatigue, muscle aches, pneumonia	
Infectious Substances Acquired from inhalation of rodent droppings, urine, and saliva	How it is Transmitted With the exception of the Andes hantavirus, the virus does not spread through person-to-person contact
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions Not applicable	
Incubation Period A few days to 6 weeks	Period of Communicability Person to person transmission is very rare
Comments • Reportable Disease	

Suspected/Known Disease or Microorganism <i>Helicobacter pylori</i>	
Clinical Presentation Gastritis, duodenal and gastric ulcers	
Infectious Substances Stool and gastric biopsies	How it is Transmitted Direct Contact (possibly oral-fecal or fecal-oral) Transmission may also occur through foodborne, airborne, or waterborne pathways, as the water sewage system has been found to be an agent of dissemination
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions Not applicable	
Incubation Period 5-10 days	Period of Communicability Not applicable
Comments <ul style="list-style-type: none"> Humans are likely the major reservoir 	

Suspected/Known Disease or Microorganism Hemolytic Uremic Syndrome (HUS) – May be associated with <i>Escherichia coli</i> O157: H7										
Clinical Presentation Symptoms of HUS vary. Patients may present with seizures, stroke, kidney issues, blood transfusion requirements										
Infectious Substances Feces and respiratory secretions	How it is Transmitted Fecal-oral, Direct Contact, Indirect Contact									
Precautions Needed <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; text-align: center; vertical-align: middle;">Acute Care</td> <td style="width: 30%; border: 2px solid black; padding: 5px;"> Routine Practices Adult </td> <td style="width: 50%; border: 2px solid yellow; padding: 5px;"> Contact Precautions Pediatric Adult if: <ul style="list-style-type: none"> Incontinent Stool not contained Poor hygiene Contaminating their environment </td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">Long-Term Care</td> <td style="border: 2px solid black; padding: 5px;"> Routine Practices </td> <td style="border: 2px solid yellow; padding: 5px;"> Contact Precautions For adults as described above </td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">Home & Community</td> <td style="border: 2px solid black; padding: 5px;"> Routine Practices Adult </td> <td style="border: 2px solid yellow; padding: 5px;"> Contact Precautions Pediatric </td> </tr> </table>		Acute Care	Routine Practices Adult	Contact Precautions Pediatric Adult if: <ul style="list-style-type: none"> Incontinent Stool not contained Poor hygiene Contaminating their environment 	Long-Term Care	Routine Practices	Contact Precautions For adults as described above	Home & Community	Routine Practices Adult	Contact Precautions Pediatric
Acute Care	Routine Practices Adult	Contact Precautions Pediatric Adult if: <ul style="list-style-type: none"> Incontinent Stool not contained Poor hygiene Contaminating their environment 								
Long-Term Care	Routine Practices	Contact Precautions For adults as described above								
Home & Community	Routine Practices Adult	Contact Precautions Pediatric								
Duration of Precautions Until symptoms have stopped for 48 hours OR for adults, until patient is continent and has good hygiene										
Incubation Period Most <i>E. coli</i> strains, 10 hours to 6 days <i>E. coli</i> O157:H7, 1-10 days	Period of Communicability Until 2 stools are negative for <i>E. coli</i> O157:H7 or 10 days after onset of diarrhea									
Comments Precautions required are in addition to Routine Practices <ul style="list-style-type: none"> Reportable Disease 										

<p>Suspected/Known Disease or Microorganism</p> <p>Hemorrhagic fever acquired in identified endemic geographic location – (Ebola virus, Lassa virus, Marburg virus, others)</p>										
<p>Clinical Presentation</p> <p>Variable. Often fever, fatigue, dizziness, muscle aches, exhaustion. Signs of bleeding under the skin, internal organs, or other body orifices</p>										
<p>Infectious Substances</p> <p>Blood and bloody body fluids and respiratory secretions</p>	<p>How it is Transmitted</p> <p>Direct Contact, Indirect Contact, Droplet</p>									
<p>Precautions Needed*</p> <table border="1"> <tr> <td>Acute Care</td> <td>Droplet & Contact Precautions</td> <td>If AGMP indicated Refer to IPAC AGMP Best Practice Guideline</td> </tr> <tr> <td>Long-Term Care</td> <td>Droplet & Contact Precautions</td> <td>If AGMP indicated Refer to IPAC AGMP Best Practice Guideline</td> </tr> <tr> <td>Home & Community</td> <td>Droplet & Contact Precautions</td> <td>If AGMP indicated Refer to IPAC AGMP Best Practice Guideline</td> </tr> </table>		Acute Care	Droplet & Contact Precautions	If AGMP indicated Refer to IPAC AGMP Best Practice Guideline	Long-Term Care	Droplet & Contact Precautions	If AGMP indicated Refer to IPAC AGMP Best Practice Guideline	Home & Community	Droplet & Contact Precautions	If AGMP indicated Refer to IPAC AGMP Best Practice Guideline
Acute Care	Droplet & Contact Precautions	If AGMP indicated Refer to IPAC AGMP Best Practice Guideline								
Long-Term Care	Droplet & Contact Precautions	If AGMP indicated Refer to IPAC AGMP Best Practice Guideline								
Home & Community	Droplet & Contact Precautions	If AGMP indicated Refer to IPAC AGMP Best Practice Guideline								
<p>Duration of Precautions</p> <p>Until symptoms resolve <i>and</i> directed by Infection Prevention and Control</p>										
<p>Incubation Period</p> <p>Variable</p>	<p>Period of Communicability</p> <p>Variable</p>									
<p>Comments</p> <p>Precautions required are in addition to Routine Practices</p> <ul style="list-style-type: none"> • Reportable Disease Physician report to the Medical Health Officer at suspect stage • Consult IPAC immediately if EVD suspected • For general information visit the BC MOH Ebola webpage • VCH Response Procedures for Viral Hemorrhagic Fever and Other Unusual Communicable Diseases 										

Suspected/Known Disease or Microorganism			
Hepatitis – A, E			
Clinical Presentation: Hepatitis, anicteric acute febrile illness			
Infectious Substances Feces and fecal-contaminated food or water	How it is Transmitted (fecal-oral) Direct Contact, Indirect Contact		
Precautions Needed			
Acute Care	<table border="1"> <tr> <td>Routine Practices Adult</td> <td>Contact Precautions Pediatric Adult if: <ul style="list-style-type: none"> • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment </td> </tr> </table>	Routine Practices Adult	Contact Precautions Pediatric Adult if: <ul style="list-style-type: none"> • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
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Long-Term Care	<table border="1"> <tr> <td>Routine Practices</td> <td>Contact Precautions For adults as described above</td> </tr> </table>	Routine Practices	Contact Precautions For adults as described above
Routine Practices	Contact Precautions For adults as described above		
Home & Community	<table border="1"> <tr> <td>Routine Practices Adult</td> <td>Contact Precautions Pediatric</td> </tr> </table>	Routine Practices Adult	Contact Precautions Pediatric
Routine Practices Adult	Contact Precautions Pediatric		
Duration of Precautions One week after symptom onset or duration of symptoms whichever is longer , OR (for adults) until continent with good hygiene			
Incubation Period Hepatitis A: 15 – 50 days Hepatitis E: 16-60 days	Period of Communicability Hepatitis A: Two (2) weeks before to one (1) week after onset of symptoms; shedding is prolonged in the newborn (up to 6 months) Hepatitis E: fecal shedding continues at least two (2) weeks Virus excretion in stool has been demonstrated from 1 week prior to onset up to 30 days after the onset of jaundice		
Comments Precautions required are in addition to Routine Practices <ul style="list-style-type: none"> • Reportable Disease Post-exposure prophylaxis indicated for non-immune contacts with significant exposure to Hepatitis A • Hepatitis A Immunization information 			

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

Suspected/Known Disease or Microorganism	
Hepatitis – B, C, D, and other unspecified non-A, non-B	
Clinical Presentation: Often asymptomatic; hepatitis, cirrhosis, hepatic cancer	
Infectious Substances Blood and certain body fluids, including saliva, semen, SCF, vaginal, synovial, pleural, peritoneal, pericardial, amniotic fluids	How it is Transmitted Mucosal or percutaneous exposure to infective body fluids includes mother to newborn
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices Note patients in hemodialysis may require special precautions
Duration of Precautions Not applicable	
Incubation Period Hepatitis B: 2 – 3 months Hepatitis C: 2 weeks – 6 months Hepatitis D: 2 – 8 weeks	Period of Communicability From onset of infection. All people who are Hep B surface-antigen positive are infectious. Hep D indefinite. Hep C indefinite unless treated and showing sustained virologic response after 6 months.
Comments	
<ul style="list-style-type: none"> • VCH BBF Exposure Protocol • Canadian Immunization Guide • Reportable Disease 	

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

Suspected/Known Disease or Microorganism				
Herpangina (vesicular pharyngitis) – (Enteroviruses)				
Clinical Presentation Fever, headache, loss of appetite, sore throat, ulcers in mouth and throat				
Infectious Substances Feces and respiratory secretions	How it is Transmitted Direct Contact, Indirect Contact, Droplet			
Precautions Needed				
Acute Care	<table border="1"> <tr> <td>Routine Practices Adult</td> <td>Contact Precautions Pediatric</td> <td>Droplet & Contact Precautions Neonatal ICU</td> </tr> </table>	Routine Practices Adult	Contact Precautions Pediatric	Droplet & Contact Precautions Neonatal ICU
Routine Practices Adult	Contact Precautions Pediatric	Droplet & Contact Precautions Neonatal ICU		
Long-Term Care	Routine Practices			
Home & Community	<table border="1"> <tr> <td>Routine Practices Adult</td> <td>Contact Precautions Pediatric</td> </tr> </table>	Routine Practices Adult	Contact Precautions Pediatric	
Routine Practices Adult	Contact Precautions Pediatric			
Duration of Precautions Until symptoms resolved				
Incubation Period 3-6 days for non-poliovirus	Period of Communicability Duration of Illness			
Comments Precautions required are in addition to Routine Practices				

<p>Suspected/Known Disease or Microorganism</p> <p>Herpes Simplex Virus (HSV 1 and HSV 2)</p>										
<p>Clinical Presentation: Skin or mucosal lesions, CNS infection.</p>										
<p>Infectious Substances Skin or mucosal lesions, oral secretions, genital secretions</p>	<p>How it is Transmitted Direct Contact, Sexual Contact, Vertical (mother to child)</p>									
<p>Precautions Needed</p> <table border="0"> <tr> <td style="vertical-align: top;"> <p>Acute Care</p> </td> <td style="border: 2px solid black; padding: 5px;"> <p>Routine Practices</p> <ul style="list-style-type: none"> • Recurrent, localized • Adult encephalitis </td> <td style="border: 2px solid yellow; padding: 5px;"> <p>Contact Precautions</p> <ul style="list-style-type: none"> • Extensive, disseminated • Severe mucocutaneous disease • Labouring & post-partum women with HSV lesions • Infected or exposed neonates* • Pediatric encephalitis </td> </tr> <tr> <td style="vertical-align: top;"> <p>Long-Term Care</p> </td> <td style="border: 2px solid black; padding: 5px;"> <p>Routine Practices Recurrent, localized</p> </td> <td style="border: 2px solid yellow; padding: 5px;"> <p>Contact Precautions</p> <ul style="list-style-type: none"> • Extensive, disseminated • Severe mucocutaneous disease </td> </tr> <tr> <td style="vertical-align: top;"> <p>Home & Community</p> </td> <td style="border: 2px solid black; padding: 5px;"> <p>Routine Practices Recurrent, localized</p> </td> <td style="border: 2px solid yellow; padding: 5px;"> <p>Contact Precautions</p> <ul style="list-style-type: none"> • Extensive, disseminated • Severe mucocutaneous disease </td> </tr> </table>		<p>Acute Care</p>	<p>Routine Practices</p> <ul style="list-style-type: none"> • Recurrent, localized • Adult encephalitis 	<p>Contact Precautions</p> <ul style="list-style-type: none"> • Extensive, disseminated • Severe mucocutaneous disease • Labouring & post-partum women with HSV lesions • Infected or exposed neonates* • Pediatric encephalitis 	<p>Long-Term Care</p>	<p>Routine Practices Recurrent, localized</p>	<p>Contact Precautions</p> <ul style="list-style-type: none"> • Extensive, disseminated • Severe mucocutaneous disease 	<p>Home & Community</p>	<p>Routine Practices Recurrent, localized</p>	<p>Contact Precautions</p> <ul style="list-style-type: none"> • Extensive, disseminated • Severe mucocutaneous disease
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<p>Duration of Precautions</p> <ul style="list-style-type: none"> • Until lesions are dried and crusted • Exposed neonates: birth to 6 weeks of age or until HSV infection has been ruled out. Exposure includes infants delivered vaginally (or by C-section if membranes have been ruptured more than 4 hours) to women with active genital HSV infections 										
<p>Incubation Period 2 days to 2 weeks, neonates: birth to 6 weeks</p>	<p>Period of Communicability While lesions present</p>									
<p>Comments Precautions required are in addition to Routine Practices</p> <ul style="list-style-type: none"> • A patient with herpetic lesions should not be roomed with newborns, children with eczema, burn patients or immunocompromised patients. • Herpes genitalis and congenital HSV infection are reportable diseases 										

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

Suspected/Known Disease or Microorganism Herpes Zoster: Shingles (Varicella Zoster Virus) – Disseminated							
Clinical Presentation Vesicular lesions that involve multiple areas (>2 dermatomes, 2 or more non-adjacent or bilateral dermatomes) with possible visceral complications, refer to Dermatome Chart VCH Rash Assessment Algorithm							
Infectious Substances Vesicular fluid, respiratory secretions	How it is Transmitted Direct Contact, Indirect Contact, Airborne						
Precautions Needed <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; text-align: center;">Acute Care</td> <td style="text-align: center; border: 2px solid red;">Airborne & Contact Precautions</td> </tr> <tr> <td style="text-align: center;">Long-Term Care</td> <td style="text-align: center; border: 2px solid red;">Airborne & Contact Precautions</td> </tr> <tr> <td style="text-align: center;">Home & Community</td> <td style="text-align: center; border: 2px solid red;">Airborne & Contact Precautions</td> </tr> </table>		Acute Care	Airborne & Contact Precautions	Long-Term Care	Airborne & Contact Precautions	Home & Community	Airborne & Contact Precautions
Acute Care	Airborne & Contact Precautions						
Long-Term Care	Airborne & Contact Precautions						
Home & Community	Airborne & Contact Precautions						
Duration of Precautions Until all lesions have crusted and dried							
Incubation Period Not applicable	Period of Communicability Until all lesions have crusted and dried						
Comments Precautions required are in addition to Routine Practices <ul style="list-style-type: none"> • Defer non-urgent admissions if chicken pox or disseminated zoster is present • Confirmed or suspect VZV expression in the absence of lesions (e.g., Ramsay-hunt, meningitis) refer to VZV- no visible lesions • Individuals with known immunity (history of past illness or vaccination with 2 appropriately timed doses of varicella vaccine) are not required to wear the N95 respirator when entering the room • Susceptible HCWs should not enter the room if immune staff are available. If they must enter the room, an N95 respirator must be worn. Other non-immune persons should not enter except in urgent or compassionate circumstances. If immunity is unknown, assume person is non-immune • On discharge or transfer, keep room on Airborne Precautions per Air Clearance/Settle time. • If other patients exposed, notify IPAC and refer to exposure follow-up instruction in this manual • Shingles immunization information 							

<p>Suspected/Known Disease or Microorganism</p> <p>Herpes Zoster: Shingles (Varicella Zoster Virus) – Exposed** Susceptible Contact</p> <p>**Exposure to disseminated or uncovered shingles, <u>notify IPAC</u></p>										
<p>Clinical Presentation: Asymptomatic - if simply exposed. May develop fluid-filled vesicles</p>										
<p>Infectious Substances If lesions develop, lesion drainage, respiratory secretions and exhaled droplets and particles</p>	<p>How it is Transmitted Direct Contact, Indirect Contact and Droplets and Particles</p>									
<p>Precautions Needed</p> <table border="1"> <tr> <td>Acute Care</td> <td> <p>Airborne Precautions 8 days after first contact and until 21 days after last contact with case (extend to 28 days if given VZIG)</p> </td> <td> <p>Airborne & Contact Precautions If lesions develop see Chickenpox known case</p> </td> </tr> <tr> <td>Long-Term Care</td> <td> <p>Airborne Precautions 8 days after first contact and until 21 days after last contact with case (extend to 28 days if given VZIG)</p> </td> <td> <p>Airborne & Contact Precautions If lesions develop see Chickenpox known case</p> </td> </tr> <tr> <td>Home & Community</td> <td> <p>Airborne Precautions 8 days after first contact and until 21 days after last contact with case (extend to 28 days if given VZIG)</p> </td> <td> <p>Airborne & Contact Precautions If lesions develop see Chickenpox known case</p> </td> </tr> </table>		Acute Care	<p>Airborne Precautions 8 days after first contact and until 21 days after last contact with case (extend to 28 days if given VZIG)</p>	<p>Airborne & Contact Precautions If lesions develop see Chickenpox known case</p>	Long-Term Care	<p>Airborne Precautions 8 days after first contact and until 21 days after last contact with case (extend to 28 days if given VZIG)</p>	<p>Airborne & Contact Precautions If lesions develop see Chickenpox known case</p>	Home & Community	<p>Airborne Precautions 8 days after first contact and until 21 days after last contact with case (extend to 28 days if given VZIG)</p>	<p>Airborne & Contact Precautions If lesions develop see Chickenpox known case</p>
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<p>Duration of Precautions From 8 days after first contact until 21 days after last contact (or 28 days if patient received VZIG)</p>										
<p>Incubation Period 10 – 21 days</p>	<p>Period of Communicability Until all skin lesions have crusted and dried (if infected)</p>									
<p>Comments Precautions required are in addition to Routine Practices</p> <ul style="list-style-type: none"> • If VZIG indicated, administer within 96 hours (can be administered up to 10 day post exposure) • Individuals with known immunity (history of past illness or vaccination with 2 appropriately timed doses of varicella vaccine) are not required to wear the N95 respirator when entering the room • Consult IPAC if VZV exposure occurred in a healthcare setting • An exposed susceptible person will develop chicken pox (varicella), not shingles (herpes zoster). • Susceptible contact refers to exposed person who has no evidence of VZV immunity 										

<p>Suspected/Known Disease or Microorganism Herpes Zoster: Shingles (Varicella Zoster Virus) – Localized</p>										
<p>Clinical Presentation Vesicular lesions in a dermatomal distribution, refer to Dermatome Chart. Localized refers to 1 dermatome or 2 adjacent dermatome. VCH Rash Assessment Algorithm.</p>										
<p>Infectious Substances Vesicular fluid, possibly respiratory secretions</p>	<p>How it is Transmitted Direct Contact, Indirect Contact, Airborne</p>									
<p>Precautions Needed</p> <table border="1"> <tr> <td> <p>Acute Care</p> </td> <td> <p>Contact Precautions Localized rash that can be covered in a normal host (not severely immunocompromised)</p> </td> <td> <p>Airborne & Contact Precautions</p> <ul style="list-style-type: none"> Localized rash in severely immunocompromised host Localized rash in normal host that cannot be covered (e.g., on face) </td> </tr> <tr> <td> <p>Long-Term Care</p> </td> <td> <p>Contact Precautions As above, same in all health care settings</p> </td> <td> <p>Airborne & Contact Precautions As above, same in all health care settings</p> </td> </tr> <tr> <td> <p>Home & Community</p> </td> <td> <p>Contact Precautions As above, same in all health care settings</p> </td> <td> <p>Airborne & Contact Precautions As above, same in all health care settings</p> </td> </tr> </table>		<p>Acute Care</p>	<p>Contact Precautions Localized rash that can be covered in a normal host (not severely immunocompromised)</p>	<p>Airborne & Contact Precautions</p> <ul style="list-style-type: none"> Localized rash in severely immunocompromised host Localized rash in normal host that cannot be covered (e.g., on face) 	<p>Long-Term Care</p>	<p>Contact Precautions As above, same in all health care settings</p>	<p>Airborne & Contact Precautions As above, same in all health care settings</p>	<p>Home & Community</p>	<p>Contact Precautions As above, same in all health care settings</p>	<p>Airborne & Contact Precautions As above, same in all health care settings</p>
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<p>Duration of Precautions: Contact IPAC for discontinuation of precautions.</p> <ul style="list-style-type: none"> Until lesions are dried and crusted Localized & covered rash in severely immunocompromised host: Until 24 hours of effective antiviral therapy completed AND no new lesions, then drop down to Contact Precautions until lesions dried and crusted. If untreated, maintain Airborne and Contact until all lesions are dried and crusted 										
<p>Incubation Period: Not applicable</p>	<p>Period of Communicability: Until lesions have dried and crusted</p>									
<p>Comments Precautions required are in addition to Routine Practices</p> <ul style="list-style-type: none"> Confirmed or suspect VZV expression in the absence of lesions (e.g., Ramsay-hunt, meningitis) refer to VZV- no visible lesions Individuals with known immunity (history of past illness or vaccination with 2 appropriately timed doses of varicella vaccine) are not required to wear the N95 respirator when entering the room Susceptible HCWs should not enter the room if immune staff are available. If they must enter the room, an N95 respirator must be worn. Other non-immune persons should not enter except in urgent or compassionate circumstances. If immunity is unknown, assume person is non-immune On discharge or transfer, keep room on Airborne Precautions per Air Clearance/Settle time. If other patients exposed, notify IPAC and refer to exposure follow-up instruction in this manual Shingles immunization information 										

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

Suspected/Known Disease or Microorganism	
Histoplasmosis (<i>Histoplasma capsulatum</i>)	
Clinical Presentation Pneumonia, lymphadenopathy, fever	
Infectious Substances Rarely transmissible person-to-person Transmission sometimes occurs with organ transplantation	How it is Transmitted Acquired from spores in soil; associated with bat guano and bird droppings
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions Not applicable	
Incubation Period 3-17 days	Period of Communicability No person to person transmission
Comments	
<ul style="list-style-type: none"> Transmission occurs by inhalation of spore laden soil 	

Suspected/Known Disease or Microorganism Hook Worm (<i>Necator americanus</i>, <i>Ancylostoma duodenale</i>)	
Clinical Presentation Usually asymptomatic	
Infectious Substances No person-to-person transmission	How it is Transmitted Acquired from larvae in soil, feces, and other contaminated surfaces through exposed skin, oral ingestion, and from mother to fetus/infant
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions Not applicable	
Incubation Period Few weeks to many months	Period of Communicability No person to person transmission
Comments <ul style="list-style-type: none"> Larvae must hatch in soil to become infectious 	

<p>Suspected/Known Disease or Microorganism</p> <p>Human Immunodeficiency Virus (HIV)</p>							
<p>Clinical Presentation</p> <p>Asymptomatic; multiple clinical presentations</p>							
<p>Infectious Substances</p> <p>Blood and body fluids including: CSF, breast milk, semen, vaginal, synovial, pleural, peritoneal, pericardial, and amniotic fluids</p>	<p>How it is Transmitted</p> <p>Mucosal or percutaneous exposure to infective body fluids, sexual transmission, mother to child</p>						
<p>Precautions Needed</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 20%; text-align: center;">Acute Care</td> <td style="border: 2px solid black; padding: 5px; text-align: center;">Routine Practices</td> </tr> <tr> <td style="text-align: center;">Long-Term Care</td> <td style="border: 2px solid black; padding: 5px; text-align: center;">Routine Practices</td> </tr> <tr> <td style="text-align: center;">Home & Community</td> <td style="border: 2px solid black; padding: 5px; text-align: center;">Routine Practices</td> </tr> </table>		Acute Care	Routine Practices	Long-Term Care	Routine Practices	Home & Community	Routine Practices
Acute Care	Routine Practices						
Long-Term Care	Routine Practices						
Home & Community	Routine Practices						
<p>Duration of Precautions</p> <p>Not applicable</p>							
<p>Incubation Period</p> <p>Weeks to years</p>	<p>Period of Communicability</p> <p>From onset of infection, until death. Individuals with an undetectable viral load are not capable of transmitting the virus.</p>						
<p>Comments</p> <ul style="list-style-type: none"> Contact Provincial Workplace Health Call Centre immediately if HCW has percutaneous, non-intact skin or mucous membrane exposure Reportable Disease 							

Suspected/Known Disease or Microorganism Human Metapneumovirus													
Clinical Presentation Acute respiratory tract infection; bronchiolitis, pneumonia, croup													
Infectious Substances Respiratory secretions	How it is Transmitted Droplet, Direct Contact, Indirect Contact												
Precautions Needed <table border="0" style="width: 100%;"> <tr> <td style="width: 20%; vertical-align: top;">Acute Care</td> <td style="border: 2px solid black; padding: 5px;"> Routine Practices Adult </td> <td style="border: 2px solid orange; padding: 5px; margin-left: 20px;"> Droplet & Contact Precautions Pediatric Adult in high risk units* only </td> <td style="border: 2px solid purple; padding: 5px; margin-left: 20px;"> If AGMP indicated Refer to IPAC AGMP Best Practice Guideline </td> </tr> <tr> <td style="vertical-align: top;">Long-Term Care</td> <td style="border: 2px solid black; padding: 5px;"> Routine Practices Adult </td> <td></td> <td></td> </tr> <tr> <td style="vertical-align: top;">Home & Community</td> <td style="border: 2px solid black; padding: 5px;"> Routine Practices Adult </td> <td style="border: 2px solid orange; padding: 5px; margin-left: 20px;"> Droplet & Contact Precautions Pediatric </td> <td></td> </tr> </table>		Acute Care	Routine Practices Adult	Droplet & Contact Precautions Pediatric Adult in high risk units* only	If AGMP indicated Refer to IPAC AGMP Best Practice Guideline	Long-Term Care	Routine Practices Adult			Home & Community	Routine Practices Adult	Droplet & Contact Precautions Pediatric	
Acute Care	Routine Practices Adult	Droplet & Contact Precautions Pediatric Adult in high risk units* only	If AGMP indicated Refer to IPAC AGMP Best Practice Guideline										
Long-Term Care	Routine Practices Adult												
Home & Community	Routine Practices Adult	Droplet & Contact Precautions Pediatric											
Duration of Precautions Until symptoms have stopped For immunocompromised hosts, isolation precautions need to be maintained for a longer duration. Contact IPAC for discontinuation of precautions.													
Incubation Period 3-5 days	Period of Communicability 1-2 weeks												
Comments Precautions required are in addition to Routine Practices <ul style="list-style-type: none"> Should not share room with high-risk roommates, VCH Bed Placement for Viral Respiratory Illness (VRI) * High risk units: Solid Organ Transplant (SOT), Bone Marrow Transplant (BMT), Intensive Care Unit (ICU), Burns, Trauma, High Acuity (BTHA) and Thoracic													

