## Appendix II: Disease Specific Isolation/Precautions (Updated 8/04)

| DISEASE | STANDARD | ADDITIONAL CATEGORIES | INFECTIVE MATERIALS | DURATION | REPORT TO BCHD[1] | CALL[2] HEIC 5-8384 3-3855 | COMMENTS |
|---|---|---|---|---|---|---|---|
| **Antibiotic-associated Colitis** | | | | | | | See *Clostridium difficile* colitis |
| **Aspergillosis** | ✕ | | | | | | |
| **Argentinean hemorrhagic fever (Junin Fever)** | ✕ | Airborne and Contact | Secretions | Duration of illness | | | Negative Pressure Room. Obtain PAPR from CS at 5-8357. |
| **B19 infection, human parvovirus, Fifth Disease** | | | | | | | See: Parvovirus |
| **Babesiosis** | ✕ | | | | | | |
| **Blastomycosis, North American, cutaneous or pulmonary** | ✕ | | | | | | |
| **Botulism (infant; other)** | ✕ | | | | ✕ | ✕ | Potential agent of bioterrorism, **Contact HEIC immediately**. |
| **Bolivian hemorrhagic fever (Machupo Fever)** | ✕ | Airborne and Contact | Secretions | Duration of illness | | ✕ | Negative Pressure Room. Obtain PAPR from CS at 5-8357. |
| **Bronchiolitis, etiology unknown** | ✕ | Contact | | Duration of illness | | | |
| **Brucellosis (draining lesions)**<br><br>**Mediterranean Fever, Malta, Undulant** | ✕ | | Tissue, Blood | | ✕ | ✕ | Potential agent of bioterrorism, **Contact HEIC immediately. Notify Laboratory.** |
| **Burkholderia cepacia** | ✕ | Contact | | | | | Cystic fibrosis (CF) patient with this organism cannot be admitted to a floor with another patient with CF. IC08 on patient plate. |
| **Campylobacter gastroenteritis** | | | | | | | See: **Gastroenteritis** |

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| **Cat-scratch disease (benign Inoculation lympnoreticulosis)** | ✕ | | | | | | |
| **Chancroid (Soft Chancre)** | ✕ | | | | | | |
| **Chickenpox (Varicella)** | ✕ | Airborne & contact | Drainage from lesions; respiratory secretions | Until all lesions are dry and crusted | | ✕ | Negative pressure room. Obtain PAPR from CS at 5-8357. Immune HCW do not need a PAPR |
| **Chickenpox [Varicella] exposure** | ✕ | Airborne & contact | | Day 8 – 21 after exposure | | ✕ | **Isolation is required during incubation period of exposures. See policy IFC-012 for more details.** |
| ***Chlamydia* infection** | ✕ | | | | ✕ | | |
| **Cholera** | ✕ | | | | ✕ | ✕ | Potential agent of bioterrorism, **Contact HEIC immediately** |
| **Cholera: Diapered or incontinent patients** | ✕ | Contact | Feces | Until diarrhea stop or duration of hospitalization | ✕ | ✕ | Potential agent of bioterrorism, **Contact HEIC immediately**. |
| ***Clostridium difficile* colitis** | ✕ | Contact | Feces | Until diarrhea stops or duration of hospitalization | | | A private room is recommended for incontinent patients. Patients without diarrhea **do not** require isolation. |
| **Coccidioidomycosis (Valley Fever)** | ✕ | | | | ✕ | | |
| **Conjunctivitis**<br>• **Bacterial** | ✕ | | Eye secretions | Duration of illness | | | Notify HEIC if ≥ 2 patients isolated for conjunctivitis on a given unit. Or if one |