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

Suspected/Known Disease or Microorganism	
Human T-cell Leukemia Virus, Human T-Lymphotropic Virus (HTLV-I, HTLV-II)	
Clinical Presentation	
Usually asymptomatic; tropical spastic, paraparesis, lymphoma	
Infectious Substances	How it is Transmitted
Breastmilk, blood and certain other body fluids	Vertical (mother to child), mucosal or percutaneous exposure to infective body fluids
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions	
Not applicable	
Incubation Period	Period of Communicability
Weeks to years	Indefinite
Comments	

I

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

Influenza – Avian

Influenza – New Pandemic Strain

Influenza – Seasonal

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

Suspected/Known Disease or Microorganism			
Impetigo – (<i>Staphylococcus aureus</i>, Group A Streptococcus, many other bacteria)			
Clinical Presentation			
Skin lesions			
Infectious Substances	How it is Transmitted		
Drainage from lesions	Direct Contact, Indirect Contact		
Precautions Needed			
Acute Care	<table border="1"> <tr> <td>Routine Practices Minor drainage contained by dressing</td> <td>Contact Precautions Major drainage not contained by dressing</td> </tr> </table>	Routine Practices Minor drainage contained by dressing	Contact Precautions Major drainage not contained by dressing
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Long-Term Care	<table border="1"> <tr> <td>Routine Practices Minor drainage contained by dressing</td> <td>Contact Precautions Major drainage not contained by dressing</td> </tr> </table>	Routine Practices Minor drainage contained by dressing	Contact Precautions Major drainage not contained by dressing
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Home & Community	<table border="1"> <tr> <td>Routine Practices Minor drainage contained by dressing</td> <td>Contact Precautions Major drainage not contained by dressing</td> </tr> </table>	Routine Practices Minor drainage contained by dressing	Contact Precautions Major drainage not contained by dressing
Routine Practices Minor drainage contained by dressing	Contact Precautions Major drainage not contained by dressing		
Duration of Precautions			
Until 24 hours of effective antimicrobial therapy completed			
Incubation Period	Period of Communicability		
1-3 days	Most infectious in the week prior to onset of illness and during illness until treated		
Comments			
Precautions required are in addition to Routine Practices			

Suspected/Known Disease or Microorganism	
Influenza – Avian	
Clinical Presentation: Respiratory tract infection, conjunctivitis	
Infectious Substances Excreta of birds Possibly human respiratory tract secretions	How it is Transmitted Direct Contact, Indirect Contact, Droplet
Precautions Needed	
Acute Care	Airborne and Contact Precautions + Droplet Use eye protection
Long-Term Care & Mental Health	Droplet & Contact Precautions If AGMP indicated Refer to IPAC AGMP Best Practice Guideline
Home & Community	Droplet & Contact Precautions If AGMP indicated Refer to IPAC AGMP Best Practice Guideline
Duration of Precautions Until asymptomatic or a minimum of 10 days from onset of symptoms. Contact IPAC for discontinuation of precautions.	
Incubation Period 7 days or less, often 2-5 days	Period of Communicability 21 days
Comments Precautions are used in addition to Routine Practices	
<ul style="list-style-type: none"> • Reportable Disease • Private room preferred, refer to the VCH Bed Placement for Viral Respiratory Illness (VRI) • Most human infections are thought to result from direct contact with infected birds/animals • Current information on Avian influenza • If a patient in a multi-bed room tests positive, move to private room if possible and place roommates on Droplet & Contact Precautions for 3 days 	

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

Suspected/Known Disease or Microorganism Influenza – New Pandemic Strain								
Clinical Presentation Respiratory tract infection, pneumonia. Cough and fever (or temperature that is abnormal for that patient/resident), myalgia, arthralgia, extreme weakness/fatigue, nasal discharge, sore throat, headache								
Infectious Substances Respiratory secretions	How it is Transmitted Direct Contact, Indirect Contact, Droplet							
Precautions Needed <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px;">Acute Care</td> <td style="width: 30%; padding: 5px; text-align: center;">Droplet & Contact Precautions</td> <td rowspan="3" style="width: 50%; padding: 5px; text-align: center; vertical-align: middle;"> If AGMP indicated Refer to IPAC AGMP Best Practice Guideline </td> </tr> <tr> <td style="padding: 5px;">Long-Term Care & Mental Health</td> <td style="padding: 5px; text-align: center;">Droplet & Contact Precautions</td> </tr> <tr> <td style="padding: 5px;">Home & Community</td> <td style="padding: 5px; text-align: center;">Droplet & Contact Precautions</td> </tr> </table>		Acute Care	Droplet & Contact Precautions	If AGMP indicated Refer to IPAC AGMP Best Practice Guideline	Long-Term Care & Mental Health	Droplet & Contact Precautions	Home & Community	Droplet & Contact Precautions
Acute Care	Droplet & Contact Precautions	If AGMP indicated Refer to IPAC AGMP Best Practice Guideline						
Long-Term Care & Mental Health	Droplet & Contact Precautions							
Home & Community	Droplet & Contact Precautions							
Duration of Precautions 10 days post onset and symptoms resolved. For immunocompromised hosts, isolation precautions need to be maintained for a longer duration. Contact IPAC for discontinuation of precautions.								
Incubation Period Unknown, possibly 1-7 days	Period of Communicability Unknown, possibly up to 7 days							
Comments Precautions required are in addition to Routine Practices , refer to VCH Pandemic Response Plan Reportable Disease <ul style="list-style-type: none"> • Reportable Disease • Minimize exposure of immunocompromised patients, children with chronic cardiac or lung disease, nephritic syndrome, neonates. These patients should not be cohorted • Refer to VCH Respiratory and/or Febrile Illness Assessment Algorithm • Refer to VCH Bed Placement for Viral Respiratory Illness (VRI) • Refer to Viral Respiratory Illness (VRI) Outbreak resources • If a patient in a multi-bed room tests positive, move to private room if possible and place roommates on Droplet & Contact Precautions for 3 days. 								

Suspected/Known Disease or Microorganism	
Influenza – Seasonal	
Clinical Presentation: Respiratory tract infection, pneumonia. Cough and fever (or temperature that is abnormal for that patient/resident), myalgia, arthralgia, extreme weakness/fatigue, nasal discharge, sore throat, headache	
Infectious Substances Respiratory secretions	How it is Transmitted Direct Contact, Indirect Contact, Large Droplets
Precautions Needed	
Acute Care	<div style="border: 2px solid orange; padding: 5px; display: inline-block;">Droplet & Contact Precautions</div> <div style="border: 2px solid purple; padding: 5px; display: inline-block; margin-left: 20px;">If AGMP indicated Refer to IPAC AGMP Best Practice Guideline</div>
Long-Term Care & Mental Health	<div style="border: 2px solid orange; padding: 5px; display: inline-block;">Droplet & Contact Precautions</div>
Home & Community	<div style="border: 2px solid orange; padding: 5px; display: inline-block;">Droplet & Contact Precautions</div>
Duration of Precautions	
<p>Acute Care - At least 7 days post symptom onset AND 24 hours after symptoms resolve. For immuno-compromised hosts, isolation precautions need to be maintained for a longer duration. Contact IPAC for discontinuation of precautions.</p> <p>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 reduction medication.</p>	
Incubation Period 1-3 days	Period of Communicability Generally 3 – 7 days post clinical onset
Comments	
<p>Precautions required are in addition to Routine Practices, refer to VCH Pandemic Response Plan</p> <ul style="list-style-type: none"> • Reportable Disease • Minimize exposure of immunocompromised patients, children with chronic cardiac or lung disease, nephritic syndrome, neonates. These patients should not be cohorted • Refer to VCH Respiratory and/or Febrile Illness Assessment Algorithm • Refer to VCH Bed Placement for Viral Respiratory Illness (VRI) • Refer to Viral Respiratory Illness (VRI) Outbreak resources • If a patient in a multi-bed room tests positive, move to private room if possible and place roommates on Droplet & Contact Precautions for 3 days. 	

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

J

No organisms at this time

K

Kawasaki Disease

L

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

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

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

Leptospirosis (*Leptospira* sp.)

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

Listeriosis (*Listeria monocytogenes*)

Lyme disease (*Borrelia burgdorferi*)

Lymphocytic Choriomeningitis (LCM) virus

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

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

Suspected/Known Disease or Microorganism Kawasaki Disease	
Clinical Presentation Acute febrile, self-limited, systemic vasculitis of early child hood. Mucocutaneous lymph node syndrome.	
Infectious Substances Not applicable	How it is Transmitted Not known to be transmissible
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Not applicable
Home & Community	Routine Practices
Duration of Precautions Not applicable	
Incubation Period Not applicable	Period of Communicability Not applicable
Comments	

Suspected/Known Disease or Microorganism	
Lassa Fever (Lassa Virus) Viral Hemorrhagic Fever (VHF)	
Clinical Presentation	
Gradual onset of fever, malaise, weakness, headache, pharyngitis, cough, nausea and vomiting Disease may progress to hemorrhaging (in gums, eyes, or nose), respiratory distress, repeated vomiting, facial swelling, pain in the chest, back, and abdomen, shock and deafness	
Infectious Substances	How it is Transmitted
Blood and body fluids, respiratory secretions, possibly urine and stool	Direct Contact, Indirect Contact, Droplet
Precautions Needed	
Acute Care	Airborne & Contact Precautions + Droplet
Long-Term Care	Airborne & Contact Precautions + Droplet
Home & Community	Airborne & Contact Precautions + Droplet
Duration of Precautions: Until symptoms resolve and directed by Infection Prevention and Control	
Incubation Period	Period of Communicability
5-21 days	Until 3-9 weeks after onset
Comments	
Precautions required are in addition to Routine Practices	
<ul style="list-style-type: none"> • Reportable Disease Physician report to the Medical Health Officer at suspect stage • Consult IPAC immediately if VHF suspected • VCH Response Procedures for Viral Hemorrhagic Fever and Other Unusual Communicable Diseases 	

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

Suspected/Known Disease or Microorganism Legionella (<i>Legionella</i> spp.) - Legionnaires' Disease	
Clinical Presentation Severe pneumonia, muscle aches, tiredness, headaches, dry cough and fever Sometimes diarrhea occurs and confusion may develop	
Infectious Substances No person-to-person transmission	How it is Transmitted Transmission occurs with aerosolization of contaminated water and subsequent airborne spread Acquired from contaminated water by inhalation or aspiration
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions Not applicable	
Incubation Period 2-10 days	Period of Communicability No person-to-person transmission
Comments <ul style="list-style-type: none"> Reportable Disease 	

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

Suspected/Known Disease or Microorganism Leprosy (<i>Mycobacterium leprae</i>) - (Hansen's disease)							
Clinical Presentation Chronic disease of skin, nerves, joints, and nasopharyngeal mucosa; loss of sensation on affected areas of skin							
Infectious Substances Nasal secretions, skin lesions	How it is Transmitted Direct Contact (requires prolonged and extensive personal contact)						
Precautions Needed <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; text-align: center; vertical-align: middle;">Acute Care</td> <td style="text-align: center; vertical-align: middle;">Routine Practices</td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">Long-Term Care</td> <td style="text-align: center; vertical-align: middle;">Routine Practices</td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">Home & Community</td> <td style="text-align: center; vertical-align: middle;">Routine Practices</td> </tr> </table>		Acute Care	Routine Practices	Long-Term Care	Routine Practices	Home & Community	Routine Practices
Acute Care	Routine Practices						
Long-Term Care	Routine Practices						
Home & Community	Routine Practices						
Duration of Precautions Not applicable							
Incubation Period 9 months to 20 years	Period of Communicability Until treatment is established						
Comments <ul style="list-style-type: none"> • Transmits person to person only with very prolonged extensive personal contact. • Household contacts should be assessed and may be given prophylaxis • Reportable Disease 							

Suspected/Known Disease or Microorganism Leptospirosis (<i>Leptospira</i> sp.)	
Clinical Presentation Fever, jaundice, aseptic meningitis, headache, chills, muscle pain	
Infectious Substances Rare person-to-person transmission Leptospire may be excreted in urine for usually 1 month but has been observed as long as 11 months after the acute illness	How it is Transmitted Transmitted through skin contact with urine or tissues of infected animals or water contaminated with the urine of infected animals
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community Care	Routine Practices
Duration of Precautions Not Applicable	
Incubation Period 2-30 days	Period of Communicability Direct person-to-person transmission is rare
Comments	
<ul style="list-style-type: none"> Acquired through contact with animals Reportable Disease 	

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

Suspected/Known Disease or Microorganism	
Lice (Pediculosis) – (<i>Pediculus humanus</i>, <i>Phthirus pubis</i>)	
Clinical Presentation Infestation may result in severe itching and excoriation of the scalp or body	
Infectious Substances Direct and indirect contact with louse	How it is Transmitted Contact with louse directly or indirectly
Precautions Needed	
Acute Care	Contact Precautions
Long-Term Care	Contact Precautions
Home & Community	Contact Precautions
Duration of Precautions 24 hours after effective treatment	
Incubation Period 6-10 days	Period of Communicability Until effective treatment to kill lice and ova and observed to be free of lice
Comments Precautions required are in addition to Routine Practices	
<ul style="list-style-type: none"> • Apply treatment (pediculicide) as directed on label. If live lice found after therapy, repeat treatment • Manually remove nits. As no pediculicide is 100% ovicidal, removal of nits decreases the risk of self-reinfestation • Head lice: wash headgear, combs, pillow cases, towels with hot water or dry clean or seal in plastic bag and store for 10 days • Body lice: as above and all exposed clothing and bedding 	

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

Suspected/Known Disease or Microorganism Listeriosis (<i>Listeria monocytogenes</i>)							
Clinical Presentation Fever, muscle aches, meningitis, diarrhea/gastrointestinal symptoms, congenital or neonatal infection							
Infectious Substances Rare person-to-person transmission	How it is Transmitted Foodborne: Acquired from ingestion of contaminated food, Vertical: mother to fetus in utero or newborn at birth						
Precautions Needed <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 10px;">Acute Care</td> <td style="text-align: center; padding: 10px;">Routine Practices</td> </tr> <tr> <td style="text-align: center; padding: 10px;">Long-Term Care</td> <td style="text-align: center; padding: 10px;">Routine Practices</td> </tr> <tr> <td style="text-align: center; padding: 10px;">Home & Community</td> <td style="text-align: center; padding: 10px;">Routine Practices</td> </tr> </table>		Acute Care	Routine Practices	Long-Term Care	Routine Practices	Home & Community	Routine Practices
Acute Care	Routine Practices						
Long-Term Care	Routine Practices						
Home & Community	Routine Practices						
Duration of Precautions Not applicable							
Incubation Period Average 21 days, 30 – 70 days	Period of Communicability Rare person-to-person transmission						
Comments <ul style="list-style-type: none"> • Rare nosocomial outbreaks reported in newborn nurseries attributed to contaminated equipment • Listeria grows well at low temperatures and is able to multiple in refrigerated foods that are contaminated • Although relatively rare, human listeriosis is often severe and mortality rates can approach 50%, • PHAC Pathogen Safety Data Sheet • Reportable Disease 							

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

Suspected/Known Disease or Microorganism Lyme disease (<i>Borrelia burgdorferi</i>)							
Clinical Presentation Fever, arthritis, meningitis, headache, fatigue, characteristic skin rash called erythema migrans							
Infectious Substances Bite of tick	How it is Transmitted Tickborne (blacklegged or deer ticks)						
Precautions Needed <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; text-align: center; vertical-align: middle;">Acute Care</td> <td style="text-align: center; vertical-align: middle;">Routine Practices</td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">Long-Term Care</td> <td style="text-align: center; vertical-align: middle;">Routine Practices</td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">Home & Community</td> <td style="text-align: center; vertical-align: middle;">Routine Practices</td> </tr> </table>		Acute Care	Routine Practices	Long-Term Care	Routine Practices	Home & Community	Routine Practices
Acute Care	Routine Practices						
Long-Term Care	Routine Practices						
Home & Community	Routine Practices						
Duration of Precautions Not applicable							
Incubation Period Rash occurs in 3-30 days after exposure, mean 7 – 10 days	Period of Communicability No person-to-person transmission						
Comments <ul style="list-style-type: none"> Infection in humans is incidental and is acquired most frequently during blood feeding by the infected tick. In most cases, the tick must be attached for 36-48 hours or more before the Lyme disease bacterium can be transmitted. Infected people are often unaware that they have been bitten. Reportable Disease 							

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

Suspected/Known Disease or Microorganism	
Lymphocytic Choriomeningitis (LCM) virus	
Clinical Presentation	
Fever, cough, malaise, myalgia, headache, photophobia, nausea, vomiting, adenopathy, and sore throat. Progression to meningitis, encephalitis, meningoencephalitis	
Infectious Substances	How it is Transmitted
No person-to-person transmission	Transmission occurs through skin or mucous membrane contact with rodents (urine), inhalation of aerosolized virus (through dust), ingestion of contaminated food Vertical: mother to fetus in utero
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions	
Not applicable	
Incubation Period	Period of Communicability
6 – 21 days, 15-21 days before any meningeal symptoms appear	No person-to-person transmission
Comments	

Suspected/Known Disease or Microorganism Lymphogranuloma Venereum (<i>Chlamydia trachomatis</i> serovars L1-3)	
Clinical Presentation Genital ulcers, inguinal adenopathy	
Infectious Substances Sexually transmitted, mother to newborn	How it is Transmitted Sexual Contact
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions Not applicable	
Incubation Period 3-30 days for primary lesion	Period of Communicability As long as organism present in secretions
Comments	
<ul style="list-style-type: none"> Caused by <i>C. trachomatis</i> serovars L1-3 Reportable Disease 	

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

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

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

Suspected/Known Disease or Microorganism Malaria (<i>Plasmodium</i> sp.)	
Clinical Presentation Fever, chills, body aches, headache, general malaise (these are symptoms common to a range of infections, recent travel history must be considered)	
Infectious Substances Blood	How it is Transmitted Mosquito bite, rarely vertical (mother to fetus), blood transfusion
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions Not applicable	
Incubation Period Variable, 9 – 14 days for <i>P. falciparum</i>	Period of Communicability Not usually person-to-person transmission
Comments <ul style="list-style-type: none"> • Infection in humans is incidental and is acquired most frequently during blood feeding by the infected mosquito • Can be transmitted via blood transfusion • Reportable Disease 	

Suspected/Known Disease or Microorganism	
Marburg virus	
Clinical Presentation Fever, myalgias, pharyngitis, nausea, vomiting and diarrhea. Maculopapular rash after day 5 of onset of symptoms and hemorrhagic fever in late clinical presentation History of travel and/or contact with persons and non-human primates from endemic countries must be considered at triage	
Infectious Substances Blood, body fluids and respiratory secretions	How it is Transmitted Direct Contact, Indirect Contact and Droplets
Precautions Needed	
Acute Care	Airborne & Contact Precautions + Droplet
Long-Term Care	Airborne & Contact Precautions + Droplet
Home & Community	Airborne & Contact Precautions + Droplet
Duration of Precautions Until symptoms resolve and directed by Infection Prevention and Control	
Incubation Period 5-10 days	Period of Communicability Until all symptoms resolve
Comments Precautions required are in addition to Routine Practices	
<ul style="list-style-type: none"> • Reportable Disease Physician report to the Medical Health Officer at suspect stage • Consult IPAC immediately if VHF suspected • VCH Response Procedures for Viral Hemorrhagic Fever and Other Unusual Communicable Diseases 	

Suspected/Known Disease or Microorganism Measles – (Rubeola)	
Clinical Presentation Fever, cough, coryza, conjunctivitis (3Cs), maculopapular skin rash, Koplik spots inside mouth, especially the cheeks	
Infectious Substances Respiratory secretions	How it is Transmitted Airborne
Precautions Needed	
Acute Care	Airborne Precautions
Long-Term Care	Airborne Precautions
Home & Community	Airborne Precautions
Duration of Precautions 4 days after start of rash in immunocompetent patients or until all symptoms are gone in immunocompromised patients	
Incubation Period 7-18 days to onset of fever, rarely as long as 21 days	Period of Communicability 5 days before onset of rash (1 – 2 days before symptom onset) until 4 days after onset of rash
Comments Precautions required are in addition to Routine Practices	
<ul style="list-style-type: none"> • Reportable Disease • Individuals with known immunity are not required to wear the N95 respirator when entering the room: <ul style="list-style-type: none"> ○ serological proof of immunity, or documentation of 2 appropriately timed doses of vaccine, or received a minimum dose of Immunoglobulin (0.25/kg) within 5 months of exposure • Susceptible HCWs should not enter the room if immune staff are available. If they must enter the room, an N95 respirator must be worn. Other non-immune persons should not enter except in urgent or compassionate circumstances. If immunity is unknown, assume person is non-immune Immunoprophylaxis is indicated for susceptible contacts • Precautions should be taken with neonates born to mother with measles infection at delivery • On discharge or transfer, keep room on Airborne precautions per Air Clearance/Settle time • If other patients exposed, notify IPAC and refer Measles – (Rubeola) Exposed Susceptible Contact 	

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

Suspected/Known Disease or Microorganism	
Measles – (Rubeola) Exposed Susceptible Contact	
Clinical Presentation May be asymptomatic	
Infectious Substances Respiratory secretions	How it is Transmitted Airborne
Precautions Needed	
Acute Care	Airborne Precautions
Long-Term Care	Airborne Precautions
Home & Community	Airborne Precautions
Duration of Precautions 5 days after first exposure until 21 days after last exposure	
Incubation Period 7-18 days	Period of Communicability Potentially communicable during last 2 days of incubation period
Comments Precautions required are in addition to Routine Practices	
<ul style="list-style-type: none"> • Defer non-urgent admission if a susceptible person is incubating the disease • Individuals with known immunity (serological proof of immunity; immunization with 2 appropriately timed doses of measles-containing vaccine) are not required to wear the N95 respirator. • Susceptible HCWs should not enter the room if immune staff are available. If they must enter the room, an N95 respirator must be worn. Other non-immune persons should not enter except in urgent or compassionate circumstances. If immunity is unknown, assume person is non-immune • Place newborns of mothers with measles on precautions at delivery • If immunoglobulin indicated, administer within 6 days • Consult IPAC if measles exposure occurred in a healthcare setting 	

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

Suspected/Known Disease or Microorganism Melioidosis (<i>Burkholderia pseudomallei</i>)	
Clinical Presentation Pneumonia, fever, papules with umbilicated centres	
Infectious Substances Contaminated soil	How it is Transmitted No person-to-person transmission
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions Variable	
Incubation Period Variable	Period of Communicability Person-to-person transmission has not been proven
Comments	
<ul style="list-style-type: none"> Direct contact with contaminated water or soil, aspiration or ingestion of contaminated water or inhalation of contaminated dust 	

Suspected/Known Disease or Microorganism														
<p>Meningitis</p> <p>Various causative agents: Bacterial: <i>Neisseria meningitides</i>, <i>H. influenza</i> type B (possible in non-immune infant younger than 2 years of age), <i>Streptococcus pneumoniae</i>, Group B Streptococcus, <i>Listeria monocytogenes</i>, <i>E.coli</i> and other Gram-negative rods, <i>Mycobacterium tuberculosis</i>. Viral: enteroviruses, arboviruses Fungal: <i>Cryptococcus</i>, <i>Histoplasma</i></p>														
<p>Clinical Presentation: Acute onset of meningeal symptoms commonly including headache, photophobia, stiff neck, vomiting, fever, and/or rash</p>														
<p>Infectious Substances Respiratory secretions and feces</p>	<p>How it is Transmitted Bacterial: Direct contact, Droplet Viral: Direct and Indirect contact (including fecal/oral)</p>													
<p>Precautions Needed</p> <p><i>If a pathogen is identified, follow organism specific instructions in this manual</i></p> <table border="1"> <tr> <td rowspan="3">Acute Care</td> <td> <p>Routine Practices</p> <ul style="list-style-type: none"> Adult viral Fungal Other bacterial* </td> <td> <p>Contact Precautions</p> <p>Pediatric viral</p> </td> <td> <p>Droplet Precautions</p> <ul style="list-style-type: none"> Adult meningitis NYD <i>Neisseria meningitidis</i>* (adult and pediatric) <i>H. flu type b*</i> (pediatric) </td> <td> <p>Droplet & Contact Precautions</p> <p>Pediatric meningitis NYD</p> </td> </tr> <tr> <td>Long-Term Care</td> <td colspan="3">Same as acute care</td> </tr> <tr> <td>Home & Community</td> <td colspan="3">Same as acute care</td> </tr> </table>		Acute Care	<p>Routine Practices</p> <ul style="list-style-type: none"> Adult viral Fungal Other bacterial* 	<p>Contact Precautions</p> <p>Pediatric viral</p>	<p>Droplet Precautions</p> <ul style="list-style-type: none"> Adult meningitis NYD <i>Neisseria meningitidis</i>* (adult and pediatric) <i>H. flu type b*</i> (pediatric) 	<p>Droplet & Contact Precautions</p> <p>Pediatric meningitis NYD</p>	Long-Term Care	Same as acute care			Home & Community	Same as acute care		
Acute Care	<p>Routine Practices</p> <ul style="list-style-type: none"> Adult viral Fungal Other bacterial* 		<p>Contact Precautions</p> <p>Pediatric viral</p>	<p>Droplet Precautions</p> <ul style="list-style-type: none"> Adult meningitis NYD <i>Neisseria meningitidis</i>* (adult and pediatric) <i>H. flu type b*</i> (pediatric) 	<p>Droplet & Contact Precautions</p> <p>Pediatric meningitis NYD</p>									
	Long-Term Care		Same as acute care											
	Home & Community	Same as acute care												
<p>Duration of Precautions: Variable. See specific organism.</p>														
<p>Incubation Period: Variable</p>	<p>Period of Communicability: Variable</p>													
<p>Comments</p> <ul style="list-style-type: none"> For <i>Mycobacterium tuberculosis</i> meningitis rule out associated respiratory TB. May be associated with measles, mumps, varicella, or herpes simplex. If identified, take appropriate precautions for associated pathogen Reportable Disease (all cause meningitis) 														

Suspected/Known Disease or Microorganism Meningococcus (<i>Neisseria meningitidis</i>)							
Clinical Presentation Meningococemia, meningitis, pneumonia							
Infectious Substances Respiratory secretions	How it is Transmitted Direct Contact, Droplet						
Precautions Needed <table border="0" style="width: 100%;"> <tr> <td style="width: 20%;">Acute Care</td> <td style="border: 2px solid blue; padding: 5px;">Droplet Precautions</td> </tr> <tr> <td>Long-Term Care</td> <td style="border: 2px solid blue; padding: 5px;">Droplet Precautions</td> </tr> <tr> <td>Home & Community</td> <td style="border: 2px solid blue; padding: 5px;">Droplet Precautions</td> </tr> </table>		Acute Care	Droplet Precautions	Long-Term Care	Droplet Precautions	Home & Community	Droplet Precautions
Acute Care	Droplet Precautions						
Long-Term Care	Droplet Precautions						
Home & Community	Droplet Precautions						
Duration of Precautions Until 24 hours of effective antimicrobial therapy completed							
Incubation Period Usually 2-10 days	Period of Communicability Until 24 hours of effective therapy completed						
Comments Precautions required are in addition to Routine Practices <ul style="list-style-type: none"> • Reportable Disease • Close contacts may require chemoprophylaxis as directed by the Medical Health Officer or Provincial Workplace Health Call Centre • Immunization information 							

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

Suspected/Known Disease or Microorganism	
Methicillin Resistant <i>Staphylococcus aureus</i> (MRSA)	
Clinical Presentation Asymptomatic or various infections of skin, soft tissue, pneumonia, bacteremia, urinary tract, etc.	
Infectious Substances Surface skin, infected or colonized secretions, excretions	How it is Transmitted Direct Contact, Indirect Contact
Precautions Needed	
Acute Care	<div style="border: 2px solid yellow; padding: 5px; display: inline-block;">Contact Precautions</div> <div style="border: 2px solid orange; padding: 5px; display: inline-block; margin-left: 20px;">Droplet & Contact Precautions If MRSA found in sputum or tracheostomy and productive cough or ventilated.</div>
Long-Term Care	<div style="border: 2px solid black; padding: 5px; display: inline-block;">Routine Practices MRSA colonization</div> <div style="border: 2px solid yellow; padding: 5px; display: inline-block; margin-left: 20px;">Contact Precautions MRSA infection Use Droplet & Contact Precautions if MRSA found in sputum or tracheostomy and active respiratory infection</div>
Home & Community	<div style="border: 2px solid black; padding: 5px; display: inline-block;">Routine Practices Home care and low risk community settings. Use Droplet & Contact Precautions if MRSA found in sputum or tracheostomy and active respiratory infection</div> <div style="border: 2px solid yellow; padding: 5px; display: inline-block; margin-left: 20px;">Contact Precautions High risk community settings Use Droplet & Contact Precautions if MRSA found in sputum or tracheostomy and active respiratory infection</div>
Duration of Precautions For duration of admission or visit. Contact IPAC prior to stopping droplet precautions (respiratory infection acute care)	
Incubation Period: Variable	Period of Communicability: Variable
Comments Precautions required are in addition to Routine Practices Refer to ARO Acute Patient Placement Algorithm . Contact screening as directed by IPAC	

Suspected/Known Disease or Microorganism MERS CoV – (Middle East Respiratory Syndrome Coronavirus)							
Clinical Presentation Respiratory tract infection (fever, cold-like symptoms: cough, runny nose, sore throat); pneumonia (shortness of breath, discomfort during breathing)							
Infectious Substances Respiratory secretions and exhaled droplets and particles, stool	How it is Transmitted Direct Contact, Indirect Contact, Droplet						
Precautions Needed <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; text-align: center; vertical-align: middle;">Acute Care</td> <td style="border: 1px dashed black; padding: 5px;"> <b style="color: red;">Airborne & Contact Precautions <b style="color: blue;">Droplet Precautions Add Droplet, eye protection indicated for all encounters </td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">Long-Term Care</td> <td style="border: 2px solid orange; padding: 5px;"> <b style="color: orange;">Droplet & Contact Precautions </td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">Home & Community</td> <td style="border: 2px solid purple; padding: 5px;"> <b style="color: orange;">Droplet & Contact Precautions </td> </tr> </table>		Acute Care	<b style="color: red;">Airborne & Contact Precautions <b style="color: blue;">Droplet Precautions Add Droplet, eye protection indicated for all encounters	Long-Term Care	<b style="color: orange;">Droplet & Contact Precautions	Home & Community	<b style="color: orange;">Droplet & Contact Precautions
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Long-Term Care	<b style="color: orange;">Droplet & Contact Precautions						
Home & Community	<b style="color: orange;">Droplet & Contact Precautions						
Duration of Precautions Duration of precautions should be determined on a case-by-case basis and in conjunction with Infection Prevention and Control, and the Medical Officer of Health							
Incubation Period 14 days	Period of Communicability Not yet determined						
Comments Precautions required are in addition to Routine Practices <ul style="list-style-type: none"> • Reportable Disease Physicians report to Medical Health Officer at suspect stage • Notify IPAC, contact Medical Microbiologist on call • Refer to Emerging Issues on the IPAC website 							

Suspected/Known Disease or Microorganism	
Molluscum Contagiosum (Molluscum contagiosum virus)	
Clinical Presentation	
Umbilicated papules (small raised, pearly papules with a central depression)	
Infectious Substances	How it is Transmitted
Contents of the papules	Direct Contact, including Sexual Contact, or fomites
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions	
Not applicable	
Incubation Period	Period of Communicability
2 weeks to 6 months	Unknown
Comments	
<ul style="list-style-type: none"> Close direct personal contact needed for transmission 	

Suspected/Known Disease or Microorganism	
Mpox (Monkeypox)	
Clinical Presentation Resembles smallpox, swollen lymph nodes	
Infectious Substances Infected blood and body fluids, pox secretions	How it is Transmitted Bite from infected animal or direct contact with their blood, body fluid or rash Direct contact with cutaneous or mucosal lesions Indirect contact with fomites (i.e. contaminated material such as linens or clothing) Respiratory droplets from prolonged face-to-face contact
Precautions Needed	
Acute Care	Droplet & Contact Precautions Airborne Precautions Use N95 respirator for uncertain risk or airborne transmission and single room with door closed
Long-Term Care	Droplet & Contact Precautions Airborne Precautions Use N95 respirator for uncertain risk or airborne transmission and single room with door closed
Home & Community	Droplet & Contact Precautions Airborne Precautions Single room with door closed for uncertain risk of airborne transmission; N95 respirator not considered essential in this setting
Duration of Precautions As directed by Infection Prevention and Control	
Incubation Period 7-14 days, but can range from 5-21 days	Period of Communicability 2-4 weeks
Comments Precautions required are in addition to Routine Practices. <ul style="list-style-type: none"> It is unknown if airborne transmission occurs, as it has not yet been reported. Refer to IPAC AGMP Best Practice Guideline 	
<ul style="list-style-type: none"> Reportable Disease Notify IPAC Transmission in hospital settings unlikely 	<ul style="list-style-type: none"> BCCDC information on Mpox PHAC Interim Guidance on Mpox PICNet Interim Guidelines on Mpox

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

Suspected/Known Disease or Microorganism Mononucleosis (Epstein-Barr virus)	
Clinical Presentation Fever, sore throat, lymphadenopathy, splenomegaly	
Infectious Substances Saliva, transplanted tissues	How it is Transmitted Direct oropharyngeal route via saliva; occasionally by blood transfusion
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions Not applicable	
Incubation Period 30-50 days	Period of Communicability Prolonged; pharyngeal excretion may be intermittent or persistent for years
Comments	

Suspected/Known Disease or Microorganism Mucormycosis (phycomycosis, zygomycosis) – (<i>Mucor</i> sp., <i>Rhizopus</i> sp., others)							
Clinical Presentation Skin, wound, rhinocerebral infection, pulmonary, gastrointestinal, disseminated infection							
Infectious Substances Fungal spores in dust and soil	How it is Transmitted Inhalation or ingestion of fungal spores. No person-to-person transmission						
Precautions Needed <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; text-align: center; vertical-align: middle;">Acute Care</td> <td style="text-align: center; vertical-align: middle;">Routine Practices</td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">Long-Term Care</td> <td style="text-align: center; vertical-align: middle;">Routine Practices</td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">Home & Community</td> <td style="text-align: center; vertical-align: middle;">Routine Practices</td> </tr> </table>		Acute Care	Routine Practices	Long-Term Care	Routine Practices	Home & Community	Routine Practices
Acute Care	Routine Practices						
Long-Term Care	Routine Practices						
Home & Community	Routine Practices						
Duration of Precautions Not applicable							
Incubation Period Unknown	Period of Communicability No person-to-person transmission						
Comments <ul style="list-style-type: none"> Immunocompromised patients are at risk of infection 							

Suspected/Known Disease or Microorganism	
Multi-drug Resistant Gram Negative Bacilli (see, Carbapenemase Producing Organism) including the following but not exclusive: <i>E. coli</i>, <i>Klebsiella</i> spp., <i>Serratia</i> spp., <i>Providencia</i> spp., <i>Proteus</i> spp., <i>Citrobacter</i> spp., <i>Enterobacter</i> spp., <i>Morganella</i> spp., <i>Salmonella</i> spp., <i>Hafnia</i> spp.	
Clinical Presentation Colonization or Infections. Symptoms based on sites involved	
Infectious Substances Colonized or infected body fluids/sites	How it is Transmitted Direct Contact, Indirect Contact
Precautions Needed	
Acute Care	<div style="border: 2px solid yellow; padding: 5px; display: inline-block;"> <p>Contact Precautions Private room with dedicated bathroom or commode. Dedicate equipment whenever possible.</p> </div> <div style="border: 2px solid orange; padding: 5px; display: inline-block; margin-left: 20px;"> <p>Droplet & Contact Precautions if productive cough</p> </div>
Long-Term Care	<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <p>Routine Practices CPO colonization – contact IPAC for resident-specific direction</p> </div> <div style="border: 2px solid yellow; padding: 5px; display: inline-block; margin-left: 20px;"> <p>Contact Precautions CPO infection Use Droplet & Contact Precautions if productive cough</p> </div>
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Duration of Precautions: As directed by Infection Prevention and Control	
Incubation Period: Variable	Period of Communicability: Not applicable
Comments Precautions required are in addition to Routine Practices Refer to ARO Acute Patient Placement Algorithm	
<ul style="list-style-type: none"> • Reportable Disease • IPAC will direct ring screening as required. Complete admission screening per VCH protocol • See CPO resources on the IPAC website 	

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

Suspected/Known Disease or Microorganism Mumps (Mumps virus, Parotitis) – Known Case	
Clinical Presentation Swelling of salivary glands, orchitis	
Infectious Substances Saliva, respiratory secretions	How it is Transmitted Direct Contact, Droplet
Precautions Needed	
Acute Care	Droplet Precautions
Long-Term Care	Droplet Precautions
Home & Community	Droplet Precautions
Duration of Precautions Maintain isolation until 5 days after the onset of parotid swelling	
Incubation Period Usually 16 – 18 days, range 14-25 days	Period of Communicability 2 days before and up to 5 days after onset of symptoms
Comments Precautions required are in addition to Routine Practices <ul style="list-style-type: none"> • Droplet Precautions for exposed susceptible patients and healthcare workers should begin 10 days after first contact and continue through 26 days after last exposure. • Immunization information • Reportable Disease 	

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

Suspected/Known Disease or Microorganism	
Mumps (Mumps virus) – Exposed Susceptible Contact	
Clinical Presentation May be asymptomatic	
Infectious Substances Saliva, respiratory secretions	How it is Transmitted Direct Contact and Large Droplets
Precautions Needed	
Acute Care	Droplet Precautions
Long-Term Care	Droplet Precautions
Home & Community	Droplet Precautions
Duration of Precautions Should begin 10 days after first contact and continue until 26 days after last exposure	
Incubation Period Usually 16 – 18 days, range 14-25 days	Period of Communicability 2 days before and up to 5 days after onset of parotid swelling
Comments Precautions required are in addition to Routine Practices	
<ul style="list-style-type: none"> Defer non-urgent admission if a susceptible person is incubating the disease 	

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

Suspected/Known Disease or Microorganism <i>Mycobacterium</i> – Non-tuberculosis (atypical) (e.g. <i>Mycobacterium avium</i> complex)	
Clinical Presentation Lymphadenitis, pneumonia, disseminated disease in immunocompromised host	
Infectious Substances Acquired from soil, water, animal reservoirs	How it is Transmitted No person-to-person transmission
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions Not applicable	
Incubation Period Unknown	Period of Communicability Communicability of disease not seen
Comments	

Suspected/Known Disease or Microorganism <i>Mycobacterium tuberculosis</i> (TB) – Extrapulmonary Disease					
Clinical Presentation Extrapulmonary: meningitis, bone, joint infection, draining lesions					
Infectious Substances Drainage	How it is Transmitted Not applicable				
Precautions Needed					
Acute Care	<table border="1"> <tr> <td>Routine Practices</td> <td> <table border="1"> <tr> <td>Airborne Precautions</td> </tr> <tr> <td> <ul style="list-style-type: none"> Any procedure that may aerosolize drainage from the affected site Until Pulmonary TB ruled out Contact IPAC if drain present </td> </tr> </table> </td> </tr> </table>	Routine Practices	<table border="1"> <tr> <td>Airborne Precautions</td> </tr> <tr> <td> <ul style="list-style-type: none"> Any procedure that may aerosolize drainage from the affected site Until Pulmonary TB ruled out Contact IPAC if drain present </td> </tr> </table>	Airborne Precautions	<ul style="list-style-type: none"> Any procedure that may aerosolize drainage from the affected site Until Pulmonary TB ruled out Contact IPAC if drain present
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Duration of Precautions Not applicable					
Incubation Period Weeks to years	Period of Communicability Not applicable				
Comments Precautions required are in addition to Routine Practices <ul style="list-style-type: none"> Assess for concurrent pulmonary tuberculosis 					

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

<p>Suspected/Known Disease or Microorganism <i>Mycobacterium tuberculosis</i> (TB) including species: M. africanum, M. bovis BCG, M. canettii, M. caprae, M. microti, M. orygis, M. pinnipedii and M. tuberculosis – Pulmonary disease</p>							
<p>Clinical Presentation Confirmed or suspected pulmonary tuberculosis (may include pneumonia, cough, fever, night sweats, weight loss), laryngeal tuberculosis</p>							
<p>Infectious Substances Respiratory secretions</p>	<p>How it is Transmitted Airborne</p>						
<p>Precautions Needed</p> <table border="0"> <tr> <td style="padding-right: 20px;">Acute Care</td> <td style="border: 2px solid green; padding: 5px; text-align: center;">Airborne Precautions</td> </tr> <tr> <td style="padding-right: 20px;">Long-Term Care</td> <td style="border: 2px solid green; padding: 5px; text-align: center;">Airborne Precautions</td> </tr> <tr> <td style="padding-right: 20px;">Home & Community</td> <td style="border: 2px solid green; padding: 5px; text-align: center;">Airborne Precautions</td> </tr> </table>		Acute Care	Airborne Precautions	Long-Term Care	Airborne Precautions	Home & Community	Airborne Precautions
Acute Care	Airborne Precautions						
Long-Term Care	Airborne Precautions						
Home & Community	Airborne Precautions						
<p>Duration of Precautions: Contact IPAC prior to stopping precautions</p> <ul style="list-style-type: none"> • Tuberculosis ruled out until: After 3 negative AFBs, alternate diagnosis & patient improvement, OR Physician no longer suspecting TB • Tuberculosis confirmed until: <ol style="list-style-type: none"> 1. Receipt of 2 weeks effective treatment, AND 2. Clinical improvement, AND 3. Three (3) consecutive negative Acid Fast Bacilli sputums collected 							
<p>Incubation Period Weeks to years</p>	<p>Period of Communicability While organisms are in sputum</p>						
<p>Comments Precautions required are in addition to Routine Practices</p> <ul style="list-style-type: none"> • Refer to: TB checklist; Refer to: Specimens for TB • On discharge or transfer, keep room on Airborne precautions per Air Clearance/Settle time • Canadian TB Standards • Reportable Disease 							

Suspected/Known Disease or Microorganism <i>Mycoplasma pneumoniae</i>	
Clinical Presentation Pneumonia	
Infectious Substances Respiratory secretions	How it is Transmitted Direct Contact and Large Droplets
Precautions Needed	
Acute Care	Droplet Precautions
Long-Term Care	Droplet Precautions
Home & Community	Droplet Precautions
Duration of Precautions Until symptoms have stopped	
Incubation Period 1-4 weeks	Period of Communicability Unknown
Comments Precautions required are in addition to Routine Practices	

N

Necrotizing Enterocolitis

Necrotizing Fasciitis - (Group A Streptococcus [*Streptococcus pyogenes*])

Neisseria gonorrhoeae

Neisseria meningitidis

Nocardiosis (*Nocardia* sp.)

Norovirus (Calicivirida)

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

Suspected/Known Disease or Microorganism Necrotizing Enterocolitis			
Clinical Presentation Abdominal distention, blood in the stool, diarrhea, feeding intolerance, lethargy, temperature instability, vomiting			
Infectious Substances Unknown Probably many organisms can cause this	How it is Transmitted Probably indirect contact, outbreaks would result from transmission on hands/equipment		
Precautions Needed			
Acute Care	<table border="1"> <tr> <td>Routine Practices</td> <td>Contact Precautions If outbreak suspected</td> </tr> </table>	Routine Practices	Contact Precautions If outbreak suspected
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Long-Term Care	<table border="1"> <tr> <td>Routine Practices</td> <td>Contact Precautions If outbreak suspected</td> </tr> </table>	Routine Practices	Contact Precautions If outbreak suspected
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Routine Practices	Contact Precautions If outbreak suspected		
Duration of Precautions Duration of outbreak			
Incubation Period Not applicable	Period of Communicability Unknown		
Comments Precautions required are in addition to Routine Practices			

Suspected/Known Disease or Microorganism	
Necrotizing Fasciitis - (Group A Streptococcus [<i>Streptococcus pyogenes</i>])	
Clinical Presentation Necrosis and edema of superficial fascia	
Infectious Substances Respiratory secretions and wound drainage	How it is Transmitted Direct Contact, Indirect Contact, Droplet
Precautions Needed	
Acute Care	Droplet & Contact Precautions
Long-Term Care	Droplet & Contact Precautions
Home & Community	Droplet & Contact Precautions
Duration of Precautions Until 24 hours of effective antimicrobial therapy completed	
Incubation Period Typically 1-3 days	Period of Communicability 10-21 days in untreated, uncomplicated cases
Comments Precautions required are in addition to Routine Practices	
<ul style="list-style-type: none"> Exposed contacts of invasive disease may require prophylaxis. Reportable Disease 	

Suspected/Known Disease or Microorganism <i>Neisseria gonorrhoeae</i>	
Clinical Presentation Ophthalmia, neonatorum, urogenital/rectal/pharyngeal gonorrhoea, arthritis, pelvic inflammatory disease	
Infectious Substances	How it is Transmitted Vertical (mother to child), Sexual Contact and Rarely Direct/Indirect Contact
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions Not applicable	
Incubation Period 2-7 days	Period of Communicability May extend for months in untreated individuals
Comments • Reportable Disease	

Suspected/Known Disease or Microorganism <i>Neisseria meningitidis</i>							
Clinical Presentation Meningococccemia, meningitis, pneumonia							
Infectious Substances Respiratory secretions	How it is Transmitted Direct Contact, Droplet						
Precautions Needed <table border="0" style="width: 100%;"> <tr> <td style="width: 20%;">Acute Care</td> <td style="border: 2px solid blue; padding: 5px; text-align: center;">Droplet Precautions</td> </tr> <tr> <td>Long-Term Care</td> <td style="border: 2px solid blue; padding: 5px; text-align: center;">Droplet Precautions</td> </tr> <tr> <td>Home & Community Care</td> <td style="border: 2px solid blue; padding: 5px; text-align: center;">Droplet Precautions</td> </tr> </table>		Acute Care	Droplet Precautions	Long-Term Care	Droplet Precautions	Home & Community Care	Droplet Precautions
Acute Care	Droplet Precautions						
Long-Term Care	Droplet Precautions						
Home & Community Care	Droplet Precautions						
Duration of Precautions Until after 24 hours of effective therapy completed							
Incubation Period Usually 2-10 days	Period of Communicability Until 24 hours of effective therapy completed						
Comments Precautions required are in addition to Routine Practices <ul style="list-style-type: none"> • Reportable Disease • Close contacts may require chemoprophylaxis as directed by the Medical Health Officer or Provincial Workplace Health Call Centre • Immunization information 							

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

Suspected/Known Disease or Microorganism Nocardiosis (<i>Nocardia</i> sp.)	
Clinical Presentation Fever, pulmonary or Central Nervous System infection	
Infectious Substances Acquired from organisms in the soil and dust	How it is Transmitted No person-to-person transmission
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions Not applicable	
Incubation Period Unknown	Period of Communicability Not applicable
Comments <ul style="list-style-type: none"> Transmission occurs by inhalation of the microorganism in dust; infections in immunocompromised patients may be associated with construction 	

Suspected/Known Disease or Microorganism	
Norovirus (Calicivirida)	
Clinical Presentation Nausea, vomiting, diarrhea	
Infectious Substances Feces, emesis/vomit	How it is Transmitted Fecal-oral, Direct Contact, Indirect Contact, Droplet
Precautions Needed	
Acute Care	Contact Plus Precautions Add Droplet if vomiting
Long-Term Care	Contact Plus Precautions Add Droplet if vomiting
Home & Community	Contact Precautions Droplet & Contact Precautions If vomiting
Duration of Precautions Until symptoms have stopped for 48 hours. For immunocompromised hosts, isolation precautions need to be maintained for a longer duration. Contact IPAC for discontinuation of precautions.	
Incubation Period 24-48 hours, range 10-50 hours	Period of Communicability Duration of viral shedding, usually 48 hours after diarrhea resolves
Comments Precautions required are in addition to Routine Practices	
<ul style="list-style-type: none"> • Reportable Disease • Common causes of outbreaks. Refer to the VCH GI Outbreak Resources • If a patient in an acute care multi-bed room tests positive, move to a private room if possible and place asymptomatic, exposed (> 4 hours in the same room as index case) roommates on Contact Plus Precautions 	

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

O

Orf – Parapoxvirus

Osteomyelitis (*Staphylococcus aureus*, *Streptococcus sp.*, *Gram negative bacilli*, other bacteria)

Otitis, draining (Group A *Streptococcus*, *Staphylococcus aureus*, many other bacteria)

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

Suspected/Known Disease or Microorganism Orf – Parapoxvirus	
Clinical Presentation Skin lesions	
Infectious Substances Infected animals	How it is Transmitted Contact with infected animals (usually sheep and goats) No person-to-person transmission
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions Not applicable	
Incubation Period 3-6 days	Period of Communicability Not applicable
Comments	

Suspected/Known Disease or Microorganism <i>Osteomyelitis (Staphylococcus aureus, Streptococcus sp., Gram negative bacilli, other bacteria)</i>	
Clinical Presentation Inflammation, fever, wound drainage	
Infectious Substances	How it is Transmitted
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions Not applicable	
Incubation Period Variable	Period of Communicability Not applicable
Comments	

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

Suspected/Known Disease or Microorganism			
Otitis, draining (Group A Streptococcus, <i>Staphylococcus aureus</i>, many other bacteria)			
Clinical Presentation Ear drainage, ear pain			
Infectious Substances Drainage	How it is Transmitted Direct Contact, Indirect Contact		
Precautions Needed			
Acute Care	<table border="1"> <tr> <td>Routine Practices Minor drainage contained by dressing</td> <td>Contact Precautions Major drainage not contained by dressing</td> </tr> </table>	Routine Practices Minor drainage contained by dressing	Contact Precautions Major drainage not contained by dressing
Routine Practices Minor drainage contained by dressing	Contact Precautions Major drainage not contained by dressing		
Long-Term Care	<table border="1"> <tr> <td>Routine Practices Minor drainage contained by dressing</td> <td>Contact Precautions Major drainage not contained by dressing</td> </tr> </table>	Routine Practices Minor drainage contained by dressing	Contact Precautions Major drainage not contained by dressing
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Home & Community	<table border="1"> <tr> <td>Routine Practices Minor drainage contained by dressing</td> <td>Contact Precautions Major drainage not contained by dressing</td> </tr> </table>	Routine Practices Minor drainage contained by dressing	Contact Precautions Major drainage not contained by dressing
Routine Practices Minor drainage contained by dressing	Contact Precautions Major drainage not contained by dressing		
Duration of Precautions Until symptoms resolve or return to baseline			
Incubation Period Variable	Period of Communicability Variable		
Comments Precautions required are in addition to Routine Practices			

P

Parainfluenza virus

Parvovirus B19 – Fifth Disease, Erythema infectiosum (rash), Aplastic crisis

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

Pertussis (Whooping Cough) – *Bordetella pertussis*

Pharyngitis – (Group A Streptococcus, *Corynebacterium diphtheriae*, many viruses)

Pink Eye (Conjunctivitis) - Bacterial or Viral

Pinworm (Oxyuriasis, *Enterobius vermicularis*)

Plague – Bubonic (*Yersinia pestis*)

Plague – Pneumonic (*Yersinia pestis*)

Pleurodynia (Group B Coxsackieviruses)

Pneumocystis jiroveci Pneumonia (PJP) – formerly known as *P. carinii* (PCP)

Pneumonia, cause unknown (*Mycoplasma pneumoniae*, *Streptococcus pneumoniae*, *Haemophilus influenzae*, *Staphylococcus aureus*, Group A Streptococcus, Gram negative bacilli, *Chlamydia pneumoniae*, *Legionella*, Fungi)

Poliomyelitis

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

Pseudomembranous colitis – (*Clostridium difficile*)

Pseudomonas aeruginosa (Metallo-Carbapenamase producing, see CPO)

Psittacosis (Ornithosis) – (*Chlamydia psittaci*)

Suspected/Known Disease or Microorganism										
Parainfluenza virus										
Clinical Presentation Respiratory tract infection										
Infectious Substances Respiratory secretions	How it is Transmitted Direct Contact, Indirect Contact, Droplet									
Precautions Needed										
Acute Care	<table border="1"> <tr> <td>Routine Practices Adult</td> <td>Droplet & Contact Precautions Pediatric Adult in high risk units*</td> <td>If AGMP indicated Refer to IPAC AGMP Best Practice Guideline</td> </tr> <tr> <td>Long-Term Care & Mental Health</td> <td>Routine Practices Adult</td> <td></td> </tr> <tr> <td>Home & Community</td> <td>Routine Practices Adult</td> <td>Droplet & Contact Precautions Pediatric</td> </tr> </table>	Routine Practices Adult	Droplet & Contact Precautions Pediatric Adult in high risk units*	If AGMP indicated Refer to IPAC AGMP Best Practice Guideline	Long-Term Care & Mental Health	Routine Practices Adult		Home & Community	Routine Practices Adult	Droplet & Contact Precautions Pediatric
Routine Practices Adult	Droplet & Contact Precautions Pediatric Adult in high risk units*	If AGMP indicated Refer to IPAC AGMP Best Practice Guideline								
Long-Term Care & Mental Health	Routine Practices Adult									
Home & Community	Routine Practices Adult	Droplet & Contact Precautions Pediatric								
Duration of Precautions Until symptoms resolve For immunocompromised hosts, isolation precautions need to be maintained for a longer duration. Contact IPAC for discontinuation of precautions.										
Incubation Period 2-6 days	Period of Communicability 1-3 weeks									
Comments Precautions required are in addition to Routine Practices <ul style="list-style-type: none"> Minimize exposure of highrisk patients. VCH Bed Placement for Viral Respiratory Illness (VRI) * High risk units: Solid Organ Transplant (SOT), Bone Marrow Transplant (BMT), Intensive Care Unit (ICU), Burns, Trauma, High Acuity (BTHA) and Thoracic										