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| **(Conjunctivitis Con't.)**<br>• **Acute Viral (Keratoconjunctivitis)** | ✕ | Contact | Eye secretions | Duration of illness | | | case of Keratoconjunctivitis is nosocomial |
| **Coxsackie virus infection** | | | | | | | See: Enterovirus Infection |
| **Creutzfeld-Jakob disease (CJD) or other Prion diseases** | ✕ | | CNS tissues, CSF; possibly other tissues, blood | | | ✕ | See policy IFC-032 for handling instruments and CNS tissue. Notify laboratory of suspected case. |
| **Crimean-Congo hemorrhagic fever (Central Asian hemorrhagic fever)** | ✕ | Droplet | Blood; most secretions | Duration of illness | | ✕ | Potential agent of bioterrorism, **Contact HEIC immediately**. |
| **Croup** | ✕ | Contact | | Duration of illness | | | |
| **Cryptococcosis** | ✕ | | | | | | |
| **Cryptosporidiosis** | | | | | | | See: Gastroenteritis |
| **Cysticercosis** | ✕ | | | | | | |
| **Cytomegalovirus infection** | ✕ | | | | | | Pregnant staff can work with CMV infected patients using standard precautions. |
| **Decubitus ulcer infection**<br>• **Major - Major is not contained by a dressing** | ✕ | Contact | Purulent drainage | While purulent drainage is present | | | |
| • **Minor - Contained by a dressing** | ✕ | | | | | | |
| **Dengue Fever** | ✕ | Contact | Feces | | ✕ | ✕ | |
| **Diarrhea, infectious (suspected or confirmed)** | | | | | | | See: Gastroenteritis |

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| **Diphtheria**<br>• **Cutaneous** | ✕ | Contact | Drainage from lesions | Until completion of antimicrobial therapy & 2 cultures from nose and throat taken at least 24 hours apart are negative for *C. diphtheriae* | ✕ | ✕ | Private room required |
| • **Pharyngeal** | ✕ | Droplet | Respiratory secretions | Same as above | ✕ | ✕ | |
| **Ebola hemorrhagic fever** | ✕ | Droplet | Blood; most secretions | Duration of illness | ✕ | ✕ | Potential agent of bioterrorism. **Notify HEIC and laboratory immediately.** |
| **Echinococcosis** | ✕ | | | | | | |
| **Echovirus infection**<br>• **Infants& children** | ✕ | Contact | Respiratory secretions and feces | Duration of illness | | | |
| • **Adults** | ✕ | | | | | | |
| ***E. coli* 0157:H7 infection** | | | | | | | See: Gastroenteritis |
| ***Encephalitis*** | ✕ | | | | ✕ | | |
| ***Entamoeba histolytica* enteritis** | ✕ | Contact | Feces | Duration of illness | | | |
| **Enterobiasis (pinworms)** | ✕ | | | | | | |
| **Enterococci resistant to vancomycin, (VRE) (colonization or infection)** | ✕ | Special | Body substances containing the organism | Until all culture positive sites become negative | | | 3 successive stool cultures are negative for the organism, each obtained a week apart. Consult HEIC prior to removing isolation. |

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| **Enterocolitis, necrotizing (NEC)** | ✕ | | | | | | |
| **Enterovirus infection, acute**<br>• **Infants and children** | ✕ | Contact | Respiratory secretions and feces | Duration of illness | | | |
| • **Adults** | ✕ | | Respiratory secretions and feces | Duration of illness | | | |
| • **Coxsackie virus infection (Infants and Children)** | ✕ | Contact | Respiratory secretions and feces | Duration of illness | | | |
| • **Hand, foot and mouth disease**<br>o **Infants and children** | ✕ | Contact | Respiratory secretions and fecal | Duration of illness | ✕ | | |
| o **Adults** | ✕ | | Respiratory secretions and fecal | | ✕ | | |
| • **Herpangina – vesicular pharyngitis**<br>o **Infants and children** | ✕ | Contact | Feces and respiratory secretions | Duration of illness | | | |
| o **Adult** | ✕ | | Feces and respiratory secretions | | | | |
| • **Pleurodynia**<br>**Infants and children** | ✕ | Contact | Feces | Duration of illness | | | |
| ***Erysipelothrix rhusiopathiae* infection (erysipeloid)** | ✕ | | | | | | Cutaneous infection seen in freshwater fisherman |

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| **Erysipelas**<br>• **Major - is not contained by a dressing.** | ✕ | Contact | Drainage from lesions | For 24 hours after start of effective therapy | | | Often caused by group A streptococci |
| • **Minor** | ✕ | | | | | | |
| **Erythema infectiosum (human parvovirus, B19 rash illness)** | | | | | | | See: Parvovirus |
| ***Escherichia coli* (*E. coli*) gastroenteritis** | | | | | | | See: Gastroenteritis |
| **Extended spectrum beta lactamase (ESBL) – gram negative organisms** | ✕ | Contact | Substances containing the organism | Until negative culture of the fluid is obtained | | | ESBLs confer antibiotic resistance to bacteria |
| **Gangrene, gas** | ✕ | | Purulent drainage | | | | |
| **Gastroenteritis (suspected or confirmed) all organisms for continent patients** | ✕ | | Feces | | | | |
| • **Campylobacter gastroenteritis**<br>**Diapered or incontinent patients** | ✕ | Contact | Feces | Until diarrhea stops or duration of hospitalization | ✕ | | |
| • **Cryptosporidiosis**<br>**Diapered or incontinent patients** | ✕ | Contact | Feces | Duration of illness | ✕ | | |
| • ***E. coli* 0157:H7 infection**<br>**Diapered or incontinent patients** | ✕ | Contact | Feces | Duration of illness | ✕ | ✕ | |

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| **(Gastroenteritis Con't)** | | | | | | | |
| • ***Escherichia coli* (*E. coli*) gastroenteritis Diapered or incontinent patient** | ✕ | Contact | Feces | Duration of illness | | | |
| • **Giardiasis Diapered or incontinent patient** | ✕ | Contact | Fecal | Duration of illness | ✕ | | |
| • **Rotavirus infection: diapered or incontinent patient** | ✕ | Contact | Feces | Duration of illness | | | |
| • **Salmonellosis (typhoidal or non-typhoidal) diapered or incontinent child < 6 years of age** | ✕ | Contact | Feces | Duration of illness | ✕ | | |
| • **Shigellosis (including bacillary dysentery) diapered or incontinent child < 6 years of age** | ✕ | Contact | Feces | Duration of illness | ✕ | | |
| • ***Staph aureus* Enterocolitis** | ✕ | | | | | | |
| • **Vibrio gastroenteritis: diapered or incontinent** | ✕ | Contact | Feces | Duration of illness | ✕ | | |
| • **Yersinia enterocolitica gastroenteritis diapered or incontinent** | ✕ | Contact | Feces | Duration of illness | ✕ | | |
| **German Measles (Rubella) Primary Infection** | ✕ | Droplet | Respiratory secretions | For 7 days after rash onset | ✕ | ✕ | Private room required. |

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| **German Measles (Rubella) Congenital infection** | ✕ | Contact | Respiratory secretions and urine | Admissions for the 1st year after birth unless nasopharyngeal & urine cultures > 3 months of age are rubella negative | ✕ | ✕ | |
| **Giardiasis** | | | | | | | See: Gastroenteritis |
| **Gonococcal infection** | ✕ | | | | ✕ | | |
| **Gram-negative organisms, antibiotic resistant (colonization or infection)** | ✕ | Contact | Body substances containing the organism | Until all culture positive sites become negative | | | Applies to organisms flagged under IC10 |
| **Granuloma inguinale (donovanosis, granuloma venereum)** | ✕ | | | | | | |
| ***Haemophilus influenzae* Epiglottitis, OR Meningitis, OR Pneumonia, infants and children** | ✕ | Droplet | Respiratory secretions | For 24 hours after start of effective therapy | ✕ | | |
| **Hand, foot and mouth disease** | | | | | | | See: **Enterovirus infection** |
| **Hantavirus Pulmonary Syndrome (Sin-nombrie)** | ✕ | | | | ✕ | | |
| **Hemorrhagic fevers, viral (Lassa, Marburg, others)** | ✕ | Droplet and Contact | Blood, body/fluids respiratory, secretions | Duration of illness | ✕ | ✕ | Potential agent of Bioterrorism, **Contact HEIC immediately**. |