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

Suspected/Known Disease or Microorganism Parvovirus B19 – Fifth Disease, Erythema infectiosum (rash), Aplastic crisis										
Clinical Presentation Erythema Infectiosum (rash), aplastic or erythrocytic crisis, fever, headache, rhinitis										
Infectious Substances Respiratory secretions	How it is Transmitted Direct Contact, Indirect Contact, Vertical (mother to fetus)									
Precautions Needed <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center; vertical-align: middle;">Acute Care</td> <td style="width: 25%; text-align: center; border: 2px solid black;">Routine Practices</td> <td style="width: 60%; text-align: center; border: 2px solid blue;">Droplet Precautions <ul style="list-style-type: none"> Aplastic crisis Chronic infection in immunocompromised patient Papular purpuric gloves-socks syndrome </td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">Long-Term Care</td> <td style="text-align: center; border: 2px solid black;">Routine Practices</td> <td style="text-align: center; border: 2px solid blue;">Droplet Precautions As above</td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">Home & Community</td> <td style="text-align: center; border: 2px solid black;">Routine Practices</td> <td style="text-align: center; border: 2px solid blue;">Droplet Precautions As above</td> </tr> </table>		Acute Care	Routine Practices	Droplet Precautions <ul style="list-style-type: none"> Aplastic crisis Chronic infection in immunocompromised patient Papular purpuric gloves-socks syndrome 	Long-Term Care	Routine Practices	Droplet Precautions As above	Home & Community	Routine Practices	Droplet Precautions As above
Acute Care	Routine Practices	Droplet Precautions <ul style="list-style-type: none"> Aplastic crisis Chronic infection in immunocompromised patient Papular purpuric gloves-socks syndrome 								
Long-Term Care	Routine Practices	Droplet Precautions As above								
Home & Community	Routine Practices	Droplet Precautions As above								
Duration of Precautions If patient with transient aplastic or erythrocyte crisis maintain precautions for 7 days. For immune-suppressed patients with chronic infection or those with papular purpuric gloves and socks syndrome (PPGS), maintain precautions for duration of hospitalization										
Incubation Period 4-21 days	Period of Communicability <ul style="list-style-type: none"> Aplastic or erythrocytic crisis: Up to 1 week after onset of crisis Fifths disease: no longer infectious by the time the rash appears Chronic infection in immunocompromised patient: months to years 									
Comments Precautions required are in addition to Routine Practices										

Suspected/Known Disease or Microorganism	
Pediculosis (Lice) – (<i>Pediculus humanus</i>, <i>Phthirus pubis</i>)	
Clinical Presentation Infestation may result in severe itching and excoriation of the scalp or body	
Infectious Substances Direct and indirect contact with louse	How it is Transmitted Contact with louse directly or indirectly
Precautions Needed	
Acute Care	Contact Precautions
Long-Term Care	Contact Precautions
Home & Community	Contact Precautions
Duration of Precautions Continue until a minimum of 24 hours after start of effective therapy	
Incubation Period 6-10 days	Period of Communicability Until effective treatment to kill lice and ova and observed to be free of lice
Comments Precautions required are in addition to Routine Practices	
<ul style="list-style-type: none"> • Apply treatment (pediculicide) as directed on label. If live lice found after therapy, repeat treatment • Manually remove nits. As no pediculicide is 100% ovicidal, removal of nits decreases the risk of self-reinfestation • Head lice: wash headgear, combs, pillow cases, towels with hot water or dry clean or seal in plastic bag and store for 10 days • Body lice: as above and all exposed clothing and bedding 	

<p>Suspected/Known Disease or Microorganism</p> <p>Pertussis (Whooping Cough) – <i>Bordetella pertussis</i></p>							
<p>Clinical Presentation</p> <p>Violent coughing without inhalation followed by high pitched inspiratory crowing or “whoop”, vomiting after coughing, non-specific respiratory tract infection in infants</p>							
<p>Infectious Substances</p> <p>Respiratory secretions</p>	<p>How it is Transmitted</p> <p>Large Droplets</p>						
<p>Precautions Needed</p> <table border="0"> <tr> <td style="padding-right: 20px;">Acute Care</td> <td style="border: 2px solid blue; padding: 5px;">Droplet Precautions</td> </tr> <tr> <td style="padding-right: 20px;">Long-Term Care</td> <td style="border: 2px solid blue; padding: 5px;">Droplet Precautions</td> </tr> <tr> <td style="padding-right: 20px;">Home & Community</td> <td style="border: 2px solid blue; padding: 5px;">Droplet Precautions</td> </tr> </table>		Acute Care	Droplet Precautions	Long-Term Care	Droplet Precautions	Home & Community	Droplet Precautions
Acute Care	Droplet Precautions						
Long-Term Care	Droplet Precautions						
Home & Community	Droplet Precautions						
<p>Duration of Precautions</p> <p>Untreated: Up to 3 weeks after onset of paroxysms</p> <p>Treated: after 5 days of effective antimicrobial treatment</p>							
<p>Incubation Period</p> <p>Average 9-10 days; range of 6-20 days</p>	<p>Period of Communicability</p> <p>At onset of mild respiratory tract symptoms (catarrhal stage) up to 3 weeks after onset of paroxysms or coughing if not treated</p>						
<p>Comments</p> <p>Precautions required are in addition to Routine Practices</p> <ul style="list-style-type: none"> • Close contacts may need chemoprophylaxis • Immunization information • Reportable Disease 							

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

<p>Suspected/Known Disease or Microorganism</p> <p>Pharyngitis – (Group A Streptococcus, <i>Corynebacterium diphtheriae</i>, many viruses)</p>										
<p>Clinical Presentation</p> <p>Sneezing, coughing, fever, headache, sore throat</p>										
<p>Infectious Substances</p> <p>Respiratory secretions</p>	<p>How it is Transmitted</p> <p>Direct Contact, Indirect Contact and Large Droplets</p>									
<p>Precautions Needed</p> <p><i>If a pathogen is identified, follow organism specific instructions in this manual.</i></p> <table border="1"> <tr> <td>Acute Care</td> <td> <p>Routine Practices Adult</p> </td> <td> <p>Droplet & Contact Precautions Pediatric</p> </td> </tr> <tr> <td>Long-Term Care</td> <td> <p>Routine Practices Adult</p> </td> <td></td> </tr> <tr> <td>Home & Community</td> <td> <p>Routine Practices Adult</p> </td> <td> <p>Droplet & Contact Precautions Pediatric</p> </td> </tr> </table>		Acute Care	<p>Routine Practices Adult</p>	<p>Droplet & Contact Precautions Pediatric</p>	Long-Term Care	<p>Routine Practices Adult</p>		Home & Community	<p>Routine Practices Adult</p>	<p>Droplet & Contact Precautions Pediatric</p>
Acute Care	<p>Routine Practices Adult</p>	<p>Droplet & Contact Precautions Pediatric</p>								
Long-Term Care	<p>Routine Practices Adult</p>									
Home & Community	<p>Routine Practices Adult</p>	<p>Droplet & Contact Precautions Pediatric</p>								
<p>Duration of Precautions</p> <p>Until symptoms resolve or return to baseline If Group A <i>Streptococcus</i>: until 24 hours of effective antimicrobial therapy completed</p>										
<p>Incubation Period</p> <p>Variable</p>	<p>Period of Communicability</p> <p>Until acute symptoms resolve If Group A <i>Streptococcus</i>: until 24 hours of effective antimicrobial therapy</p>									
<p>Comments</p> <p>Precautions required are in addition to Routine Practices</p>										

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

<p>Suspected/Known Disease or Microorganism</p> <p>Pink Eye (Conjunctivitis) - Bacterial or Viral</p>										
<p>Clinical Presentation</p> <p>Inflammation of the conjunctiva, redness of the whites of the eyes, purulent or watery discharge.</p>										
<p>Infectious Substances</p> <p>Eye discharge</p>	<p>How it is Transmitted</p> <p>Direct Contact, Indirect Contact</p>									
<p>Precautions Needed</p> <table border="0"> <tr> <td style="vertical-align: top;">Acute Care</td> <td style="border: 2px solid black; padding: 5px;"> <p>Routine Practices Adult bacterial, unless caused by ARO then refer to specific organism</p> </td> <td style="border: 2px solid yellow; padding: 5px;"> <p>Contact Precautions Pediatric Adult viral</p> </td> </tr> <tr> <td style="vertical-align: top;">Long-Term Care</td> <td style="border: 2px solid black; padding: 5px;"> <p>Routine Practices Bacterial</p> </td> <td style="border: 2px solid yellow; padding: 5px;"> <p>Contact Precautions Viral</p> </td> </tr> <tr> <td style="vertical-align: top;">Home & Community</td> <td style="border: 2px solid black; padding: 5px;"> <p>Routine Practices Adult bacterial</p> </td> <td style="border: 2px solid yellow; padding: 5px;"> <p>Contact Precautions Pediatrics Adult viral</p> </td> </tr> </table>		Acute Care	<p>Routine Practices Adult bacterial, unless caused by ARO then refer to specific organism</p>	<p>Contact Precautions Pediatric Adult viral</p>	Long-Term Care	<p>Routine Practices Bacterial</p>	<p>Contact Precautions Viral</p>	Home & Community	<p>Routine Practices Adult bacterial</p>	<p>Contact Precautions Pediatrics Adult viral</p>
Acute Care	<p>Routine Practices Adult bacterial, unless caused by ARO then refer to specific organism</p>	<p>Contact Precautions Pediatric Adult viral</p>								
Long-Term Care	<p>Routine Practices Bacterial</p>	<p>Contact Precautions Viral</p>								
Home & Community	<p>Routine Practices Adult bacterial</p>	<p>Contact Precautions Pediatrics Adult viral</p>								
<p>Duration of Precautions</p> <p>Bacterial- Until 24 hours of effective antimicrobial therapy completed</p> <p>Viral cause- Until symptoms are resolved or a non-viral cause is found</p>										
<p>Incubation Period</p> <p>Bacterial: 24-72 hours</p> <p>Viral: See Conjunctivitis-Viral for types</p>	<p>Period of Communicability</p> <p>Bacterial: During active infection</p> <p>Viral: Up to 14 days</p>									
<p>Comments</p> <p>Precautions required are in addition to Routine Practices</p> <ul style="list-style-type: none"> • See Conjunctivitis – Bacterial • See Conjunctivitis – Viral 										

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

Suspected/Known Disease or Microorganism	
Pinworm (Oxyuriasis, <i>Enterobius vermicularis</i>)	
Clinical Presentation Nocturnal perianal itching. Occasionally ulcer-like bowel lesions	
Infectious Substances Ova in perianal region, contaminated fomites	How it is Transmitted Fecal-oral, Direct Contact, Indirect Contact
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions Not applicable	
Incubation Period 1-2 months	Period of Communicability Until effective treatment
Comments	
<ul style="list-style-type: none"> • There can be a secondary bacterial infection due to the irritation and scratching of the anal area. • All household contacts and caretakers of the infected person should be treated at the same time. • Careful handling of contaminated linens and undergarments 	

Suspected/Known Disease or Microorganism	
Plague – Bubonic (<i>Yersinia pestis</i>)	
Clinical Presentation Lymphadenitis, fever, chills, headache, extreme fatigue and one or more swollen, tender and painful lymph nodes (called buboes)	
Infectious Substances Bite of an infected flea	How it is Transmitted Fleaborne Contact with contaminated fluid or tissue e.g., touching or skinning infected animals
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions Not applicable	
Incubation Period 1-7 days	Period of Communicability Not applicable
Comments <ul style="list-style-type: none"> Reportable Disease 	

Suspected/Known Disease or Microorganism Plague – Pneumonic (<i>Yersinia pestis</i>)	
Clinical Presentation Pneumonia, cough, fever, hemoptysis	
Infectious Substances Respiratory secretions	How it is Transmitted Droplet
Precautions Needed	
Acute Care	Droplet Precautions
Long-Term Care	Droplet Precautions
Home & Community	Droplet Precautions
Duration of Precautions Until 48 hours of effective antibiotic treatment	
Incubation Period 1-4 days	Period of Communicability Until 48 hours of effective antibiotic treatment
Comments Precautions required are in addition to Routine Practices	
<ul style="list-style-type: none"> • Reportable Disease • Close contacts may require prophylaxis 	

Suspected/Known Disease or Microorganism Pleurodynia (Group B Coxsackieviruses)			
Clinical Presentation Fever, severe chest and abdominal/lower back pain, headache, malaise			
Infectious Substances Feces and respiratory secretions	How it is Transmitted Direct Contact, Indirect Contact, Large Droplets		
Precautions Needed			
Acute Care	<table border="1"> <tr> <td>Routine Practices Adult</td> <td>Contact Precautions Pediatric</td> </tr> </table>	Routine Practices Adult	Contact Precautions Pediatric
Routine Practices Adult	Contact Precautions Pediatric		
Long-Term Care	Routine Practices		
Home & Community	<table border="1"> <tr> <td>Routine Practices Adult</td> <td>Contact Precautions Pediatric</td> </tr> </table>	Routine Practices Adult	Contact Precautions Pediatric
Routine Practices Adult	Contact Precautions Pediatric		
Duration of Precautions Duration of illness			
Incubation Period 3-5 days	Period of Communicability Duration of illness		
Comments Precautions required are in addition to Routine Practices			

Suspected/Known Disease or Microorganism <i>Pneumocystis jiroveci</i> Pneumonia (PJP) – formerly known as <i>P. carinii</i> (PCP)	
Clinical Presentation Pneumonia in an immunocompromised host	
Infectious Substances N/A	How it is Transmitted Unknown
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions Not applicable	
Incubation Period Unknown	Period of Communicability Unknown
Comments <ul style="list-style-type: none"> Ensure roommate is not immunocompromised 	

Suspected/Known Disease or Microorganism

Pneumonia, cause unknown (*Mycoplasma pneumoniae*, *Streptococcus pneumoniae*, *Haemophilus influenzae*, *Staphylococcus aureus*, Group A Streptococcus, Gram negative bacilli, *Chlamydia pneumoniae*, *Legionella*, Fungi)

Clinical Presentation: Fever, cough, chest pain, shortness of breath

Infectious Substances
Respiratory secretions

How it is Transmitted
Direct Contact, Indirect Contact, Droplet

Precautions Needed

If a pathogen is identified, follow organism specific instructions in this manual. Use appropriate precautions if viral respiratory infection not ruled out.

Acute Care	Routine Practices Adult	Droplet & Contact Precautions Pediatric Adult if Group A Strep, <i>Mycoplasma</i>
Long-Term Care	Routine Practices Adult	Droplet & Contact Precautions Pediatric Adult if Group A Strep, <i>Mycoplasma</i>
Home & Community	Routine Practices Adult	Droplet & Contact Precautions Pediatric Adult if Group A Strep, <i>Mycoplasma</i>

Duration of Precautions

Until infectious etiology ruled out or symptoms resolve. Refer to specific organism if pathogen identified
GAS: 24 hours after appropriate antimicrobial therapy

Incubation Period
Variable

Period of Communicability
Duration of Illness or until infectious etiology ruled out

Comments

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

- Use precautions if causative organism is an ARO
- Minimize exposure of immunocompromised patients, patients with chronic cardiac or lung disease

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

Suspected/Known Disease or Microorganism	
Poliomyelitis	
Clinical Presentation Flaccid paralysis, fever, aseptic meningitis	
Infectious Substances Feces, respiratory secretions	How it is Transmitted Direct Contact (fecal-oral), Indirect Contact
Precautions Needed	
Acute Care	Contact Precautions
Long-Term Care	Contact Precautions
Home & Community	Contact Precautions
Duration of Precautions Until 6 weeks from start of illness or until feces PCR negative	
Incubation Period 3-35 days	Period of Communicability Throat: 1 week Feces: 3 – 6 weeks
Comments Precautions required are in addition to Routine Practices	
<ul style="list-style-type: none"> • Reportable Disease • Close contacts who are not immune should receive immunoprophylaxis • Immunization information 	

Suspected/Known Disease or Microorganism	
Prion Disease – Creutzfeldt-Jakob Disease (CJD); classic and variant (vCJD)	
Clinical Presentation: Subacute onset of confusion, progressive dementia, chronic encephalopathy	
Infectious Substances Tissues of infected animals and humans. High Risk Tissue: Brain, dura mater, spinal cord, CSF, posterior eyes	How it is Transmitted Contaminated surgical instruments (classical). Tissue grafts from infected donors Ingestion of infected central nervous system tissue
Precautions Needed	
Acute Care	Routine Practices Except special precautions are needed for surgery and autopsy in all suspect cases
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions Not applicable	
Incubation Period Months to years	Period of Communicability Highest level of infectivity during symptomatic illness
Comments Special precautions for surgery and autopsy: <ul style="list-style-type: none"> Immediately consult IPAC if CJD is suspected. Special precautions are needed for neurosurgical procedures, autopsy and handling/autopsy of body after death. Refer to VCH IPAC Guidelines for Management of CJD and other Prion Diseases Reportable Disease 	

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

Suspected/Known Disease or Microorganism Pseudomembranous colitis – (<i>Clostridium difficile</i>)							
Clinical Presentation Diarrhea, abdominal cramps							
Infectious Substances Feces	How it is Transmitted (fecal–oral) Direct Contact, Indirect Contact						
Precautions Needed <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 10px;">Acute Care</td> <td style="text-align: center; padding: 10px;">Contact Plus Precautions</td> </tr> <tr> <td style="text-align: center; padding: 10px;">Long-Term Care</td> <td style="text-align: center; padding: 10px;">Contact Plus Precautions</td> </tr> <tr> <td style="text-align: center; padding: 10px;">Home & Community</td> <td style="text-align: center; padding: 10px;">Contact Precautions</td> </tr> </table>		Acute Care	Contact Plus Precautions	Long-Term Care	Contact Plus Precautions	Home & Community	Contact Precautions
Acute Care	Contact Plus Precautions						
Long-Term Care	Contact Plus Precautions						
Home & Community	Contact Precautions						
Duration of Precautions Until symptoms have stopped for 72 hours A negative <i>Clostridium difficile</i> test is NOT required to discontinue Contact Plus Precautions							
Incubation Period Variable	Period of Communicability Until symptoms resolve						
Comments Precautions required are in addition to Routine Practices <ul style="list-style-type: none"> • Use soap and water for hand washing, alcohol-based hand rubs are not as effective for spores • Bacterial spores persist in the environment , careful discharge cleaning is required (UV if available) • Only send specimens on symptomatic individuals, do not test children < 1 yr 							

Suspected/Known Disease or Microorganism <i>Pseudomonas aeruginosa</i> (Metallo-Carbapenamase producing, see CPO)	
Clinical Presentation Asymptomatic or various infections of skin, soft tissue, pneumonia, bacteremia, urinary tract, etc.	
Infectious Substances Colonized/infected body sites	How it is Transmitted Direct Contact, Indirect Contact
Precautions Needed	
Acute Care	<div style="border: 2px solid yellow; padding: 5px; display: inline-block;"> Contact Precautions Private room with dedicated bathroom or commode. Dedicate equipment whenever possible. </div> <div style="border: 1px dashed gray; padding: 5px; display: inline-block; margin-left: 20px;"> Droplet & Contact Precautions if productive cough Airborne & Contact Precautions if ventilated </div>
Long-Term Care	<div style="border: 2px solid black; padding: 5px; display: inline-block;"> Routine Practices </div>
Home & Community	<div style="border: 2px solid black; padding: 5px; display: inline-block;"> Routine Practices Home care and low risk community settings </div> <div style="border: 2px solid yellow; padding: 5px; display: inline-block; margin-left: 20px;"> Contact Precautions High risk community settings </div>
Duration of Precautions: As directed by Infection Prevention and Control	
Incubation Period Not applicable	Period of Communicability Variable
Comments Precautions required are in addition to Routine Practices <ul style="list-style-type: none"> • Refer to ARO Acute Patient Placement Algorithm • Reportable Disease • VCH lab results will clearly indicate “CPO” otherwise use routine practices for this organism • IPAC will direct ring screening as required. Complete admission screening per VCH protocol • See VCH CPO resources on the IPAC website • Refer to IPAC AGMP Best Practice Guideline 	

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

Suspected/Known Disease or Microorganism Psittacosis (Ornithosis) – (<i>Chlamydia psittaci</i>)	
Clinical Presentation Pneumonia, fever	
Infectious Substances Infected birds	How it is Transmitted Contact with infected birds No person-to-person transmission
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions Not applicable	
Incubation Period 7-14 days	Period of Communicability No person-to-person transmission
Comments	
<ul style="list-style-type: none"> • Reportable Disease • Acquired by inhalation of desiccated droppings, secretions and dust of infected birds 	

Q

Q Fever (*Coxiella burnetii*)

Suspected/Known Disease or Microorganism Q Fever (<i>Coxiella burnetii</i>)	
Clinical Presentation Pneumonia, fever	
Infectious Substances Infected animals, raw milk	How it is Transmitted Acquired from contact with infected animals or from raw milk No person-to-person transmission
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions Not applicable	
Incubation Period 14-39 days	Period of Communicability No person-to-person transmission
Comments • Reportable Disease	

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

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

Suspected/Known Disease or Microorganism	
Rabies	
Clinical Presentation: Acute encephalomyelitis. First symptoms similar to those of the flu: headache, fever, malaise. There may be discomfort, or a prickling/itching sensation at the site of the bite. As the disease progresses, delirium, abnormal behavior, hallucinations and insomnia may occur.	
Infectious Substances Saliva	How it is Transmitted <ul style="list-style-type: none"> Acquired from saliva or bite of infected animals Rarely documented via other routes such as contamination of mucous membranes (eyes, nose and mouth) aerosol transmission and corneal and organ transplantations
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions: Not applicable	
Incubation Period Highly variable, usually 3-8 weeks, rarely as short as 9 days or as long as 7 years	Period of Communicability Person-to-person transmission is theoretically possible but rare and not well documented. Good Routine Practice adherence will reduce transmission risk
Comments <ul style="list-style-type: none"> Reportable Disease Post-exposure prophylaxis is recommended for percutaneous or mucosal contamination with saliva of rabid animal Immunoglobulin information Immunization information 	

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

<p>Suspected/Known Disease or Microorganism</p> <p>Rash, compatible with scabies – (Ectoparasite) <i>Sarcoptes scabiei</i></p>							
<p>Clinical Presentation</p> <p>Intense itching especially at night, pimple like rash, scales or blisters. Track like burrows in the skin. In early stages can look like acne, mosquito bites.</p>							
<p>Infectious Substances</p> <p>Mite</p>	<p>How it is Transmitted</p> <p>Direct Contact, Indirect Contact</p>						
<p>Precautions Needed</p> <p><i>If pathogen is identified, follow pathogen specific instructions in this manual.</i></p> <table border="1" style="width: 100%;"> <tr> <td style="width: 20%;">Acute Care</td> <td style="text-align: center;">Contact Precautions</td> </tr> <tr> <td>Long-Term Care</td> <td style="text-align: center;">Contact Precautions</td> </tr> <tr> <td>Home & Community</td> <td style="text-align: center;">Contact Precautions</td> </tr> </table>		Acute Care	Contact Precautions	Long-Term Care	Contact Precautions	Home & Community	Contact Precautions
Acute Care	Contact Precautions						
Long-Term Care	Contact Precautions						
Home & Community	Contact Precautions						
<p>Duration of Precautions</p> <p>Until infectious cause ruled out, if confirmed see Scabies</p>							
<p>Incubation Period</p> <p>See Scabies</p>	<p>Period of Communicability</p> <p>See Scabies</p>						
<p>Comments</p> <p>Precautions required are in addition to Routine Practices</p> <ul style="list-style-type: none"> Refer to: VCH Rash Assessment Algorithm See Scabies Consult IPAC as needed 							

<p>Suspected/Known Disease or Microorganism Rash, maculopapular – Potential Rubeola virus (Measles)</p>							
<p>Clinical Presentation Fever, coryza, conjunctivitis, cough. Potential pathogen: measles (Rubeola virus)</p>							
<p>Infectious Substances Respiratory secretions</p>	<p>How it is Transmitted Airborne</p>						
<p>Precautions Needed <i>If pathogen is identified, follow pathogen specific instructions in this manual.</i></p> <table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">Acute Care</td> <td style="border: 2px solid green; padding: 5px; text-align: center;">Airborne Precautions</td> </tr> <tr> <td>Long-Term Care</td> <td style="border: 2px solid green; padding: 5px; text-align: center;">Airborne Precautions</td> </tr> <tr> <td>Home & Community</td> <td style="border: 2px solid green; padding: 5px; text-align: center;">Airborne Precautions</td> </tr> </table>		Acute Care	Airborne Precautions	Long-Term Care	Airborne Precautions	Home & Community	Airborne Precautions
Acute Care	Airborne Precautions						
Long-Term Care	Airborne Precautions						
Home & Community	Airborne Precautions						
<p>Duration of Precautions Until Measles ruled out: if confirmed see Measles</p>							
<p>Incubation Period See Measles</p>	<p>Period of Communicability See Measles</p>						
<p>Comments Precautions required are in addition to Routine Practices</p> <ul style="list-style-type: none"> • See Measles • Refer to: VCH Rash Assessment Algorithm • Consult IPAC if measles suspected 							

<p>Suspected/Known Disease or Microorganism</p> <p>Rash, petechial or purpuric – (Potential pathogen <i>Neisseria meningitidis</i>)</p>							
<p>Clinical Presentation: Rash (petechial/purpuric) with fever</p>							
<p>Infectious Substances Respiratory secretions</p>	<p>How it is Transmitted Droplet, Direct Contact</p>						
<p>Precautions Needed</p> <p><i>If pathogen is identified, follow pathogen specific instructions in this manual.</i></p> <table border="0"> <tr> <td style="vertical-align: top; padding-right: 20px;">Acute Care</td> <td style="border: 2px solid blue; padding: 5px;"> <p>Droplet Precautions</p> <p>If <i>N. meningitidis</i> is suspected, otherwise Routine Practices</p> </td> </tr> <tr> <td style="vertical-align: top; padding-right: 20px;">Long-Term Care</td> <td style="border: 2px solid blue; padding: 5px;"> <p>Droplet Precautions</p> <p>If <i>N. meningitidis</i> is suspected, otherwise Routine Practices</p> </td> </tr> <tr> <td style="vertical-align: top; padding-right: 20px;">Home & Community</td> <td style="border: 2px solid blue; padding: 5px;"> <p>Droplet Precautions</p> <p>If <i>N. meningitidis</i> is suspected, otherwise Routine Practices</p> </td> </tr> </table>		Acute Care	<p>Droplet Precautions</p> <p>If <i>N. meningitidis</i> is suspected, otherwise Routine Practices</p>	Long-Term Care	<p>Droplet Precautions</p> <p>If <i>N. meningitidis</i> is suspected, otherwise Routine Practices</p>	Home & Community	<p>Droplet Precautions</p> <p>If <i>N. meningitidis</i> is suspected, otherwise Routine Practices</p>
Acute Care	<p>Droplet Precautions</p> <p>If <i>N. meningitidis</i> is suspected, otherwise Routine Practices</p>						
Long-Term Care	<p>Droplet Precautions</p> <p>If <i>N. meningitidis</i> is suspected, otherwise Routine Practices</p>						
Home & Community	<p>Droplet Precautions</p> <p>If <i>N. meningitidis</i> is suspected, otherwise Routine Practices</p>						
<p>Duration of Precautions</p> <p>Until <i>N. meningitidis</i> ruled out: otherwise, maintain until 24 hours of effective antimicrobial therapy completed, see Meningococcus</p>							
<p>Incubation Period see Meningococcus</p>	<p>Period of Communicability see Meningococcus</p>						
<p>Comments</p> <p>Precautions required are in addition to Routine Practices</p> <ul style="list-style-type: none"> Refer to: VCH Rash Assessment Algorithm See Meningococcus Consult IPAC as needed 							

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

Suspected/Known Disease or Microorganism Rash, vesicular – (Potential pathogen Varicella Zoster Virus)	
Clinical Presentation Fever, rash	
Infectious Substances Respiratory secretions, skin lesion drainage	How it is Transmitted Airborne, Direct Contact, Indirect Contact
Precautions Needed <i>If pathogen is identified, follow pathogen specific instructions in this manual.</i>	
Acute Care	<div style="border: 2px solid red; padding: 5px; display: inline-block;"> Airborne & Contact Precautions Chicken pox, disseminated zoster, localized zoster in severely immunocompromised host, localized zoster that cannot be covered </div> <div style="border: 2px solid yellow; padding: 5px; display: inline-block; margin-left: 20px;"> Contact Precautions Localized zoster in immunocompetent host that can be covered </div>
Long-Term Care	<div style="border: 2px solid red; padding: 5px; display: inline-block;"> Airborne & Contact Precautions Chicken pox, disseminated zoster, localized zoster in severely immunocompromised host, localized zoster that cannot be covered </div> <div style="border: 2px solid yellow; padding: 5px; display: inline-block; margin-left: 20px;"> Contact Precautions Localized zoster in immunocompetent host that can be covered </div>
Home & Community	<div style="border: 2px solid red; padding: 5px; display: inline-block;"> Airborne & Contact Precautions Chicken pox, disseminated zoster, localized zoster in severely immunocompromised host, localized zoster that cannot be covered </div> <div style="border: 2px solid yellow; padding: 5px; display: inline-block; margin-left: 20px;"> Contact Precautions Localized zoster in immunocompetent host that can be covered </div>
Duration of Precautions If varicella infection is confirmed: until all lesions are dry and crusted, see Varicella	
Incubation Period See Varicella	Period of Communicability See Varicella
Comments Precautions required are in addition to Routine Practices <ul style="list-style-type: none"> Refer to: VCH Rash Assessment Algorithm See Varicella, select appropriate expression (chicken pox, localized or disseminated shingles) Consult IPAC as needed 	

Suspected/Known Disease or Microorganism	
Rat-bite fever – (<i>Streptobacillus Moniliformis</i>, <i>Spirillum minus</i>)	
Clinical Presentation Fever, arthralgia. Additional symptoms can vary for the two types of rat-bite fever	
Infectious Substances Saliva of infected rodents; contaminated milk	How it is Transmitted Bite from infected rodents, ingestion of contaminated milk. No person to person transmission
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions: Not applicable	
Incubation Period 3-10 days for <i>S. moniliformis</i> 7-21 days for <i>S. minus</i>	Period of Communicability No person to person transmission
Comments	
<ul style="list-style-type: none"> • <i>S. moniliformis</i>: acquired from rats and other animals, contaminated milk • <i>S minus</i>: acquired from rats, mice only 	

Suspected/Known Disease or Microorganism Relapsing fever (<i>Borrelia</i> sp.)	
Clinical Presentation Fever comes (2-7 days duration) and goes (4-14 days), transitory petechial rashes	
Infectious Substances Bite of louse or tick	How it is Transmitted Insectborne: Acquired by bite of lice or ticks. No person to person transmission
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions Not applicable	
Incubation Period 2-18 days	Period of Communicability No person-to-person transmission
Comments	

Suspected/Known Disease or Microorganism										
Rhinovirus										
Clinical Presentation: Respiratory tract infection, common cold										
Infectious Substances Respiratory secretions	How it is Transmitted Direct Contact, Indirect Contact, Droplet									
Precautions Needed										
Acute Care	<table border="1"> <tr> <td>Routine Practices Adult</td> <td>Droplet & Contact Precautions Pediatric Adult in high risk units*</td> <td>If AGMP indicated Refer to IPAC AGMP Best Practice Guideline</td> </tr> <tr> <td>Routine Practices Adult</td> <td></td> <td></td> </tr> <tr> <td>Routine Practices Adult</td> <td>Droplet & Contact Precautions Pediatric</td> <td></td> </tr> </table>	Routine Practices Adult	Droplet & Contact Precautions Pediatric Adult in high risk units*	If AGMP indicated Refer to IPAC AGMP Best Practice Guideline	Routine Practices Adult			Routine Practices Adult	Droplet & Contact Precautions Pediatric	
Routine Practices Adult	Droplet & Contact Precautions Pediatric Adult in high risk units*	If AGMP indicated Refer to IPAC AGMP Best Practice Guideline								
Routine Practices Adult										
Routine Practices Adult	Droplet & Contact Precautions Pediatric									
Long-Term Care										
Home & Community										
Duration of Precautions										
Until symptoms resolve. For immunocompromised hosts, isolation precautions need to be maintained for a longer duration. Contact IPAC. Contact IPAC for discontinuation of precautions										
Incubation Period 2-3 days	Period of Communicability Until acute symptoms resolve									
Comments										
Precautions required are in addition to Routine Practices										
<ul style="list-style-type: none"> Minimize exposure of highrisk patients. VCH Bed Placement for Viral Respiratory Illness (VRI) 										
* High risk units: Solid Organ Transplant (SOT), Bone Marrow Transplant (BMT), Intensive Care Unit (ICU), Burns, Trauma, High Acuity (BTHA) and Thoracic										

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

Suspected/Known Disease or Microorganism Rickettsialpox (<i>Rickettsia akari</i>)	
Clinical Presentation Fever, rash	
Infectious Substances Acquired by bite of mouse mite.	How it is Transmitted Miteborne No person to person transmission
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions Not applicable	
Incubation Period 9-14 days	Period of Communicability No person to person transmission
Comments <ul style="list-style-type: none"> Reportable Disease 	

Suspected/Known Disease or Microorganism	
Ringworm (Tinea) – (<i>Trichophyton</i> sp., <i>Microsporum</i> sp., <i>Epidermophyton</i> sp.)	
Clinical Presentation Erythema, scaling, lesions (skin, beard, scalp, groin, perineal region), athlete’s foot, pityriasis versicolor	
Infectious Substances Organism in skin or hair	How it is Transmitted Direct contact with animals, close person to person contact, shared combs, brushes, sheets
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions Not applicable	
Incubation Period 4-14 days	Period of Communicability While lesion(s) are present
Comments	
<ul style="list-style-type: none"> While under treatment for <i>Trichophyton</i>, patient should be excluded from swimming pools and activities likely to lead to exposure of others Outbreaks are rare, use Contact Precautions if outbreak occurs 	

Suspected/Known Disease or Microorganism			
Ritter’s Disease – Staphylococcal Scalded Skin Syndrome (SSSS)			
Clinical Presentation Painful rash with thick white/brown flakes			
Infectious Substances Skin exudates/drainage	How it is Transmitted Direct Contact, Indirect Contact		
Precautions Needed			
Acute Care	<table border="1"> <tr> <td>Routine Practices Minor drainage contained by dressing</td> <td>Contact Precautions Major drainage not contained by dressing</td> </tr> </table>	Routine Practices Minor drainage contained by dressing	Contact Precautions Major drainage not contained by dressing
Routine Practices Minor drainage contained by dressing	Contact Precautions Major drainage not contained by dressing		
Long-Term Care	<table border="1"> <tr> <td>Routine Practices Minor drainage contained by dressing</td> <td>Contact Precautions Major drainage not contained by dressing</td> </tr> </table>	Routine Practices Minor drainage contained by dressing	Contact Precautions Major drainage not contained by dressing
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Home & Community	<table border="1"> <tr> <td>Routine Practices Minor drainage contained by dressing</td> <td>Contact Precautions Major drainage not contained by dressing</td> </tr> </table>	Routine Practices Minor drainage contained by dressing	Contact Precautions Major drainage not contained by dressing
Routine Practices Minor drainage contained by dressing	Contact Precautions Major drainage not contained by dressing		
Duration of Precautions Until drainage resolved or contained by dressings			
Incubation Period Variable	Period of Communicability While organism is present in drainage		
Comments Precautions required are in addition to Routine Practices			

Suspected/Known Disease or Microorganism Rocky Mountain Spotted Fever (<i>Rickettsia rickettsii</i>)	
Clinical Presentation Fever, petechial rash, encephalitis	
Infectious Substances Acquired by bite of tick	How it is Transmitted Tick-borne
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions Not applicable	
Incubation Period 3-14 days	Period of Communicability No person to person transmission
Comments	
<ul style="list-style-type: none"> Infection in humans is incidental and is acquired most frequently during blood feeding by the infected tick, rarely through transfusion 	

Suspected/Known Disease or Microorganism Roseola Infantum – Human Herpes Virus 6	
Clinical Presentation Rash, fever	
Infectious Substances Saliva	How it is Transmitted Direct Contact
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions Not applicable	
Incubation Period 10 days	Period of Communicability Unknown
Comments <ul style="list-style-type: none"> Transmission requires close direct personal contact 	

Suspected/Known Disease or Microorganism Rotavirus	
Clinical Presentation Acute fever, vomiting followed by watery diarrhea in 24 to 48 hours Diarrhea may persist for up to 8 days	
Infectious Substances Feces, contaminated objects (e.g. toys)	How it is Transmitted (fecal-oral) Direct Contact, Indirect Contact
Precautions Needed	
Acute Care	Contact Plus Precautions
Long-Term Care	Contact Plus Precautions
Home & Community Care	Contact Precautions
Duration of Precautions Until symptoms have stopped for 48 hours: contact IPAC before discontinuing precautions.	
Incubation Period 1-3 days	Period of Communicability Until symptoms resolve
Comments Precautions required are in addition to Routine Practices	
<ul style="list-style-type: none"> • Prolonged fecal shedding may occur in immunocompromised patients after diarrhea has ceased; Contact Precautions should be maintained until laboratory results are negative • Contact Precautions for 14 days after immunization date for infants who receive the Rotavirus vaccine while admitted to hospital • Reportable Disease 	

Suspected/Known Disease or Microorganism Roundworm – Ascariasis (<i>Ascaris</i> spp.)	
Clinical Presentation Usually asymptomatic	
Infectious Substances Contaminated soil or water	How it is Transmitted Ingestion of infective eggs/larvae
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions Life cycle requires 4-8 weeks for completion.	
Incubation Period 2-8 days	Period of Communicability As long as mature, fertilized worms continue to live in the intestine, producing eggs. No person-to person transmission
Comments	
<ul style="list-style-type: none"> • Transmission occurs by ingestion of infective eggs from contaminated soil • Ova must hatch in soil to become infectious 	

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

Suspected/Known Disease or Microorganism RSV – Respiratory Syncytial Virus								
Clinical Presentation Respiratory tract infection								
Infectious Substances Respiratory secretions	How it is Transmitted Direct Contact, Indirect Contact, Droplet							
Precautions Needed <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; text-align: center; vertical-align: middle;">Acute Care</td> <td style="text-align: center; vertical-align: middle;">Droplet & Contact Precautions</td> <td rowspan="3" style="text-align: center; vertical-align: middle; border: 2px solid purple;"> If AGMP indicated Refer to IPAC AGMP Best Practice Guideline </td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">Long-Term Care & Mental Health</td> <td style="text-align: center; vertical-align: middle;">Droplet & Contact Precautions</td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">Home & Community</td> <td style="text-align: center; vertical-align: middle;">Droplet & Contact Precautions</td> </tr> </table>		Acute Care	Droplet & Contact Precautions	If AGMP indicated Refer to IPAC AGMP Best Practice Guideline	Long-Term Care & Mental Health	Droplet & Contact Precautions	Home & Community	Droplet & Contact Precautions
Acute Care	Droplet & Contact Precautions	If AGMP indicated Refer to IPAC AGMP Best Practice Guideline						
Long-Term Care & Mental Health	Droplet & Contact Precautions							
Home & Community	Droplet & Contact Precautions							
Duration of Precautions Acute Care, Long-Term Care and Mental Health - At least 7 days post symptom onset AND 24 hours after symptoms resolve. For immunocompromised hosts, isolation precautions need to be maintained for a longer duration. Acute Care and Mental Health Contact IPAC for discontinuation of isolation precautions.								
Incubation Period 2-8 days	Period of Communicability Until acute symptoms resolve							
Comments Precautions required are in addition to Routine Practices <ul style="list-style-type: none"> Minimize exposure of highrisk patients. VCH Bed Placement for Viral Respiratory Illness (VRI) High risk units: solid organ transplant (SOT), bone marrow transplant (BMT), burns, trauma, high acuity (BTHA), and Thoracic 								

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

Suspected/Known Disease or Microorganism	
Rubella (German Measles) – Acquired	
Clinical Presentation Fever and maculopapular rash	
Infectious Substances Respiratory secretions	How it is Transmitted Direct Contact, Droplet
Precautions Needed	
Acute Care	Droplet Precautions
Long-Term Care	Droplet Precautions
Home & Community	Droplet Precautions
Duration of Precautions: Until 7 days after onset of rash	
Incubation Period 14-21 days	Period of Communicability One week before and after onset of rash
Comments Precautions required are in addition to Routine Practices	
<ul style="list-style-type: none"> • Defer non-urgent admission if rubella is present. May admit after rash has resolved • If possible, only immune HCWs, caretakers and visitors should enter the room • Reportable Disease • Droplet Precautions should be maintained for exposed susceptible contacts for 7 days after first contact through to 21 days after last contact • Administer vaccine to exposed susceptible non-pregnant persons within 3 days of exposure 	

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

Suspected/Known Disease or Microorganism Rubella – Congenital	
Clinical Presentation Congenital rubella syndrome	
Infectious Substances Respiratory secretions, urine	How it is Transmitted Direct Contact, Indirect Contact, Droplet
Precautions Needed	
Acute Care	Droplet & Contact Precautions
Long-Term Care	Not applicable
Home & Community	Droplet & Contact Precautions
Duration of Precautions Until 1 year of age unless nasopharyngeal and urine cultures done after 3 months of age are negative	
Incubation Period 14-21 days	Period of Communicability Prolonged shedding in respiratory tract and urine can be up to one year
Comments Precautions required are in addition to Routine Practices	
<ul style="list-style-type: none"> • Defer non-urgent admission if rubella is present. May admit after rash has resolved • If possible, only immune HCWs, caretakers and visitors should enter the room • Reportable Disease • Droplet Precautions should be maintained for exposed susceptible contacts for 7 days after first contact through to 21 days after last contact • Administer vaccine to exposed susceptible non-pregnant persons within 3 days of exposure 	

Suspected/Known Disease or Microorganism Rubella (German measles) – Exposed Susceptible Contact	
Clinical Presentation Asymptomatic	
Infectious Substances Respiratory secretions	How it is Transmitted Direct Contact , Droplet
Precautions Needed	
Acute Care	Droplet Precautions
Long-Term Care	Droplet Precautions
Home & Community	Droplet Precautions
Duration of Precautions Droplet Precautions should be maintained for exposed susceptible patients for 7 days after first contact through to 21 days after last contact.	
Incubation Period 14-21 days	Period of Communicability One week before to 7 days after onset of rash
Comments Precautions required are in addition to Routine Practices	
<ul style="list-style-type: none"> • Defer non-urgent admission if rubella is present. May admit after rash has resolved • If possible, only immune HCWs, caretakers and visitors should enter the room • Administer vaccine to exposed susceptible non-pregnant persons within 3 days of exposure 	

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

Suspected/Known Disease or Microorganism	
Rubeola – Measles	
Clinical Presentation Fever, cough, coryza, conjunctivitis (3Cs), maculopapular skin rash, Koplik spots inside mouth, especially the cheeks	
Infectious Substances: Respiratory secretions	How it is Transmitted: Airborne
Precautions Needed	
Acute Care	Airborne Precautions
Long-Term Care	Airborne Precautions
Home & Community Care	Airborne Precautions
Duration of Precautions: 4 days after start of rash in immunocompetent patients or until all symptoms are gone in immunocompromised patients	
Incubation Period 7-18 days to onset of fever, rarely as long as 21 days	Period of Communicability 5 days before onset of rash (1 – 2 days before symptom onset) until 4 days after onset of rash
Comments Precautions required are in addition to Routine Practices	
<ul style="list-style-type: none"> • Reportable Disease • Individuals with known immunity are not required to wear the N95 respirator when entering the room: <ul style="list-style-type: none"> ○ serological proof of immunity, or documentation of 2 appropriately timed doses of vaccine, or received a minimum dose of immunoglobulin (0.25/kg) within 5 months of exposure • Susceptible HCWs should not enter the room if immune staff are available. If they must enter the room, an N95 respirator must be worn. Other non-immune persons should not enter except in urgent or compassionate circumstances. If immunity is unknown, assume person is non-immune Immunoprophylaxis is indicated for susceptible contacts • Precautions should be taken with neonates born to mother with measles infection at delivery • On discharge or transfer, keep room on Airborne precautions per Air Clearance/Settle time • If other patients exposed, notify IPAC and refer to exposure follow-up instruction in this manual 	

Suspected/Known Disease or Microorganism	
Rubeola – (Measles) Exposed Susceptible Contact	
Clinical Presentation May be asymptomatic	
Infectious Substances Respiratory secretions	How it is Transmitted Airborne
Precautions Needed	
Acute Care	Airborne Precautions
Long-Term Care	Airborne Precautions
Home & Community Care	Airborne Precautions
Duration of Precautions: 5 days after first exposure until 21 days after last exposure	
Incubation Period 7-18 days	Period of Communicability Potentially communicable during last 2 days of incubation period
Comments	
Precautions required are in addition to Routine Practices	
<ul style="list-style-type: none"> • Defer non-urgent admission if a susceptible person is incubating the disease • Individuals with known immunity (serological proof of immunity; immunization with 2 appropriately timed doses of measles-containing vaccine) are not required to wear the N95 respirator. • Susceptible HCWs should not enter the room if immune staff are available. If they must enter the room, an N95 respirator must be worn. Other non-immune persons should not enter except in urgent or compassionate circumstances. If immunity is unknown, assume person is non-immune • Place newborns of mothers with measles on precautions at delivery • If immunoglobulin indicated, administer within 6 days • Consult IPAC if measles exposure occurred in a healthcare setting 	

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

S

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

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

Suspected/Known Disease or Microorganism											
<i>Salmonella (Salmonella spp.)</i> – including <i>Salmonella Typhi</i> (Typhoid Fever)											
Clinical Presentation Diarrhea, enteric fever, typhoid fever, food poisoning											
Infectious Substances Feces	How it is Transmitted (fecal-oral) Direct Contact, Indirect Contact, Foodborne										
Precautions Needed											
Acute Care	<table border="1"> <tr> <td>Routine Practices Adult</td> <td>Contact Precautions Pediatric Adult if: <ul style="list-style-type: none"> • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment </td> </tr> <tr> <td>Long-Term Care</td> <td> <table border="1"> <tr> <td>Routine Practices</td> <td>Contact Precautions For adults as described above</td> </tr> </table> </td> </tr> <tr> <td>Home & Community</td> <td> <table border="1"> <tr> <td>Routine Practices Adult</td> <td>Contact Precautions Pediatric</td> </tr> </table> </td> </tr> </table>	Routine Practices Adult	Contact Precautions Pediatric Adult if: <ul style="list-style-type: none"> • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment 	Long-Term Care	<table border="1"> <tr> <td>Routine Practices</td> <td>Contact Precautions For adults as described above</td> </tr> </table>	Routine Practices	Contact Precautions For adults as described above	Home & Community	<table border="1"> <tr> <td>Routine Practices Adult</td> <td>Contact Precautions Pediatric</td> </tr> </table>	Routine Practices Adult	Contact Precautions Pediatric
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Routine Practices Adult	Contact Precautions Pediatric										
Duration of Precautions Until symptoms have stopped for 48 hours OR for adults, until patient is continent and has good hygiene											
Incubation Period 6-72 hours for diarrhea; 3-60 days for enteric fever	Period of Communicability Variable										
Comments Precautions required are in addition to Routine Practices											
<ul style="list-style-type: none"> • Reportable Disease 											

Suspected/Known Disease or Microorganism	
SARS CoV – (Severe Acute Respiratory Syndrome Coronavirus)	
Clinical Presentation Malaise, myalgia, headache, fever, respiratory symptoms (cough, increasing shortness of breath), pneumonia, acute respiratory distress syndrome	
Infectious Substances Respiratory secretions and exhaled droplets and particles, stool	How it is Transmitted Direct Contact, Indirect Contact, Droplet
Precautions Needed Contact and Droplet Precautions	
Acute Care	<div style="border: 1px dashed black; padding: 5px;"> <p>Airborne & Contact Precautions Droplet Precautions Add Droplet, eye protection indicated for all encounters</p> </div>
Long-Term Care	<div style="border: 2px solid orange; padding: 5px; display: inline-block;"> <p>Droplet & Contact Precautions</p> </div> <div style="border: 2px solid purple; padding: 5px; display: inline-block; margin-left: 20px;"> <p>If AGMP indicated Refer to IPAC AGMP Best Practice Guideline</p> </div>
Home & Community	<div style="border: 2px solid orange; padding: 5px; display: inline-block;"> <p>Droplet & Contact Precautions</p> </div> <div style="border: 2px solid purple; padding: 5px; display: inline-block; margin-left: 20px;"> <p>If AGMP indicated Refer to IPAC AGMP Best Practice Guideline</p> </div>
Duration of Precautions: 10 days following resolution of fever if respiratory symptoms have also resolved.	
Incubation Period 3-10 days	Period of Communicability Undetermined, suggested to be less than 21 days
Comments Precautions required are in addition to Routine Practices	
<ul style="list-style-type: none"> • Reportable Disease Physicians report to Medical Health Officer at suspect stage • Notify IPAC, contact Medical Microbiologist on call 	

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

Suspected/Known Disease or Microorganism Scabies (<i>Sarcoptes scabiei</i>)							
Clinical Presentation Lesions in skin fold, severe itching, dermatitis, scaling							
Infectious Substances Mite	How it is Transmitted Direct Contact, Indirect Contact						
Precautions Needed <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; text-align: center; vertical-align: middle;">Acute Care</td> <td style="text-align: center; background-color: yellow;">Contact Precautions</td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">Long-Term Care</td> <td style="text-align: center; background-color: yellow;">Contact Precautions</td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">Home & Community</td> <td style="text-align: center; background-color: yellow;">Contact Precautions</td> </tr> </table>		Acute Care	Contact Precautions	Long-Term Care	Contact Precautions	Home & Community	Contact Precautions
Acute Care	Contact Precautions						
Long-Term Care	Contact Precautions						
Home & Community	Contact Precautions						
Duration of Precautions Until 24 hours after initiation of effective treatment							
Incubation Period Initial infestation: 2-6 weeks Re-infection: 1-4 days after re-exposure	Period of Communicability Until mites and eggs are destroyed by treatment, usually after 1 or 2 courses of treatment, a week apart						
Comments Precautions required are in addition to Routine Practices <ul style="list-style-type: none"> • Apply scabicide as directed on label • Wash clothes and bedding in hot water, dry clean or seal in a plastic bag and store for 1 week • Household and sexual contacts should be treated • Scabies Fact Sheet 							

Suspected/Known Disease or Microorganism			
Scarlet Fever – <i>Streptococcus pyogenes</i> (Group A Streptococcus)			
Clinical Presentation Red rash with a sandpaper-like feel, with strawberry tongue which evolves to red colour			
Infectious Substances Respiratory secretions	Infectious Substances Droplet		
Precautions Needed			
Acute Care	<table border="0"> <tr> <td style="border: 2px solid black; padding: 5px;">Routine Practices Adult</td> <td style="border: 2px solid orange; padding: 5px;">Droplet & Contact Precautions Pediatric</td> </tr> </table>	Routine Practices Adult	Droplet & Contact Precautions Pediatric
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Routine Practices Adult	Droplet & Contact Precautions Pediatric		
Duration of Precautions Until 24 hours of effective antimicrobial therapy completed			
Incubation Period 2-5 days	Incubation Period While organism in respiratory secretions, 10-21 days if not treated		
Comments Precautions required are in addition to Routine Practices			

Suspected/Known Disease or Microorganism Schistosomiasis (<i>Schistosoma</i> sp.)	
Clinical Presentation Diarrhea, fever, itchy rash, hepatosplenomegaly, hematuria	
Infectious Substances Acquired by contact with larvae in contaminated water	How it is Transmitted Waterborne No person to person transmission
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions Not applicable	
Incubation Period Unknown	Period of Communicability No person to person transmission
Comments	

<p>Suspected/Known Disease or Microorganism</p> <p>Septic Arthritis – (Group A Streptococcus, <i>Staphylococcus aureus</i>, <i>Neisseria gonorrhoeae</i>, <i>Haemophilus influenza</i>, many other bacteria)</p>										
<p>Clinical Presentation</p> <p>Voluntary lack of movement of the limb with the infected joint secondary to pain (pseudoparalysis), intense joint pain, joint swelling, joint redness, low fever</p>										
<p>Infectious Substances</p> <p>Respiratory secretions if HiB</p>	<p>How it is Transmitted</p> <p>Direct Contact, Droplet if HiB</p>									
<p>Precautions Needed</p> <table border="0"> <tr> <td style="vertical-align: top;">Acute Care</td> <td style="border: 2px solid black; padding: 5px;">Routine Practices</td> <td style="border: 2px solid blue; padding: 5px;">Droplet Precautions Pediatric if HiB otherwise Routine Practices</td> </tr> <tr> <td style="vertical-align: top;">Long-Term Care</td> <td style="border: 2px solid black; padding: 5px;">Routine Practices</td> <td></td> </tr> <tr> <td style="vertical-align: top;">Home & Community Care</td> <td style="border: 2px solid black; padding: 5px;">Routine Practices</td> <td style="border: 2px solid blue; padding: 5px;">Droplet Precautions Pediatric if HiB otherwise Routine Practices</td> </tr> </table>		Acute Care	Routine Practices	Droplet Precautions Pediatric if HiB otherwise Routine Practices	Long-Term Care	Routine Practices		Home & Community Care	Routine Practices	Droplet Precautions Pediatric if HiB otherwise Routine Practices
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Home & Community Care	Routine Practices	Droplet Precautions Pediatric if HiB otherwise Routine Practices								
<p>Duration of Precautions</p> <p>Until 24 hours of effective antimicrobial therapy or until HiB ruled out</p>										
<p>Incubation Period</p> <p>Variable</p>	<p>Period of Communicability</p> <p>See Haemophilus influenza type B</p>									
<p>Comments</p> <p>Precautions required are in addition to Routine Practices</p> <ul style="list-style-type: none"> See Haemophilus influenza type B 										