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| **Hepatitis A:**<br>• **Continent patient** | ✕ | | Feces | • 3-14 years old 2 weeks after onset of symptoms<br>• All others 1 week after symptoms | ✕ | | |
| **Hepatitis A**<br>• **Diapered or incontinent patient** | ✕ | Contact | Feces | • < 3 years old duration of hospitalization<br>• 3-14 years old 2 weeks after onset of symptoms<br>• All others 1 week after symptoms | ✕ | | |
| **Hepatitis B**<br>• **HBsAG positive** | ✕ | | Blood & body fluids | | ✕ | | |
| **Hepatitis C & other unspecified non-A or non-B** | ✕ | | Blood & body fluids | | ✕ | | |
| **Hepatitis D (Delta)** | ✕ | | | | ✕ | | |
| **Hepatitis E (Enteric non-A, non-B)** | ✕ | | | | ✕ | | |
| **Herpes simplex infection**<br>• **Encephalitis** | ✕ | | | | | | |
| **Herpes simplex infection**<br>• **Mucocutaneous, disseminated or primary, severe** | ✕ | Contact | Drainage from lesions | Duration of hospitalization | | | |
| • **Mucocutaneous, recurrent** | ✕ | | | | | | |

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| **(Herpes simplex con't)**<br>• **Neonatal* including newborns with perinatal exposure** | ✕ | Contact | Drainage from lesions | Duration of hospitalization | | | For infants delivered vaginally or by C-section if mother had active lesions and rupture of Membranes > 4-6hrs.<br>Place infant on precautions during any admission until one yr of age, unless nasopharyngeal and urine cultures are negative after age three months |
| **Herpes Zoster infection (Varicella Zoster/Shingles) Localized in immunocompetent host** | ✕ | | | | | | Cover affected area |
| **Herpes Zoster infection (Varicella Zoster/Shingles) Localized or disseminated in immunocompromised host or disseminated in immunocompetent host** | ✕ | Airborne and Contact | Drainage from lesions; Respiratory secretions | Until lesions are crusted | | ✕ | Admit to airborne /negative pressure room<br>Obtain PAPR from CS at 5-8357.<br>Private room required<br>No playroom visits<br>Disseminated = >1 dermatome |
| **Histoplasmosis** | ✕ | | | | | | |
| **Hookworm disease (ancylostomiasis, uncinariasis)** | ✕ | | | | | | |
| **Human herpes virus 6 infection (Roseola)** | ✕ | | | | | | **See Roseola** |
| **Impetigo** | ✕ | Contact | Drainage from lesions | For 24 hours after start of effective therapy | | | |
| **Infectious mononucleosis** | ✕ | | | | | | Avoid contact with saliva |

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| **Influenza** | ✕ | Droplet | Respiratory secretions | For 7 days after symptom onset or until FINAL culture results are negative | | | Even though antigen is negative, precautions shall be continued for 7 days from symptom onset or till negative culture. Instructions for handling exposed staff see policy # IFC-012. |
| **Kawasaki Syndrome** | ✕ | | | | ✕ | | |
| **Lassa fever** | ✕ | Contact & Airborne | Blood, body fluids | Duration of illness | ✕ | ✕ | Possible agent of bioterrorism**, Contact HEIC immediately; Negative Pressure Room. Obtain PAPR from CS at** 5-8357. |
| **Legionellosis (Legionnaires disease)** | ✕ | | | | ✕ | ✕ | **Call HEIC on call beeper for potential nosocomial case.** |
| **Leprosy (Hansen's disease)** | ✕ | | | | ✕ | | |
| **Leptospirosis** | ✕ | | | | ✕ | | |
| **Lice**<br>• **Head**<br>• **Body**<br>• **Pubic (crabs)** | ✕ | Contact | | 24 hrs after effective therapy | | | **(Psychiatry, contact HEIC)** |
| **Listeriosis** | ✕ | | | | | | |
| **Lyme disease** | ✕ | | | | ✕ | | |
| **Lymphocytic choriomeningitis** | ✕ | | | | | | |
| **Lymphogranuloma venereum** | ✕ | | | | | | |
| **Malaria** | ✕ | | | | ✕ | | |