Suspected/Known Disease or Microorganism <i>Shigella (Shigella sp.)</i>											
Clinical Presentation Diarrhea,											
Infectious Substances Feces	How it is Transmitted (fecal-oral) Direct Contact, Indirect Contact										
Precautions Needed											
Acute Care	<table border="1"> <tr> <td>Routine Practices Adult</td> <td>Contact Precautions Pediatric Adult if: <ul style="list-style-type: none"> • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment </td> </tr> <tr> <td>Long-Term Care</td> <td> <table border="1"> <tr> <td>Routine Practices</td> <td>Contact Precautions For adults as described above</td> </tr> </table> </td> </tr> <tr> <td>Home & Community</td> <td> <table border="1"> <tr> <td>Routine Practices Adult</td> <td>Contact Precautions Pediatric</td> </tr> </table> </td> </tr> </table>	Routine Practices Adult	Contact Precautions Pediatric Adult if: <ul style="list-style-type: none"> • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment 	Long-Term Care	<table border="1"> <tr> <td>Routine Practices</td> <td>Contact Precautions For adults as described above</td> </tr> </table>	Routine Practices	Contact Precautions For adults as described above	Home & Community	<table border="1"> <tr> <td>Routine Practices Adult</td> <td>Contact Precautions Pediatric</td> </tr> </table>	Routine Practices Adult	Contact Precautions Pediatric
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Routine Practices Adult	Contact Precautions Pediatric										
Duration of Precautions Until symptoms have stopped for 48 hours OR for adults, until patient is continent and has good hygiene											
Incubation Period 1-3 days	Period of Communicability <ul style="list-style-type: none"> • Usually 4 weeks unless treated • Treatment with effective antibiotic shortens period of infectivity 										
Comments Precautions required are in addition to Routine Practices <ul style="list-style-type: none"> • Reportable Disease 											

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

Suspected/Known Disease or Microorganism Shingles: (Herpes Zoster) Varicella Zoster Virus – Disseminated	
Clinical Presentation Vesicular lesions that involve multiple areas (>2 dermatomes, 2 or more non-adjacent or bilateral dermatomes) with possible visceral complications, refer to Dermatome Chart . VCH Rash Assessment Algorithm	
Infectious Substances Vesicular fluid, respiratory secretions	How it is Transmitted Direct Contact, Indirect Contact, Airborne
Precautions Needed	
Acute Care	Airborne & Contact Precautions
Long-Term Care	Airborne & Contact Precautions
Home & Community	Airborne & Contact Precautions
Duration of Precautions: Until all lesions have crusted and dried	
Incubation Period: Not applicable	Period of Communicability: Until lesions are crusted and dried
Comments Precautions required are in addition to Routine Practices <ul style="list-style-type: none"> Defer non-urgent admissions if chicken pox or disseminated zoster is present Confirmed or suspect VZV expression in the absence of lesions (e.g., Ramsay-hunt, meningitis) refer to VZV- no visible lesions Individuals with known immunity (history of past illness or vaccination with 2 appropriately timed doses of varicella vaccine) are not required to wear the N95 respirator when entering the room Susceptible HCWs should not enter the room if immune staff are available. If they must enter the room, an N95 respirator must be worn. Other non-immune persons should not enter except in urgent or compassionate circumstances. If immunity is unknown, assume person is non-immune On discharge or transfer, keep room on Airborne precautions per Air Clearance/Settle time. If other patients exposed, notify IPAC and refer to exposure follow-up instruction in this manual Shingles immunization information 	

<p>Suspected/Known Disease or Microorganism</p> <p>Shingles: (Herpes Zoster) Varicella Zoster Virus – Exposed** Susceptible Contact</p> <p>**Exposure to disseminated or uncovered shingles, notify IPAC</p>										
<p>Clinical Presentation: Asymptomatic - if simply exposed. May develop fluid-filled vesicles</p>										
<p>Infectious Substances If lesions develop, lesion drainage, respiratory secretions and exhaled droplets and particles</p>	<p>How it is Transmitted Direct Contact, Indirect Contact, Airborne</p>									
<p>Precautions Needed</p> <table border="1"> <tr> <td>Acute Care</td> <td> <p>Airborne Precautions 8 days after first contact and until 21 days after last contact with case (extend to 28 days if given VZIG)</p> </td> <td> <p>Airborne & Contact Precautions If lesions develop see Chickenpox known case</p> </td> </tr> <tr> <td>Long-Term Care</td> <td> <p>Airborne Precautions 8 days after first contact and until 21 days after last contact with case (extend to 28 days if given VZIG)</p> </td> <td> <p>Airborne & Contact Precautions If lesions develop see Chickenpox known case</p> </td> </tr> <tr> <td>Home & Community</td> <td> <p>Airborne Precautions 8 days after first contact and until 21 days after last contact with case (extend to 28 days if given VZIG)</p> </td> <td> <p>Airborne & Contact Precautions If lesions develop see Chickenpox known case</p> </td> </tr> </table>		Acute Care	<p>Airborne Precautions 8 days after first contact and until 21 days after last contact with case (extend to 28 days if given VZIG)</p>	<p>Airborne & Contact Precautions If lesions develop see Chickenpox known case</p>	Long-Term Care	<p>Airborne Precautions 8 days after first contact and until 21 days after last contact with case (extend to 28 days if given VZIG)</p>	<p>Airborne & Contact Precautions If lesions develop see Chickenpox known case</p>	Home & Community	<p>Airborne Precautions 8 days after first contact and until 21 days after last contact with case (extend to 28 days if given VZIG)</p>	<p>Airborne & Contact Precautions If lesions develop see Chickenpox known case</p>
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Long-Term Care	<p>Airborne Precautions 8 days after first contact and until 21 days after last contact with case (extend to 28 days if given VZIG)</p>	<p>Airborne & Contact Precautions If lesions develop see Chickenpox known case</p>								
Home & Community	<p>Airborne Precautions 8 days after first contact and until 21 days after last contact with case (extend to 28 days if given VZIG)</p>	<p>Airborne & Contact Precautions If lesions develop see Chickenpox known case</p>								
<p>Duration of Precautions From 8 days after first contact until 21 days after last contact (or 28 days if patient received VZIG)</p>										
<p>Incubation Period 10 – 21 days</p>	<p>Period of Communicability Until all skin lesions have crusted and dried (if infected)</p>									
<p>Comments</p> <p>Precautions required are in addition to Routine Practices</p> <ul style="list-style-type: none"> • If VZIG indicated, administer within 96 hours (can be administered up to 10 day post exposure) • Individuals with known immunity (history of past illness or vaccination with 2 appropriately timed doses of varicella vaccine) are not required to wear the N95 respirator when entering the room • Consult IPAC if VZV exposure occurred in a healthcare setting • An exposed susceptible person will develop chicken pox (varicella), not shingles (herpes zoster). 										

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

Suspected/Known Disease or Microorganism Shingles: (Herpes Zoster) Varicella Zoster Virus – Localized	
Clinical Presentation Vesicular lesions in a dermatomal distribution, refer to Dermatome Chart . Localized refers to 1 dermatome or 2 adjacent dermatomes. VCH Rash Assessment Algorithm	
Infectious Substances Vesicular fluid, possibly respiratory secretions	How it is Transmitted Direct Contact, Indirect Contact, Airborne
Precautions Needed	
Acute Care	<div style="border: 2px solid yellow; padding: 5px;"> Contact Precautions Localized rash that can be covered in a normal host (not severely immunocompromised) </div> <div style="border: 2px solid pink; padding: 5px; margin-top: 5px;"> Airborne & Contact Precautions <ul style="list-style-type: none"> Localized rash in severely immunocompromised host Localized rash in normal host that cannot be covered (e.g., on face) </div>
Long-Term Care	<div style="border: 2px solid yellow; padding: 5px;"> Contact Precautions As above, same in all health care settings </div> <div style="border: 2px solid pink; padding: 5px; margin-top: 5px;"> Airborne & Contact Precautions As above, same in all health care settings </div>
Home & Community	<div style="border: 2px solid yellow; padding: 5px;"> Contact Precautions As above, same in all health care settings </div> <div style="border: 2px solid pink; padding: 5px; margin-top: 5px;"> Airborne & Contact Precautions As above, same in all health care settings </div>
Duration of Precautions: Contact IPAC for discontinuation of precautions. <ul style="list-style-type: none"> Until lesions are dried and crusted Localized & covered rash in severely immunocompromised host: Until 24 hours of effective antiviral therapy completed AND no new lesions, then drop down to Contact Precautions until lesions dried and crusted. If untreated, maintain Airborne and Contact until all lesions are dried and crusted 	
Incubation Period: Not applicable	Period of Communicability: Until lesions have dried and crusted
Comments Precautions required are in addition to Routine Practices <ul style="list-style-type: none"> Confirmed or suspect VZV expression in the absence of lesions (e.g., Ramsay-hunt, meningitis) refer to VZV- no visible lesions Individuals with known immunity (history of past illness or vaccination with 2 appropriately timed doses of varicella vaccine) are not required to wear the N95 respirator when entering the room Susceptible HCWs should not enter the room if immune staff are available. If they must enter the room, an N95 respirator must be worn. Other non-immune persons should not enter except in urgent or compassionate circumstances. If immunity is unknown, assume person is non-immune On discharge or transfer, keep room on Airborne Precautions per Air Clearance/Settle time. If other patients exposed, notify IPAC and refer to exposure follow-up instruction in this manual Shingles immunization information 	

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

<p>Suspected/Known Disease or Microorganism</p> <p>Skin Infection – (<i>Staphylococcus aureus</i>, Group A Streptococcus, many other bacteria)</p>														
<p>Clinical Presentation</p> <p>Wound with red skin, drainage, pain around wound site</p>														
<p>Infectious Substances</p> <p>Drainage/pus</p>	<p>How it is Transmitted</p> <p>Direct Contact, Indirect Contact</p>													
<p>Precautions Needed</p> <table border="1"> <tr> <td> <p>Acute Care</p> </td> <td> <p>Routine Practices Minor drainage contained by dressing</p> </td> <td> <p>Contact Precautions Major drainage not contained by dressing</p> </td> <td> <p>Droplet & Contact Precautions For first 24 hours antimicrobial therapy if invasive group A strep suspected</p> </td> </tr> <tr> <td> <p>Long-Term Care</p> </td> <td> <p>Routine Practices Minor drainage contained by dressing</p> </td> <td> <p>Contact Precautions Major drainage not contained by dressing</p> </td> <td></td> </tr> <tr> <td> <p>Home & Community</p> </td> <td> <p>Routine Practices Minor drainage contained by dressing</p> </td> <td> <p>Contact Precautions Major drainage not contained by dressing</p> </td> <td></td> </tr> </table>			<p>Acute Care</p>	<p>Routine Practices Minor drainage contained by dressing</p>	<p>Contact Precautions Major drainage not contained by dressing</p>	<p>Droplet & Contact Precautions For first 24 hours antimicrobial therapy if invasive group A strep suspected</p>	<p>Long-Term Care</p>	<p>Routine Practices Minor drainage contained by dressing</p>	<p>Contact Precautions Major drainage not contained by dressing</p>		<p>Home & Community</p>	<p>Routine Practices Minor drainage contained by dressing</p>	<p>Contact Precautions Major drainage not contained by dressing</p>	
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<p>Duration of Precautions</p> <p>Duration of Drainage</p>														
<p>Incubation Period</p> <p>Variable</p>	<p>Period of Communicability</p> <p>Variable</p>													
<p>Comments</p> <p>Precautions required are in addition to Routine Practices</p>														

Suspected/Known Disease or Microorganism Smallpox (Variola Virus)							
Clinical Presentation Fever, vesicular/pustular lesions in appropriate epidemiologic context							
Infectious Substances Skin lesion exudate, oropharyngeal secretions	How it is Transmitted Direct Contact, Indirect Contact, Airborne						
Precautions Needed <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; text-align: center;">Acute Care</td> <td style="text-align: center; border: 2px solid red;">Airborne & Contact Precautions</td> </tr> <tr> <td style="text-align: center;">Long-Term Care</td> <td style="text-align: center; border: 2px solid red;">Airborne & Contact Precautions</td> </tr> <tr> <td style="text-align: center;">Home & Community</td> <td style="text-align: center; border: 2px solid red;">Airborne & Contact Precautions</td> </tr> </table>		Acute Care	Airborne & Contact Precautions	Long-Term Care	Airborne & Contact Precautions	Home & Community	Airborne & Contact Precautions
Acute Care	Airborne & Contact Precautions						
Long-Term Care	Airborne & Contact Precautions						
Home & Community	Airborne & Contact Precautions						
Duration of Precautions 3-4 weeks after onset of rash when all scabs have crusted and separated							
Incubation Period 7-10 days	Period of Communicability From onset of mucosal lesions, until all skin lesions have crusted						
Comments Precautions required are in addition to Routine Practices <ul style="list-style-type: none"> • Reportable Disease May be bioterrorism related, physician report to Medial Health Officer at suspect stage • Immunization of HCW stopped in 1977. Care preferably should be provided by immune HCWs; non-vaccinated HCWs should not provide care if immune HCWs are available. N95 Respirator for all regardless of vaccination status 							

Suspected/Known Disease or Microorganism Sporotrichosis (<i>Sporothrix schenckii</i>)	
Clinical Presentation Skin lesions, disseminated	
Infectious Substances Contaminated soil, vegetation	How it is Transmitted Acquired from spores in soil or vegetation
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions Not applicable	
Incubation Period Variable	Period of Communicability Rare person-to-person transmission
Comments	

Suspected/Known Disease or Microorganism			
Staphylococcal Scalded Skin Syndrome (SSSS, Ritter’s Disease)			
Clinical Presentation Painful, rash with thick white/brown flakes			
Infectious Substances Skin exudates/drainage	How it is Transmitted Direct Contact and Indirect Contact		
Precautions Needed			
Acute Care	<table border="0"> <tr> <td style="border: 2px solid black; padding: 5px;">Routine Practices Minor drainage contained by dressing</td> <td style="border: 2px solid yellow; padding: 5px;">Contact Precautions Major drainage not contained by dressing</td> </tr> </table>	Routine Practices Minor drainage contained by dressing	Contact Precautions Major drainage not contained by dressing
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Home & Community	<table border="0"> <tr> <td style="border: 2px solid black; padding: 5px;">Routine Practices Minor drainage contained by dressing</td> <td style="border: 2px solid yellow; padding: 5px;">Contact Precautions Major drainage not contained by dressing</td> </tr> </table>	Routine Practices Minor drainage contained by dressing	Contact Precautions Major drainage not contained by dressing
Routine Practices Minor drainage contained by dressing	Contact Precautions Major drainage not contained by dressing		
Duration of Precautions Until drainage resolved or contained by dressings			
Incubation Period	Period of Communicability While organism is present in drainage		
Comments Precautions required are in addition to Routine Practices			

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

Suspected/Known Disease or Microorganism <i>Staphylococcus aureus</i>, Methicillin-resistant (MRSA)	
Clinical Presentation Asymptomatic or various infections of skin, abscess, impetigo, soft tissue, pneumonia, bacteremia, urinary tract, etc.	
Infectious Substances Surface skin, infected or colonized secretions, excretions	How it is Transmitted Direct Contact, Indirect Contact
Precautions Needed	
Acute Care	<div style="border: 2px solid yellow; padding: 5px; display: inline-block;">Contact Precautions</div> <div style="border: 2px solid orange; padding: 5px; display: inline-block; margin-left: 20px;">Droplet & Contact Precautions if MRSA found in sputum or tracheostomy and active respiratory infection</div>
Long-Term Care	<div style="border: 2px solid black; padding: 5px; display: inline-block;">Routine Practices Use Droplet & Contact Precautions as for acute care in all settings</div>
Home & Community Care	<div style="border: 2px solid black; padding: 5px; display: inline-block;">Routine Practices Home care and low risk community settings. Use Droplet & Contact Precautions as for acute care in all settings</div> <div style="border: 2px solid yellow; padding: 5px; display: inline-block; margin-left: 20px;">Contact Precautions High risk community settings</div>
Duration of Precautions For duration of admission or visit. Contact IPAC prior to stopping droplet precautions (respiratory infection acute care)	
Incubation Period Variable	Period of Communicability Variable
Comments Precautions required are in addition to Routine Practices	
<ul style="list-style-type: none"> Refer to ARO Acute Patient Placement Algorithm. Contact screening as directed by IPAC 	

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

Suspected/Known Disease or Microorganism <i>Staphylococcus aureus</i> – Food poisoning (Toxin Mediated)			
Clinical Presentation: Nausea, vomiting, diarrhea, abdominal cramps/pain			
Infectious Substances Feces	How it is Transmitted (fecal-oral) Foodborne, Direct Contact, Indirect Contact		
Precautions Needed			
Acute Care	<table border="1"> <tr> <td>Routine Practices Adult</td> <td>Contact Precautions Pediatric Adult if: <ul style="list-style-type: none"> • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment </td> </tr> </table>	Routine Practices Adult	Contact Precautions Pediatric Adult if: <ul style="list-style-type: none"> • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
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Long-Term Care	<table border="1"> <tr> <td>Routine Practices</td> <td>Contact Precautions For adults as described above</td> </tr> </table>	Routine Practices	Contact Precautions For adults as described above
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Home & Community	<table border="1"> <tr> <td>Routine Practices Adult</td> <td>Contact Precautions Pediatric</td> </tr> </table>	Routine Practices Adult	Contact Precautions Pediatric
Routine Practices Adult	Contact Precautions Pediatric		
Duration of Precautions Until symptoms have stopped for 48 hours OR (for adults) until patient is continent and has good hygiene			
Incubation Period Not applicable	Period of Communicability Not applicable		
Comments Precautions required are in addition to Routine Practices			

Suspected/Known Disease or Microorganism <i>Staphylococcus aureus</i>, Methicillin-sensitive – Pneumonia (MSSA)	
Clinical Presentation Pneumonia	
Infectious Substances Possibly respiratory secretions	How it is Transmitted Not applicable
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions Not applicable	
Incubation Period Variable	Period of Communicability Variable
Comments	

<p>Suspected/Known Disease or Microorganism</p> <p><i>Staphylococcus aureus</i>, Methicillin-sensitive – Skin infection (MSSA)</p>										
<p>Clinical Presentation</p> <p>Wound or burn infections, skin infection, furuncles, impetigo, scalded skin syndrome</p>										
<p>Infectious Substances</p> <p>Skin exudates and drainage</p>	<p>How it is Transmitted</p> <p>Direct Contact, Indirect Contact</p>									
<p>Precautions Needed</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 15%; vertical-align: top;">Acute Care</td> <td style="width: 35%; border: 2px solid black; padding: 5px;"> <p>Routine Practices Minor drainage contained by dressing</p> </td> <td style="width: 35%; border: 2px solid yellow; padding: 5px;"> <p>Contact Precautions Major drainage not contained by dressing</p> </td> </tr> <tr> <td style="vertical-align: top;">Long-Term Care</td> <td style="border: 2px solid black; padding: 5px;"> <p>Routine Practices Minor drainage contained by dressing</p> </td> <td style="border: 2px solid yellow; padding: 5px;"> <p>Contact Precautions Major drainage not contained by dressing</p> </td> </tr> <tr> <td style="vertical-align: top;">Home & Community</td> <td style="border: 2px solid black; padding: 5px;"> <p>Routine Practices Minor drainage contained by dressing</p> </td> <td style="border: 2px solid yellow; padding: 5px;"> <p>Contact Precautions Major drainage not contained by dressing</p> </td> </tr> </table>		Acute Care	<p>Routine Practices Minor drainage contained by dressing</p>	<p>Contact Precautions Major drainage not contained by dressing</p>	Long-Term Care	<p>Routine Practices Minor drainage contained by dressing</p>	<p>Contact Precautions Major drainage not contained by dressing</p>	Home & Community	<p>Routine Practices Minor drainage contained by dressing</p>	<p>Contact Precautions Major drainage not contained by dressing</p>
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Home & Community	<p>Routine Practices Minor drainage contained by dressing</p>	<p>Contact Precautions Major drainage not contained by dressing</p>								
<p>Duration of Precautions</p> <p>Until drainage has stopped or is able to be contained by dressings</p>										
<p>Incubation Period</p> <p>Variable</p>	<p>Period of Communicability</p> <p>While organism present in drainage</p>									
<p>Comments</p> <p>Precautions required are in addition to Routine Practices</p>										

<p>Suspected/Known Disease or Microorganism</p> <p><i>Staphylococcus aureus</i> – Toxic Shock Syndrome</p>										
<p>Clinical Presentation</p> <p>High fever, diffuse macular rash, hypotension, multisystem organ involvement</p>										
<p>Infectious Substances</p> <p>Skin exudates and drainage if wounds or skin lesions present</p>	<p>How it is Transmitted</p> <p>Direct Contact, Indirect Contact</p>									
<p>Precautions Needed</p> <table border="0"> <tr> <td style="vertical-align: top;">Acute Care</td> <td style="border: 2px solid black; padding: 5px;">Routine Practices</td> <td style="border: 2px solid yellow; padding: 5px;">Contact Precautions If wound or skin lesions present and not contained by dressing</td> </tr> <tr> <td style="vertical-align: top;">Long-Term Care</td> <td style="border: 2px solid black; padding: 5px;">Routine Practices</td> <td style="border: 2px solid yellow; padding: 5px;">Contact Precautions If wound or skin lesions present and not contained by dressing</td> </tr> <tr> <td style="vertical-align: top;">Home & Community</td> <td style="border: 2px solid black; padding: 5px;">Routine Practices</td> <td style="border: 2px solid yellow; padding: 5px;">Contact Precautions If wound or skin lesions present and not contained by dressing</td> </tr> </table>		Acute Care	Routine Practices	Contact Precautions If wound or skin lesions present and not contained by dressing	Long-Term Care	Routine Practices	Contact Precautions If wound or skin lesions present and not contained by dressing	Home & Community	Routine Practices	Contact Precautions If wound or skin lesions present and not contained by dressing
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Home & Community	Routine Practices	Contact Precautions If wound or skin lesions present and not contained by dressing								
<p>Duration of Precautions</p> <p>Until lesions are contained</p>										
<p>Incubation Period</p> <p>Variable</p>	<p>Period of Communicability</p> <p>Variable</p>									
<p>Comments</p> <p>Precautions required are in addition to Routine Practices</p>										

Suspected/Known Disease or Microorganism <i>Stenotrophomonas maltophilia</i>	
Clinical Presentation Infection or colonization of respiratory secretions/sputum	
Infectious Substances Respiratory secretions	How it is Transmitted Direct Contact, Indirect Contact
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions Not applicable	
Incubation Period Unknown	Period of Communicability Not applicable
Comments	

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

<p>Suspected/Known Disease or Microorganism</p> <p><i>Streptobacillus moniliformis</i>, <i>Spirillum minus</i> - Rat-bite Fever</p>							
<p>Clinical Presentation</p> <p>Fever, arthralgia. Additional symptoms can vary for the two types of rat-bite fever</p>							
<p>Infectious Substances</p> <p>Saliva of infected rodents; contaminated milk</p>	<p>How it is Transmitted</p> <p>Bite from infected rodents, Ingestion of contaminated milk. No person-to-person transmission</p>						
<p>Precautions Needed</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 25%;">Acute Care</td> <td style="text-align: center;">Routine Practices</td> </tr> <tr> <td>Long-Term Care</td> <td style="text-align: center;">Routine Practices</td> </tr> <tr> <td>Home & Community</td> <td style="text-align: center;">Routine Practices</td> </tr> </table>		Acute Care	Routine Practices	Long-Term Care	Routine Practices	Home & Community	Routine Practices
Acute Care	Routine Practices						
Long-Term Care	Routine Practices						
Home & Community	Routine Practices						
<p>Duration of Precautions: Not applicable</p>							
<p>Incubation Period</p> <p>3-10 days for <i>S. moniliformis</i> 7-21 days for <i>S. minus</i></p>	<p>Period of Communicability</p> <p>No person-to-person transmission</p>						
<p>Comments</p> <ul style="list-style-type: none"> • <i>S. moniliformis</i>: acquired from rats and other animals, contaminated milk • <i>S minus</i>: acquired from rats and mice only 							

Suspected/Known Disease or Microorganism <i>Streptococcus agalactiae</i> (Group B Streptococcus)	
Clinical Presentation Newborn sepsis, pneumonia, meningitis	
Infectious Substances Normal flora	How it is Transmitted Mother to infant at birth
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions Not applicable	
Incubation Period Early onset: < 7days Late onset: 7 days to 3 months of age	Period of Communicability Variable
Comments	
<ul style="list-style-type: none"> • Normal flora • Neonatal Group B <i>Streptococcus</i> is a Reportable Disease 	

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

<p>Suspected/Known Disease or Microorganism</p> <p><i>Streptococcus pyogenes</i> (Group A Streptococcus) – Skin Infection</p>										
<p>Clinical Presentation</p> <p>Wound or burn infection, skin infection, impetigo, cellulitis.</p>										
<p>Infectious Substances</p> <p>Infected body fluids</p>	<p>Infectious Substances</p> <p>Direct Contact, Indirect Contact</p>									
<p>Precautions Needed</p> <table border="1"> <tr> <td> <p>Acute Care</p> </td> <td> <p>Routine Practices Minor drainage contained by dressing</p> </td> <td> <p>Contact Precautions</p> <ul style="list-style-type: none"> Major drainage not contained by dressing Pediatrics </td> </tr> <tr> <td> <p>Long-Term Care</p> </td> <td> <p>Routine Practices Minor drainage contained by dressing</p> </td> <td> <p>Contact Precautions Major drainage not contained by dressing</p> </td> </tr> <tr> <td> <p>Home & Community</p> </td> <td> <p>Routine Practices Minor drainage contained by dressing</p> </td> <td> <p>Contact Precautions</p> <ul style="list-style-type: none"> Major drainage not contained by dressing Pediatrics </td> </tr> </table>		<p>Acute Care</p>	<p>Routine Practices Minor drainage contained by dressing</p>	<p>Contact Precautions</p> <ul style="list-style-type: none"> Major drainage not contained by dressing Pediatrics 	<p>Long-Term Care</p>	<p>Routine Practices Minor drainage contained by dressing</p>	<p>Contact Precautions Major drainage not contained by dressing</p>	<p>Home & Community</p>	<p>Routine Practices Minor drainage contained by dressing</p>	<p>Contact Precautions</p> <ul style="list-style-type: none"> Major drainage not contained by dressing Pediatrics
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<p>Duration of Precautions</p> <p>Until 24 hours after effective antimicrobial therapy</p>										
<p>Incubation Period</p> <p>1 – 3 days</p>	<p>Period of communicability</p> <p>Until 24 hours of effective antimicrobial therapy completed</p>									
<p>Comments</p> <p>Precautions required are in addition to Routine Practices</p>										

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

Suspected/Known Disease or Microorganism <i>Streptococcus pyogenes</i> (Group A Streptococcus) – Invasive	
Clinical Presentation Pneumonia, epiglottitis; meningitis; bacteremia, septic arthritis, necrotizing fasciitis, myonecrosis/myositis, toxic shock	
Infectious Substances Respiratory secretions and wound drainage	How it is Transmitted Direct Contact, Indirect Contact, Droplet
Precautions Needed	
Acute Care	Droplet & Contact Precautions
Long-Term Care	Droplet & Contact Precautions
Home & Community	Droplet & Contact Precautions
Duration of Precautions Until 24 hours of effective antimicrobial therapy completed	
Incubation Period Typically 1-3 days	Period of Communicability 10-21 days in untreated, uncomplicated cases
Comments Precautions required are in addition to Routine Practices	
<ul style="list-style-type: none"> Exposed contacts of invasive disease may require prophylaxis. Reportable Disease 	

<p>Suspected/Known Disease or Microorganism <i>Streptococcus pyogenes</i> (Group A Streptococcus) – Scarlet Fever, pharyngitis</p>										
<p>Clinical Presentation Scarlet Fever, pharyngitis, strep throat</p>										
<p>Infectious Substances Respiratory secretions</p>	<p>Infectious Substances Large droplets</p>									
<p>Precautions Needed</p> <table border="0"> <tr> <td style="vertical-align: top;">Acute Care</td> <td style="border: 2px solid black; padding: 5px;"> <p>Routine Practices Adult</p> </td> <td style="border: 2px solid orange; padding: 5px;"> <p>Droplet & Contact Precautions Pediatric</p> </td> </tr> <tr> <td style="vertical-align: top;">Long-Term Care</td> <td style="border: 2px solid black; padding: 5px;"> <p>Routine Practices</p> </td> <td></td> </tr> <tr> <td style="vertical-align: top;">Home & Community</td> <td style="border: 2px solid black; padding: 5px;"> <p>Routine Practices Adult</p> </td> <td style="border: 2px solid orange; padding: 5px;"> <p>Droplet & Contact Precautions Pediatric</p> </td> </tr> </table>		Acute Care	<p>Routine Practices Adult</p>	<p>Droplet & Contact Precautions Pediatric</p>	Long-Term Care	<p>Routine Practices</p>		Home & Community	<p>Routine Practices Adult</p>	<p>Droplet & Contact Precautions Pediatric</p>
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Home & Community	<p>Routine Practices Adult</p>	<p>Droplet & Contact Precautions Pediatric</p>								
<p>Duration of Precautions Until 24 hours of effective antimicrobial therapy completed</p>										
<p>Incubation Period 2-5 days</p>	<p>Period of Communicability While organism in respiratory secretions, 10-21 days if not treated</p>									
<p>Comments Precautions required are in addition to Routine Practices</p>										

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

Suspected/Known Disease or Microorganism <i>Streptococcus pneumoniae</i> (Pneumococcus)	
Clinical Presentation Meningitis, bacteremia, pneumonia, epiglottitis	
Infectious Substances Normal flora	How it is Transmitted Not applicable
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions Not applicable	
Incubation Period Variable	Period of Communicability Not applicable
Comments	
<ul style="list-style-type: none"> • Invasive <i>Streptococcus pneumoniae</i> infection is a Reportable Disease • Immunization information 	

Suspected/Known Disease or Microorganism Strongyloidiasis (<i>Strongyloides stercoralis</i>)	
Clinical Presentation Usually asymptomatic	
Infectious Substances Larvae in feces	How it is Transmitted Penetration of skin by larvae
Precautions Needed	
Acute Care	<div style="border: 2px solid black; padding: 5px; display: inline-block;">Routine Practices</div> <div style="border: 2px solid yellow; padding: 5px; display: inline-block; margin-left: 20px;">Contact Precautions Hyperinfected syndrome and disseminated strongyloidiasis</div>
Long-Term Care	<div style="border: 2px solid black; padding: 5px; display: inline-block;">Routine Practices</div>
Home & Community	<div style="border: 2px solid black; padding: 5px; display: inline-block;">Routine Practices</div>
Duration of Precautions Contact Precautions for 48 hours after therapy initiated for hyperinfected syndrome and disseminated strongyloidiasis	
Incubation Period Unknown	Period of Communicability Rarely transmitted person to person
Comments <ul style="list-style-type: none"> • May cause disseminated disease in immunocompromised patient 	

Suspected/Known Disease or Microorganism Syphilis (<i>Treponema pallidum</i>)			
Clinical Presentation Painless genital, skin or mucosal ulcers, condylomata lata, rash, disseminated disease, neurological or cardiac disease, latent infection			
Infectious Substances Contact with chancre or condyloma; sexual contact	How it is Transmitted Vertical (mother to newborn or fetus), Sexual Contact, Direct Contact with lesions		
Precautions Needed			
Acute Care	<table border="0"> <tr> <td style="border: 2px solid black; padding: 5px;">Routine Practices gloves for direct contact with skin lesions</td> <td style="border: 2px solid yellow; padding: 5px;">Contact Precautions Infants with congenital syphilis</td> </tr> </table>	Routine Practices gloves for direct contact with skin lesions	Contact Precautions Infants with congenital syphilis
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Routine Practices gloves for direct contact with skin lesions	Contact Precautions Infants with congenital syphilis		
Duration of Precautions Not applicable Infants with congenital syphilis should be on Contact Precautions until 24 hours of effective therapy			
Incubation Period 10-90 days, usually 3 weeks	Period of Communicability Communicability exists when moist mucocutaneous lesions of primary and secondary syphilis are present (generally after one year of infection)		
Comments Precautions required are in addition to Routine Practices <ul style="list-style-type: none"> Reportable Disease 			

T

Tapeworm (*Taenia saginata*, *Taenia solium*, *Diphyllobothrium latum*, *Hymenolepsis nana*)

Tetanus (*Clostridium tetani*)

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

Toxic Shock Syndrome – (*Streptococcus pyogenes* [Group A] - GAS, *Staphylococcus aureus*)

Toxocariasis (*Toxocara canis*, *Toxocara cati*)

Toxoplasmosis (*Toxoplasma gondii*)

Trachoma (*Chlamydia trachomatis*, serovars A, B, C)

Trench Fever (*Bartonella quintana*)

Trichinosis (Roundworm - *Trichinella spiralis*)

Trichomoniasis (*Trichomonas vaginalis*)

Trichuriasis – Whipworm (*Trichuris trichiura*)

Tuberculosis – Extrapulmonary (*Mycobacterium tuberculosis*)

Tuberculosis – Pulmonary Disease (*Mycobacterium tuberculosis*)

Tularemia (*Francisella tularensis*)

Typhoid or Paratyphoid fever (*Salmonella* Typhi, *Salmonella* Paratyphi)

Typhus Fever (Scrub, Epidemic, Murine Typhus) (*Rickettsia typhi*, *Rickettsia prowazekii*)

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

Suspected/Known Disease or Microorganism Tapeworm (<i>Taenia saginata</i>, <i>Taenia solium</i>, <i>Diphyllobothrium latum</i>, <i>Hymenolepsis nana</i>)	
Clinical Presentation Usually asymptomatic	
Infectious Substances Ova in rodent or human feces, larvae in food	How it is Transmitted Direct Contact (fecal-oral) , Foodborne
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions Not applicable	
Incubation Period Variable when foodborne, 2-4 weeks if contact with feces	Period of Communicability <i>T. saginata</i> is not directly transmitted person-to-person, however <i>T. solium</i> can be. Eggs may be viable in the environment for months.
Comments <ul style="list-style-type: none"> Consumption of larvae in raw or undercooked beef, pork or raw fish; larvae develop into adult tapeworms in gastrointestinal tract 	

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

Suspected/Known Disease or Microorganism	
Tetanus (<i>Clostridium tetani</i>)	
Clinical Presentation	
Headache, jaw cramping, sudden involuntary muscle tightening, painful muscle stiffness all over body, trouble swallowing, seizures, fever, sweating, high blood pressure and fast heart rate; systemic effects are caused by toxins produced by bacteria	
Infectious Substances	How it is Transmitted
Soil or fomites contaminated with animal and human feces	No person to person transmission Tetanus spores are usually introduced through a puncture wound contaminated with soil or feces and germinate in wounds, devitalized tissue
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions	
Not applicable	
Incubation Period	Period of Communicability
1 day to several months	No person to person transmission
Comments	
<ul style="list-style-type: none"> • Reportable Disease • Immunization information 	

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

Suspected/Known Disease or Microorganism	
Tinea (Ringworm) – (<i>Trichophyton</i> sp., <i>Microsporum</i> sp., <i>Epidermophyton</i> sp.)	
Clinical Presentation	
Erythema, scaling, lesions (skin, beard, scalp, groin, perineal region), athlete’s foot, pityriasis versicolor	
Infectious Substances	How it is Transmitted
Organism in skin or hair	Direct contact with animals, close person-to-person contact, shared combs, brushes, sheets
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions	
Not applicable	
Incubation Period	Period of Communicability
4-14 days	While lesion(s) are present
Comments	
<ul style="list-style-type: none"> While under treatment for <i>Trichophyton</i>, patient should be excluded from swimming pools and activities likely to lead to exposure of others Outbreaks are rare, use Contact Precautions if outbreak occurs 	

<p>Suspected/Known Disease or Microorganism</p> <p>Toxic Shock Syndrome – (<i>Streptococcus pyogenes</i> [Group A] - GAS, <i>Staphylococcus aureus</i>)</p>										
<p>Clinical Presentation</p> <p>High fever, diffuse macular rash, hypotension, multisystem organ involvement; toxin mediated</p>										
<p>Infectious Substances</p> <p>Skin exudates and drainage if TSS is secondary to an infected wound</p>	<p>Infectious Substances</p> <p>Direct Contact, Indirect Contact</p>									
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Long-Term Care	<p>Routine Practices</p>									
Home & Community	<p>Routine Practices Adult</p>	<p>Droplet & Contact Precautions GAS</p>								
<p>Duration of Precautions</p> <p>Until GAS ruled out or until 24 hours of effective antimicrobial therapy completed</p>										
<p>Incubation Period</p> <p>Variable</p>	<p>Period of Communicability</p> <p>Variable</p>									
<p>Comments</p> <p>Precautions required are in addition to Routine Practices</p> <ul style="list-style-type: none"> • Reportable Disease • Close contacts of invasive GAS disease may require prophylaxis 										

Suspected/Known Disease or Microorganism Toxocariasis (<i>Toxocara canis</i>, <i>Toxocara cati</i>)	
Clinical Presentation Fever, wheeze, rash, eosinophilia	
Infectious Substances Acquired from contact with dogs, cats	How it is Transmitted Ova in dog or cat feces
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions Not applicable	
Incubation Period Unknown	Period of Communicability No person to person transmission
Comments	

<p>Suspected/Known Disease or Microorganism</p> <p>Toxoplasmosis (<i>Toxoplasma gondii</i>)</p>							
<p>Clinical Presentation: Asymptomatic or fever, lymphadenopathy, retinitis, encephalitis in immunocompromised host, congenital infection</p>							
<p>Infectious Substances</p> <p>Cat feces, contaminated soil</p>	<p>How it is Transmitted</p> <p>Acquired by contact with infected cat feces or soil contaminated by cats, consumption of raw meat, contaminated raw vegetables or contaminated water</p> <p>Vertical (intrauterine transmission mother to fetus)</p> <p>Transplantation of stem cells or organs</p>						
<p>Precautions Needed</p> <table border="0"> <tr> <td style="padding-right: 20px;">Acute Care</td> <td style="border: 2px solid black; padding: 5px;">Routine Practices</td> </tr> <tr> <td style="padding-right: 20px;">Long-Term Care</td> <td style="border: 2px solid black; padding: 5px;">Routine Practices</td> </tr> <tr> <td style="padding-right: 20px;">Home & Community</td> <td style="border: 2px solid black; padding: 5px;">Routine Practices</td> </tr> </table>		Acute Care	Routine Practices	Long-Term Care	Routine Practices	Home & Community	Routine Practices
Acute Care	Routine Practices						
Long-Term Care	Routine Practices						
Home & Community	Routine Practices						
<p>Duration of Precautions: Not applicable</p>							
<p>Incubation Period</p> <p>5-23 days</p>	<p>Period of Communicability</p> <p>No person-to-person transmission except mother to fetus.</p> <p>Oocysts shed by cats become infective 1-5 days later and can remain viable in the soil for a year.</p>						
<p>Comments</p> <ul style="list-style-type: none"> • Congenital Toxoplasmosis is a Reportable Disease 							

Suspected/Known Disease or Microorganism Trachoma (<i>Chlamydia trachomatis</i>, serovars A, B, C)	
Clinical Presentation Conjunctivitis	
Infectious Substances Conjunctival secretions	How it is Transmitted Direct contact, Indirect contact
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions Not applicable	
Incubation Period 5-12 days	Period of Communicability As long as organism present in secretions
Comments • Reportable Disease	

Suspected/Known Disease or Microorganism Trench Fever (<i>Bartonella quintana</i>)	
Clinical Presentation Relapsing fevers and rash	
Infectious Substances Feces of human body lice	How it is Transmitted Louse-borne
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions Not applicable	
Incubation Period 7-30 days	Period of Communicability No person to person spread in the absence of lice
Comments	

Suspected/Known Disease or Microorganism Trichinosis (Roundworm - <i>Trichinella spiralis</i>)	
Clinical Presentation Fever, rash, diarrhea	
Infectious Substances Acquired from consumption of infected meat	How it is Transmitted Foodborne
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions Not applicable	
Incubation Period 5-45 days	Period of Communicability No person to person transmission
Comments <ul style="list-style-type: none"> Reportable Disease 	

Suspected/Known Disease or Microorganism Trichomoniasis (<i>Trichomonas vaginalis</i>)	
Clinical Presentation Vaginitis	
Infectious Substances Vaginal secretions and urethral discharges of infected people	How it is Transmitted Sexual Contact
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions Not applicable	
Incubation Period 4-20 days	Period of Communicability Duration of infection
Comments	

Suspected/Known Disease or Microorganism Trichuriasis – Whipworm (<i>Trichuris trichiura</i>)	
Clinical Presentation Abdominal pain, diarrhea	
Infectious Substances Acquired from ova in soil	How it is Transmitted Ingestion of contaminated soil
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions Not applicable	
Incubation Period Unknown	Period of Communicability No person to person transmission
Comments <ul style="list-style-type: none"> Ova must hatch in soil to be infective. 	

Suspected/Known Disease or Microorganism					
Tuberculosis – Extrapulmonary (<i>Mycobacterium tuberculosis</i>)					
Clinical Presentation Extrapulmonary: meningitis, bone, joint infection, draining lesions					
Infectious Substances Drainage	How it is Transmitted Not applicable				
Precautions Needed					
Acute Care	<table border="1"> <tr> <td>Routine Practices</td> <td> <table border="1"> <tr> <td>Airborne Precautions</td> </tr> <tr> <td> <ul style="list-style-type: none"> Any procedure that may aerosolize drainage Until Pulmonary TB ruled out Contact IPAC if drain present </td> </tr> </table> </td> </tr> </table>	Routine Practices	<table border="1"> <tr> <td>Airborne Precautions</td> </tr> <tr> <td> <ul style="list-style-type: none"> Any procedure that may aerosolize drainage Until Pulmonary TB ruled out Contact IPAC if drain present </td> </tr> </table>	Airborne Precautions	<ul style="list-style-type: none"> Any procedure that may aerosolize drainage Until Pulmonary TB ruled out Contact IPAC if drain present
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Duration of Precautions: Not applicable					
Incubation Period Weeks to years	Period of Communicability Not applicable				
Comments Precautions required are in addition to Routine Practices					
<ul style="list-style-type: none"> Assess for concurrent pulmonary tuberculosis Avoid procedures that may generate aerosols, refer to IPAC AGMP Best Practice Guideline 					

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

Suspected/Known Disease or Microorganism Tuberculosis – Pulmonary Disease (<i>Mycobacterium tuberculosis</i> including species: <i>M. africanum</i>, <i>M. bovis</i> BCG, <i>M. canettii</i>, <i>M. caprae</i>, <i>M. microti</i>, <i>M. orygis</i>, <i>M. pinnipedii</i> and <i>M. tuberculosis</i>)	
Clinical Presentation: Confirmed or suspected pulmonary tuberculosis (may include pneumonia, cough, fever, night sweats, weight loss), laryngeal tuberculosis	
Infectious Substances Respiratory secretions	How it is Transmitted Airborne
Precautions Needed	
Acute Care	Airborne Precautions
Long-Term Care	Airborne Precautions
Home & Community Care	Airborne Precautions
Duration of Precautions: Contact IPAC prior to stopping precautions	
<ul style="list-style-type: none"> • Tuberculosis ruled out until: After 3 negative AFBs, alternate diagnosis & patient improvement, OR Physician no longer suspecting TB • Tuberculosis confirmed until: <ul style="list-style-type: none"> ➤ Receipt of 2 weeks effective treatment, AND ➤ Clinical improvement, AND ➤ Three (3) consecutive negative Acid Fast Bacilli sputums collected 	
Incubation Period: Weeks to years	Period of Communicability: While organisms are in sputum
Comments Precautions required are in addition to Routine Practices <ul style="list-style-type: none"> • Refer to: TB checklist; Refer to: Specimens for TB • On discharge or transfer, keep room on Airborne precautions per Air Clearance/Settle time • Canadian TB Standards • Reportable Disease 	

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

Suspected/Known Disease or Microorganism Tularemia (<i>Francisella tularensis</i>)	
Clinical Presentation Fever, lymphadenopathy, pneumonia	
Infectious Substances Infected animals	How it is Transmitted Acquired from contact with infected animals
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions Not applicable	
Incubation Period 1-14 days	Period of Communicability No person to person transmission
Comments	
<ul style="list-style-type: none"> • May be Bioterrorism related • Reportable Disease • Hazardous to laboratory workers, notify microbiology lab if diagnosis is suspected 	

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

Suspected/Known Disease or Microorganism			
Typhoid or Paratyphoid fever (<i>Salmonella</i> Typhi, <i>Salmonella</i> Paratyphi)			
Clinical Presentation Diarrhea, sustained fever, headache, malaise, anorexia			
Infectious Substances Feces	How it is Transmitted Fecal-oral, Direct Contact, Indirect Contact, Foodborne		
Precautions Needed			
Acute Care	<table border="1"> <tr> <td>Routine Practices Adult</td> <td>Contact Precautions Pediatric Adult if: <ul style="list-style-type: none"> • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment </td> </tr> </table>	Routine Practices Adult	Contact Precautions Pediatric Adult if: <ul style="list-style-type: none"> • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment
Routine Practices Adult	Contact Precautions Pediatric Adult if: <ul style="list-style-type: none"> • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment 		
Long-Term Care	<table border="1"> <tr> <td>Routine Practices</td> <td>Contact Precautions For adults as described above</td> </tr> </table>	Routine Practices	Contact Precautions For adults as described above
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Home & Community	<table border="1"> <tr> <td>Routine Practices Adult</td> <td>Contact Precautions Pediatric</td> </tr> </table>	Routine Practices Adult	Contact Precautions Pediatric
Routine Practices Adult	Contact Precautions Pediatric		
Duration of Precautions Until symptoms have stopped for 48 hours OR for adults, until patient is continent and has good hygiene			
Incubation Period 6-72 hours for diarrhea; 3-60 days for enteric fever	Period of Communicability Variable		
Comments Precautions required are in addition to Routine Practices <ul style="list-style-type: none"> • Reportable Disease 			

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

Suspected/Known Disease or Microorganism Typhus Fever (Scrub, Epidemic, Murine Typhus) (<i>Rickettsia typhi</i>, <i>Rickettsia prowazekii</i>)	
Clinical Presentation Fever, rash	
Infectious Substances Acquired from bite of fleas or human body lice	How it is Transmitted Fleaborne, louseborne
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions Not applicable	
Incubation Period 1 – 2 weeks	Period of Communicability Not transmitted person to person, except <i>Rickettsia prowazekii</i> may be transmitted through close personal contact with person who has body lice
Comments <ul style="list-style-type: none"> Reportable Disease 	

U
Urinary Tract Infection

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

Suspected/Known Disease or Microorganism Urinary Tract Infection							
Clinical Presentation Varies from patient to patient. Most common signs and symptoms include: urgency, frequency, dysuria, hematuria, suprapubic pain. Fever may indicate complicated UTI/pyelonephritis.							
Infectious Substances Many	How it is Transmitted Indirect Contact						
Precautions Needed <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 10px;">Acute Care</td> <td style="text-align: center; padding: 10px;">Routine Practices</td> </tr> <tr> <td style="text-align: center; padding: 10px;">Long-Term Care</td> <td style="text-align: center; padding: 10px;">Routine Practices</td> </tr> <tr> <td style="text-align: center; padding: 10px;">Home & Community</td> <td style="text-align: center; padding: 10px;">Routine Practices</td> </tr> </table>		Acute Care	Routine Practices	Long-Term Care	Routine Practices	Home & Community	Routine Practices
Acute Care	Routine Practices						
Long-Term Care	Routine Practices						
Home & Community	Routine Practices						
Duration of Precautions Not applicable							
Incubation Period Variable	Period of Communicability Variable						
Comments <ul style="list-style-type: none"> • Additional precautions not required unless infection caused by an Antibiotic-Resistant Organism, see specific organisms. • Refer to the VCH Antimicrobial Stewardship UTI Algorithm 							

V

Vaccinia Virus (Smallpox Vaccine)

Vancomycin-resistant Enterococcus (VRE)

Vancomycin-resistant Staphylococcus aureus (VRSA)

Varicella Zoster Virus: Chickenpox – Exposed Susceptible Contact

Varicella Zoster Virus: Chickenpox – Known Case

Varicella Zoster Virus: Herpes Zoster (Shingles) – Disseminated

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

Varicella Zoster Virus: Herpes Zoster (Shingles) Localized

Varicella Zoster Virus: no visible lesions – Meningitis, Ramsay-Hunt Syndrome

***Vibrio cholerae* (Cholera)**

***Vibrio paraheamolyticus* Enteritis**

Vincent's Angina, trench mouth (Acute Necrotizing Ulcerative Gingivitis)

Viral Hemorrhagic Fever – (Lassa, Ebola, Marburg, Crimean-Congo viruses)

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

Suspected/Known Disease or Microorganism Vaccinia Virus (Smallpox Vaccine)							
Clinical Presentation Range of adverse reactions to the virus in the smallpox vaccine: eczema vaccinatum, generalized or progressive vaccinia, other							
Infectious Substances Skin exudate	How it is Transmitted Direct Contact, Indirect Contact						
Precautions Needed <table border="1" style="margin-left: 20px;"> <tr> <td style="padding: 5px;">Acute Care</td> <td style="background-color: yellow; padding: 5px;">Contact Precautions</td> </tr> <tr> <td style="padding: 5px;">Long-Term Care</td> <td style="background-color: yellow; padding: 5px;">Contact Precautions</td> </tr> <tr> <td style="padding: 5px;">Home & Community</td> <td style="background-color: yellow; padding: 5px;">Contact Precautions</td> </tr> </table>		Acute Care	Contact Precautions	Long-Term Care	Contact Precautions	Home & Community	Contact Precautions
Acute Care	Contact Precautions						
Long-Term Care	Contact Precautions						
Home & Community	Contact Precautions						
Duration of Precautions Until all skin lesions have crusted and separated							
Incubation Period 3-5 days	Period of Communicability Until all skin lesions have crusted and separated						
Comments Precautions required are in addition to Routine Practices <ul style="list-style-type: none"> • Vaccinia may be spread by touching a vaccination site before it has healed or by touching bandages or clothing that may have live virus from the smallpox vaccination site. • Immunization of HCW stopped in 1977. 							

Suspected/Known Disease or Microorganism Vancomycin-resistant Enterococcus (VRE)							
Clinical Presentation Infection or colonization of any body site (infections of the urinary tract, the bloodstream, or of wounds associated with catheters or surgical procedures)							
Infectious Substances Infected or colonized secretions, excretions	How it is Transmitted Direct Contact, Indirect Contact						
Precautions Needed <table border="1" style="margin-left: 20px;"> <tr> <td style="padding: 10px;">Acute Care</td> <td style="border: 2px solid black; padding: 10px; text-align: center;">Routine Practices</td> </tr> <tr> <td style="padding: 10px;">Long-Term Care</td> <td style="border: 2px solid black; padding: 10px; text-align: center;">Routine Practices</td> </tr> <tr> <td style="padding: 10px;">Home & Community</td> <td style="border: 2px solid black; padding: 10px; text-align: center;">Routine Practices</td> </tr> </table>		Acute Care	Routine Practices	Long-Term Care	Routine Practices	Home & Community	Routine Practices
Acute Care	Routine Practices						
Long-Term Care	Routine Practices						
Home & Community	Routine Practices						
Duration of Precautions As directed by Infection Prevention and Control							
Incubation Period Variable	Period of Communicability Duration of colonization						
Comments <ul style="list-style-type: none"> • Enterococci persist in the environment: ensure thorough cleaning 							

Suspected/Known Disease or Microorganism	
Vancomycin-resistant Staphylococcus aureus (VRSA)	
Clinical Presentation Infection or colonization of any body site	
Infectious Substances Infected or colonized secretions, excretions	How it is Transmitted Direct Contact, Indirect Contact, Droplet
Precautions Needed	
Acute Care	<div style="border: 2px solid yellow; padding: 5px; display: inline-block;">Contact Precautions</div> <div style="border: 2px solid orange; padding: 5px; display: inline-block; margin-left: 20px;">Droplet & Contact Precautions if VRSA found in sputum or tracheostomy and active respiratory infection</div>
Long-Term Care	<div style="border: 2px solid black; padding: 5px; display: inline-block;">Routine Practices Use Droplet & Contact Precautions as for acute care in all settings</div>
Home & Community Care	<div style="border: 2px solid black; padding: 5px; display: inline-block;">Routine Practices Home care and low risk community settings. Use Droplet & Contact Precautions as for acute care in all settings</div> <div style="border: 2px solid yellow; padding: 5px; display: inline-block; margin-left: 20px;">Contact Precautions High risk community settings</div>
Duration of Precautions As directed by Infection Prevention and Control	
Incubation Period Variable	Period of Communicability Duration of colonization
Comments Precautions required are in addition to Routine Practices	
<ul style="list-style-type: none"> Theoretical, to date not reported 	

Suspected/Known Disease or Microorganism							
Varicella Zoster Virus: Chickenpox – Exposed Susceptible Contact							
Clinical Presentation: Asymptomatic							
Infectious Substances If lesions develop: lesion drainage, respiratory secretions	How it is Transmitted Direct Contact, Indirect Contact, Airborne						
Precautions Needed							
Acute Care	<table border="1"> <tr> <td style="border: 2px solid green;">Airborne Precautions 8 days after first contact and until 21 days after last contact with case (extend to 28 days if given VZIG)</td> <td style="border: 2px solid magenta;">Airborne & Contact Precautions If lesions develop see Chickenpox known case</td> </tr> <tr> <td style="border: 2px solid green;">Airborne Precautions 8 days after first contact and until 21 days after last contact with case (extend to 28 days if given VZIG)</td> <td style="border: 2px solid magenta;">Airborne & Contact Precautions If lesions develop see Chickenpox known case</td> </tr> <tr> <td style="border: 2px solid green;">Airborne Precautions 8 days after first contact and until 21 days after last contact with case (extend to 28 days if given VZIG)</td> <td style="border: 2px solid magenta;">Airborne & Contact Precautions If lesions develop see Chickenpox known case</td> </tr> </table>	Airborne Precautions 8 days after first contact and until 21 days after last contact with case (extend to 28 days if given VZIG)	Airborne & Contact Precautions If lesions develop see Chickenpox known case	Airborne Precautions 8 days after first contact and until 21 days after last contact with case (extend to 28 days if given VZIG)	Airborne & Contact Precautions If lesions develop see Chickenpox known case	Airborne Precautions 8 days after first contact and until 21 days after last contact with case (extend to 28 days if given VZIG)	Airborne & Contact Precautions If lesions develop see Chickenpox known case
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Long-Term Care							
Home & Community							
Duration of Precautions From 8 days after first contact until 21 days after last contact with rash (or 28 days if given VZIG)							
Incubation Period 10-21 days	Period of Communicability 2 days before rash starts and until all skin lesions have dried and crusted						
Comments Precautions required are in addition to Routine Practices							
<ul style="list-style-type: none"> • If VZIG indicated, administer within 96 hours (can be administered up to 10 day post exposure) • Consult IPAC if chicken pox exposure occurred in a healthcare setting • Newborn: If mother develops chicken pox <5 days before giving birth, assess for VZIG and place newborn on Airborne Precautions. If lesions develop change to Airborne and Contact Precautions. • An exposed susceptible person will develop chicken pox (varicella), not shingles (herpes zoster). • Exposure to either chicken pox or shingles could result in a chicken pox infection in susceptible contacts. • Susceptible contact refers to exposed person who has no evidence of VZV immunity 							

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

Suspected/Known Disease or Microorganism	
Varicella Zoster Virus: Chickenpox – Known Case	
Clinical Presentation	
Generalized, itchy, vesicular rash with lesions in varying stages of weeping and crusting; mild fever. Rash usually appears first on the head, chest and back before spreading to the rest of the body. Vesicular lesions are mostly concentrated on the chest and back.	
Infectious Substances	How it is Transmitted
Lesion drainage, respiratory secretions	Direct Contact, Indirect Contact , Airborne
Precautions Needed	
Acute Care	Airborne & Contact Precautions
Long-Term Care	Airborne & Contact Precautions
Home & Community	Airborne & Contact Precautions
Duration of Precautions: Until all lesions have crusted and dried	
Incubation Period	Period of Communicability
10-21 days	2 days before rash starts and until all skin lesions have crusted and dried
Comments	
Precautions required are in addition to Routine Practices	
<ul style="list-style-type: none"> • Defer non-urgent admissions if chicken pox or disseminated zoster is present • Susceptible HCWs should not enter the room if immune staff are available. If they must enter the room, an N95 respirator must be worn. Other non-immune persons should not enter except in urgent or compassionate circumstances. If immunity is unknown, assume person is non-immune • On discharge or transfer, keep room on Airborne Precautions per Air Clearance/Settle time • If other patients exposed, notify IPAC and refer to exposure follow-up instruction in this manual 	

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

Suspected/Known Disease or Microorganism Varicella Zoster Virus: Herpes Zoster (Shingles) – Disseminated							
Clinical Presentation Vesicular lesions that involve multiple areas (>2 dermatomes, 2 or more non-adjacent or bilateral dermatomes) with possible visceral complications, refer to Dermatome Map . VCH Rash Assessment Algorithm							
Infectious Substances Vesicular fluid, respiratory secretions	How it is Transmitted Direct Contact, Indirect Contact, Airborne						
Precautions Needed <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; text-align: center; vertical-align: middle;">Acute Care</td> <td style="text-align: center; vertical-align: middle;">Airborne & Contact Precautions</td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">Long-Term Care</td> <td style="text-align: center; vertical-align: middle;">Airborne & Contact Precautions</td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">Home & Community</td> <td style="text-align: center; vertical-align: middle;">Airborne & Contact Precautions</td> </tr> </table>		Acute Care	Airborne & Contact Precautions	Long-Term Care	Airborne & Contact Precautions	Home & Community	Airborne & Contact Precautions
Acute Care	Airborne & Contact Precautions						
Long-Term Care	Airborne & Contact Precautions						
Home & Community	Airborne & Contact Precautions						
Duration of Precautions: Until all lesions have crusted and dried							
Incubation Period Not applicable	Period of Communicability Until all lesions have crusted and dried						
Comments Precautions required are in addition to Routine Practices <ul style="list-style-type: none"> • Defer non-urgent admissions if chicken pox or disseminated zoster is present • Susceptible HCWs should not enter the room if immune staff are available. If they must enter the room, an N95 respirator must be worn. Other non-immune persons should not enter except in urgent or compassionate circumstances. If immunity is unknown, assume person is non-immune • On discharge or transfer, keep room on Airborne precautions per Air Clearance/Settle time. • If other patients exposed, notify IPAC and refer to exposure follow-up instruction in this manual • Shingles immunization information 							

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

Suspected/Known Disease or Microorganism							
Varicella Zoster Virus: Herpes zoster (Shingles) – Exposed Susceptible Contact							
Clinical Presentation: Asymptomatic if simply exposed. May develop fluid-filled vesicles							
Infectious Substances If lesions develop, lesion drainage, respiratory secretions and exhaled droplets and particles	How it is Transmitted Direct Contact, Indirect Contact and Droplets and Particles						
Precautions Needed							
Acute Care	<table border="1"> <tr> <td style="border: 2px solid green;">Airborne Precautions 8 days after first contact and until 21 days after last contact with case (extend to 28 days if given VZIG)</td> <td style="border: 2px solid red;">Airborne & Contact Precautions If lesions develop see Chickenpox known case</td> </tr> <tr> <td style="border: 2px solid green;">Airborne Precautions 8 days after first contact and until 21 days after last contact with case (extend to 28 days if given VZIG)</td> <td style="border: 2px solid red;">Airborne & Contact Precautions If lesions develop see Chickenpox known case</td> </tr> <tr> <td style="border: 2px solid green;">Airborne Precautions 8 days after first contact and until 21 days after last contact with case (extend to 28 days if given VZIG)</td> <td style="border: 2px solid red;">Airborne & Contact Precautions If lesions develop see Chickenpox known case</td> </tr> </table>	Airborne Precautions 8 days after first contact and until 21 days after last contact with case (extend to 28 days if given VZIG)	Airborne & Contact Precautions If lesions develop see Chickenpox known case	Airborne Precautions 8 days after first contact and until 21 days after last contact with case (extend to 28 days if given VZIG)	Airborne & Contact Precautions If lesions develop see Chickenpox known case	Airborne Precautions 8 days after first contact and until 21 days after last contact with case (extend to 28 days if given VZIG)	Airborne & Contact Precautions If lesions develop see Chickenpox known case
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Long-Term Care							
Home & Community							
Duration of Precautions From 8 days after first contact until 21 days after last contact (or 28 days if patient received VZIG)							
Incubation Period 10 – 21 days	Period of Communicability Until all skin lesions have crusted and dried (if infected)						
Comments Precautions required are in addition to Routine Practices							
<ul style="list-style-type: none"> • If VZIG indicated, administer within 96 hours (can be administered up to 10 day post exposure) • Consult IPAC if VZV exposure occurred in a healthcare setting • An exposed susceptible person will develop chicken pox (varicella), not shingles (herpes zoster). • Susceptible contact refers to exposed person who has no evidence of VZV immunity 							

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

Suspected/Known Disease or Microorganism																	
Varicella Zoster Virus: Herpes Zoster (Shingles) Localized																	
Clinical Presentation: Vesicular lesions in a dermatomal distribution, refer to Dermatome Chart . <i>Localized refers to 1 dermatome or 2 adjacent dermatomes not crossing the midline.</i> VCH Rash Assessment Algorithm .																	
Infectious Substances Vesicular fluid, possibly respiratory secretions	How it is Transmitted Direct Contact, Indirect Contact, Airborne																
Precautions Needed																	
Acute Care	<table border="1"> <tr> <td style="background-color: yellow;">Contact Precautions Localized rash that can be covered in a normal host (not severely immunocompromised)</td> <td style="border: 2px solid red;">Airborne & Contact Precautions <ul style="list-style-type: none"> Localized rash in severely immunocompromised host Localized rash in normal host that cannot be covered (e.g., on face) </td> </tr> <tr> <td>Long-Term Care</td> <td> <table border="1"> <tr> <td style="background-color: yellow;">Contact Precautions As above, same in all health care settings</td> <td style="border: 2px solid red;">Airborne & Contact Precautions As above, same in all health care settings</td> </tr> <tr> <td>Home & Community</td> <td> <table border="1"> <tr> <td style="background-color: yellow;">Contact Precautions As above, same in all health care settings</td> <td style="border: 2px solid red;">Airborne & Contact Precautions As above, same in all health care settings</td> </tr> </table> </td> </tr> </table> </td> </tr> <tr> <td colspan="2">Duration of Precautions: Contact IPAC for discontinuation of precautions. <ul style="list-style-type: none"> Until lesions are dried and crusted Localized & covered rash in severely immunocompromised host: Until 24 hours of effective antiviral therapy completed AND no new lesions, then drop down to Contact Precautions until lesions dried and crusted. 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[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#) [HOME](#)

<p>Suspected/Known Disease or Microorganism Varicella Zoster Virus: no visible lesions – Encephalitis – with or without lesions</p>							
<p>Clinical Presentation Encephalitis: headache, mild flu-like symptoms, photophobia, neck stiffness, lethargy, increased irritability, seizures, changes in alertness, confusion, hallucinations, loss of energy, loss of appetite, unsteady gait, nausea and vomiting, personality change</p>							
<p>Infectious Substances Vesicular fluid, respiratory secretions</p>	<p>How it is Transmitted Direct Contact, Indirect Contact, Airborne</p>						
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Long-Term Care	Airborne Precautions						
Home & Community Care	Airborne Precautions						
<p>Duration of Precautions As directed by IPAC on a case by case basis. In absence of rash or visible vesicular lesions, advise ICP of patient immune status, immunosuppressive treatment, antiviral treatment, clinical improvement.</p>							
<p>Incubation Period Variable</p>	<p>Period of Communicability Variable</p>						
<p>Comments Precautions required are in addition to Routine Practices</p> <ul style="list-style-type: none"> • If rash (vesicles) present or develops, use Airborne & Contact Precautions and refer to relevant chicken pox or shingles section of this manual • RHS: carefully inspect the auditory canal and in and around the eye for presence of vesicles, if found refer to Shingles – Localized, cannot be covered (Airborne & Contact Precautions) 							

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

Suspected/Known Disease or Microorganism <i>Vibrio cholerae</i> (Cholera)											
Clinical Presentation Voluminous watery diarrhea, dehydration											
Infectious Substances Contaminated food or water, feces	How it is Transmitted (fecal/oral) Direct Contact, Indirect Contact, Ingestion of contaminated food or water										
Precautions Needed											
Acute Care	<table border="1"> <tr> <td>Routine Practices Adult</td> <td>Contact Precautions Pediatric Adult if: <ul style="list-style-type: none"> • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment </td> </tr> <tr> <td>Long-Term Care</td> <td> <table border="1"> <tr> <td>Routine Practices</td> <td>Contact Precautions For adults as described above</td> </tr> </table> </td> </tr> <tr> <td>Home & Community</td> <td> <table border="1"> <tr> <td>Routine Practices Adult</td> <td>Contact Precautions Pediatric</td> </tr> </table> </td> </tr> </table>	Routine Practices Adult	Contact Precautions Pediatric Adult if: <ul style="list-style-type: none"> • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment 	Long-Term Care	<table border="1"> <tr> <td>Routine Practices</td> <td>Contact Precautions For adults as described above</td> </tr> </table>	Routine Practices	Contact Precautions For adults as described above	Home & Community	<table border="1"> <tr> <td>Routine Practices Adult</td> <td>Contact Precautions Pediatric</td> </tr> </table>	Routine Practices Adult	Contact Precautions Pediatric
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Routine Practices Adult	Contact Precautions Pediatric										
Duration of Precautions Until symptoms have stopped for 48 hours OR, for adults until patient is continent and has good hygiene											
Incubation Period 2 - 3 days	Period of Communicability Duration of shedding										
Comments Precautions required are in addition to Routine Practices <ul style="list-style-type: none"> • Reportable Disease Physician report to Medical Health Officer when preliminary or final lab confirmation available 											

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

Suspected/Known Disease or Microorganism <i>Vibrio parahaemolyticus</i> Enteritis											
Clinical Presentation Diarrhea, food poisoning											
Infectious Substances Contaminated food, particularly seafood	How it is Transmitted Foodborne										
Precautions Needed											
Acute Care	<table border="1"> <tr> <td>Routine Practices Adult</td> <td>Contact Precautions Pediatric Adult if: <ul style="list-style-type: none"> • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment </td> </tr> <tr> <td>Long-Term Care</td> <td> <table border="1"> <tr> <td>Routine Practices</td> <td>Contact Precautions For adults as described above</td> </tr> </table> </td> </tr> <tr> <td>Home & Community</td> <td> <table border="1"> <tr> <td>Routine Practices Adult</td> <td>Contact Precautions Pediatric</td> </tr> </table> </td> </tr> </table>	Routine Practices Adult	Contact Precautions Pediatric Adult if: <ul style="list-style-type: none"> • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment 	Long-Term Care	<table border="1"> <tr> <td>Routine Practices</td> <td>Contact Precautions For adults as described above</td> </tr> </table>	Routine Practices	Contact Precautions For adults as described above	Home & Community	<table border="1"> <tr> <td>Routine Practices Adult</td> <td>Contact Precautions Pediatric</td> </tr> </table>	Routine Practices Adult	Contact Precautions Pediatric
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Routine Practices Adult	Contact Precautions Pediatric										
Duration of Precautions Until symptoms have stopped for 48 hours OR, for adults, until patient is continent and has good hygiene											
Incubation Period 4-30 hours	Period of Communicability Duration of illness										
Comments Precautions required are in addition to Routine Practices <ul style="list-style-type: none"> • Reportable Disease 											

Suspected/Known Disease or Microorganism Vincents Angina, trench mouth (Acute Necrotizing Ulcerative Gingivitis)							
Clinical Presentation Progressive painful infection with ulceration, swelling and sloughing off of dead tissue from the mouth and throat due to the spread of infection from the gum							
Infectious Substances	How it is Transmitted Not transmitted person to person						
Precautions Needed <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; text-align: center; vertical-align: middle;">Acute Care</td> <td style="text-align: center; vertical-align: middle;">Routine Practices</td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">Long-Term Care</td> <td style="text-align: center; vertical-align: middle;">Routine Practices</td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">Home & Community</td> <td style="text-align: center; vertical-align: middle;">Routine Practices</td> </tr> </table>		Acute Care	Routine Practices	Long-Term Care	Routine Practices	Home & Community	Routine Practices
Acute Care	Routine Practices						
Long-Term Care	Routine Practices						
Home & Community	Routine Practices						
Duration of Precautions Not applicable							
Incubation Period Variable	Period of Communicability Not transmitted person to person						
Comments							

Suspected/Known Disease or Microorganism Viral Hemorrhagic Fever – (Lassa, Ebola, Marburg, Crimean-Congo viruses)							
Clinical Presentation Fever, myalgias, pharyngitis, nausea, vomiting and diarrhea. Hemorrhagic fever in late clinical presentation.							
Infectious Substances Blood, body fluids and respiratory secretions	How it is Transmitted Direct Contact, Indirect Contact and Droplets						
Precautions Needed <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 10px;">Acute Care</td> <td style="padding: 10px; border: 2px solid red; text-align: center;"> Airborne & Contact Precautions + Droplet </td> </tr> <tr> <td style="padding: 10px;">Long-Term Care</td> <td style="padding: 10px; border: 2px solid red; text-align: center;"> Airborne & Contact Precautions + Droplet </td> </tr> <tr> <td style="padding: 10px;">Home & Community</td> <td style="padding: 10px; border: 2px solid red; text-align: center;"> Airborne & Contact Precautions + Droplet </td> </tr> </table>		Acute Care	Airborne & Contact Precautions + Droplet	Long-Term Care	Airborne & Contact Precautions + Droplet	Home & Community	Airborne & Contact Precautions + Droplet
Acute Care	Airborne & Contact Precautions + Droplet						
Long-Term Care	Airborne & Contact Precautions + Droplet						
Home & Community	Airborne & Contact Precautions + Droplet						
Duration of Precautions: Until symptoms resolved <i>and</i> as directed by IPAC							
Incubation Period Variable	Period of Communicability Until all symptoms resolve						
Comments Precautions required are in addition to Routine Practices <ul style="list-style-type: none"> • Reportable Disease Physician report to the Medical Health Officer at suspect stage • Consult IPAC immediately if VHF suspected • VCH Specific VHF Documents 							

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

W

West Nile Virus

Western Equine Encephalitis Virus

Whipworm (*Trichuris trichiura*)

Whooping Cough – Pertussis (*Bordetella pertussis*)

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

Suspected/Known Disease or Microorganism West Nile Virus	
Clinical Presentation Sudden onset fever, headache, muscle pain and weakness, malaise rash, sensitivity to light	
Infectious Substances <i>Culex</i> mosquito	How it is Transmitted Insect borne (vector) Rare: organ transplant, blood transfusion, by breast milk or transplacentally
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions Not applicable	
Incubation Period Variable, usually 3-21 days	Period of Communicability Not applicable
Comments <ul style="list-style-type: none"> Reportable Disease 	

Suspected/Known Disease or Microorganism Western Equine Encephalitis Virus	
Clinical Presentation Fever, encephalomyelitis	
Infectious Substances <i>Aedes</i> and <i>Culex</i> mosquito bite	How it is Transmitted Insectborne
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions Not applicable	
Incubation Period 5-15 days	Period of Communicability No person to person transmission
Comments	
<ul style="list-style-type: none"> • Virus found in birds, bats, and possibly rodents • Reportable Disease 	

Suspected/Known Disease or Microorganism Whipworm (<i>Trichuris trichiura</i>)	
Clinical Presentation Abdominal pain, diarrhea	
Infectious Substances Acquired from ova in soil	How it is Transmitted Ingestion of contaminated soil
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions Not applicable	
Incubation Period Unknown	Period of Communicability No person to person transmission
Comments <ul style="list-style-type: none"> Ova must hatch in soil to be infective. 	

Suspected/Known Disease or Microorganism	
Whooping Cough – Pertussis (<i>Bordetella pertussis</i>)	
Clinical Presentation	
Violent coughing without inhalation followed by high pitched inspiratory crowing or “whoop”, vomiting after coughing, non-specific respiratory tract infection in infants	
Infectious Substances	How it is Transmitted
Respiratory secretions	Large Droplets
Precautions Needed	
Acute Care	Droplet Precautions
Long-Term Care	Droplet Precautions
Home & Community	Droplet Precautions
Duration of Precautions	
Untreated: Up to 3 weeks after onset of paroxysms	
Treated: after 5 days of effective antimicrobial treatment	
Incubation Period	Period of Communicability
Average 9-10 days; range of 6-20 days	At onset of mild respiratory tract symptoms (catarrhal stage) up to 3 weeks after onset of paroxysms or coughing if not treated
Comments	
Precautions required are in addition to Routine Practices	
<ul style="list-style-type: none"> • Close contacts may need chemoprophylaxis • Immunization information • Reportable Disease 	

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

Suspected/Known Disease or Microorganism				
Wound Infection – (<i>Staphylococcus aureus</i>, Group A Streptococcus, many other bacteria)				
Clinical Presentation: Draining wound, redness or heat around wound				
Infectious Substances Drainage	How it is Transmitted Direct Contact, Indirect Contact			
Precautions Needed				
<i>If a pathogen is identified, follow organism specific instructions included in this manual.</i>				
Acute Care	<table border="1"> <tr> <td>Routine Practices Minor drainage contained by dressing</td> <td>Contact Precautions Major drainage not contained by dressing</td> <td>Droplet & Contact Precautions For first 24 hours antimicrobial therapy if invasive group A strep suspected</td> </tr> </table>	Routine Practices Minor drainage contained by dressing	Contact Precautions Major drainage not contained by dressing	Droplet & Contact Precautions For first 24 hours antimicrobial therapy if invasive group A strep suspected
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Routine Practices Minor drainage contained by dressing	Contact Precautions Major drainage not contained by dressing			
Duration of Precautions				
See specific organism, otherwise; until symptoms resolve or return to baseline				
Incubation Period Variable	Period of Communicability Variable			
Comments				
Precautions required are in addition to Routine Practices				

X

No diseases or conditions at this time

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

Y

Yaws (*Treponema pallidum*, subspecies *pertenue*)

Yellow Fever (*Flavivirus*)

Yersinia enterocolitica*; *Yersinia pseudotuberculosis

Suspected/Known Disease or Microorganism Yaws (<i>Treponema pallidum</i>, subspecies <i>pertenue</i>)	
Clinical Presentation Cutaneous lesions, late stage destructive lesions of skin and bone	
Infectious Substances Exudates from skin lesions	How it is Transmitted Direct Contact, Indirect Contact
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions Not applicable	
Incubation Period 2 weeks to 3 months	Period of Communicability Variable
Comments	

Suspected/Known Disease or Microorganism Yellow Fever (<i>Flavivirus</i>)							
Clinical Presentation Sudden fever, chills, headache, back and muscle aches, nausea, vomiting, prostration, jaundice							
Infectious Substances Human blood	How it is Transmitted Insectborne (mosquito)						
Precautions Needed <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 10px;">Acute Care</td> <td style="text-align: center; padding: 10px;">Routine Practices</td> </tr> <tr> <td style="text-align: center; padding: 10px;">Long-Term Care</td> <td style="text-align: center; padding: 10px;">Routine Practices</td> </tr> <tr> <td style="text-align: center; padding: 10px;">Home & Community</td> <td style="text-align: center; padding: 10px;">Routine Practices</td> </tr> </table>		Acute Care	Routine Practices	Long-Term Care	Routine Practices	Home & Community	Routine Practices
Acute Care	Routine Practices						
Long-Term Care	Routine Practices						
Home & Community	Routine Practices						
Duration of Precautions Not applicable							
Incubation Period 3-6 days	Period of Communicability No person to person transmission						
Comments <ul style="list-style-type: none"> • Vaccine preventable (travel) • Reportable Disease 							

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

Suspected/Known Disease or Microorganism <i>Yersinia enterocolitica; Yersinia pseudotuberculosis</i>											
Clinical Presentation Diarrhea											
Infectious Substances Feces	How it is Transmitted Fecal-oral, Direct Contact, Indirect Contact, Foodborne										
Precautions Needed											
Acute Care	<table border="1"> <tr> <td>Routine Practices Adult</td> <td>Contact Precautions Pediatric Adult if: <ul style="list-style-type: none"> • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment </td> </tr> <tr> <td>Long-Term Care</td> <td> <table border="1"> <tr> <td>Routine Practices</td> <td>Contact Precautions For adults as described above</td> </tr> </table> </td> </tr> <tr> <td>Home & Community</td> <td> <table border="1"> <tr> <td>Routine Practices Adult</td> <td>Contact Precautions Pediatric</td> </tr> </table> </td> </tr> </table>	Routine Practices Adult	Contact Precautions Pediatric Adult if: <ul style="list-style-type: none"> • Incontinent • Stool not contained • Poor hygiene • Contaminating their environment 	Long-Term Care	<table border="1"> <tr> <td>Routine Practices</td> <td>Contact Precautions For adults as described above</td> </tr> </table>	Routine Practices	Contact Precautions For adults as described above	Home & Community	<table border="1"> <tr> <td>Routine Practices Adult</td> <td>Contact Precautions Pediatric</td> </tr> </table>	Routine Practices Adult	Contact Precautions Pediatric
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Home & Community	<table border="1"> <tr> <td>Routine Practices Adult</td> <td>Contact Precautions Pediatric</td> </tr> </table>	Routine Practices Adult	Contact Precautions Pediatric								
Routine Practices Adult	Contact Precautions Pediatric										
Duration of Precautions Until symptoms have stopped for 48 hours OR, for adults, until patient is continent and has good hygiene											
Incubation Period 1-14 days	Period of Communicability Duration diarrhea										
Comments Precautions required are in addition to Routine Practices <ul style="list-style-type: none"> • Reportable Disease 											

Z

Zika Virus (*Flavivirus*)

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

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

Suspected/Known Disease or Microorganism Zika Virus (<i>Flavivirus</i>)	
Clinical Presentation Fever, skin rashes (maculopapular), conjunctivitis, muscle and joint pain, malaise, and headache	
Infectious Substances Blood, body fluids	How it is Transmitted Mosquito bite (mainly <i>Aedes aegypti</i> in tropical regions), vertical (transmission in utero), sexual contact
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions Not applicable	
Incubation Period 3 – 12 days	Period of Communicability Unknown: sexual transmission reported from asymptomatic cases
Comments	
<ul style="list-style-type: none"> • Congenital Zika Syndrome includes a range of neurological and developmental deficits • Reportable Disease 	

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

Suspected/Known Disease or Microorganism Zygomycosis (Phycomycosis, Mucormycosis) – (<i>Mucor</i> sp., <i>Rhizopus</i> sp., others)	
Clinical Presentation Lung, skin, wound, rhino-cerebral infection	
Infectious Substances Acquired from fungal spores in dust and soil, especially decaying organic matter such as leaves, grass or wood	How it is Transmitted Inhalation or ingestion of fungal spores. No person to person transmission
Precautions Needed	
Acute Care	Routine Practices
Long-Term Care	Routine Practices
Home & Community	Routine Practices
Duration of Precautions Not applicable	
Incubation Period Unknown	Period of Communicability No person to person transmission
Comments <ul style="list-style-type: none"> Immunocompromised patients are at risk of infection 	

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