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| **Measles (Rubeola)** | ✕ | Airborne | Respiratory secretions | Duration of illness | ✕ | ✕ | Obtain PAPR from CS at 5-8357. Admit to negative pressure isolation room. |
| **Melioidosis (*Pseudomonas pseudomallei*)** | ✕ | | | | | | |
| **Meningitis** | | | | | | | **Also see Enterovirus and Herpes simplex** |
| • **Aseptic (Viral)** | ✕ | | | | ✕ | | |
| • **Bacterial** | ✕ | | | | ✕ | | |
| • **Fungal** | ✕ | | | | ✕ | | |
| • **Haemophilus influenzae** | ✕ | Droplet | Respiratory secretions | For 24 hours after start of effective therapy | ✕ | | |
| • **Listeria** | ✕ | | | | ✕ | | |
| • ***Neisseria meningitides* (Meningococcal) *Known/suspected*** | ✕ | Droplet | Respiratory secretions | For 24 hours after start of effective therapy | ✕ **by phone** | ✕ | Prophylax house hold contacts. Prophylax healthcare workers exposed via mouth-to mouth resuscitation, intubation or suctioning. (See exposure policy for more info). |
| • **Pneumococcal** | ✕ | | | | ✕ | | |
| • **Tuberculosis** | | | | | | | **See Mycobacterium TB** |
| **Meningococcal pneumonia** | ✕ | Droplet | Respiratory secretions | For 24 hours after start of effective therapy | ✕ | ✕ | **See Meningitis for instructions for prophylaxis** |
| **Meningococcemia (Meningococcal sepsis)** | ✕ | Droplet | Respiratory secretions | For 24 hours after start of effective therapy | ✕ | ✕ | **See Meningitis for instructions for prophylaxis** |
| **Molluscum contagiosum** | ✕ | | | | | | |
| **Monkey Pox** | ✕ | Airborne & contact | | | | | http://www.cdc.gov/ncidod/monkeypox/ Negative pressure room |

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| **MRSA** | | | | | | | See *Staphylococcus aureus* |
| **Mucormycosis** | ✕ | | | | | | |
| **Multidrug resistant organisms** | | | | | | | See specific organism |
| **Mumps (infectious parotitis)** | ✕ | Droplet | Respiratory secretions | For 9 days after onset of swelling | ✕ | ✕ | Roommates must be immune. No visits to playroom |
| **Mycobacteria other than tuberculosis infections (MOTT)** | ✕ | | | | ✕ | | |
| **Mycobacterium tuberculosis**<br>• **Extrapulmonary** | ✕ | | | | ✕ | | Pulmonary TB should be R/O when extrapulmonary TB is suspected. |
| • **Laryngeal, oral, upper airway** | ✕ | Airborne isolation | Respiratory secretions | See TB Policy | ✕ | ✕ | Consult ID fellow for approval of Airborne Isolation, then admit to Airborne/negative pressure room<br>Obtain PAPR from CS at 5-8357. |
| • **Pulmonary, suspected or confirmed, in adults, adolescents [>12 years of age] and children <5 with cavitary lesions, or (+) sputum smear** | ✕ | Airborne isolation | Respiratory secretions | See TB Policy | ✕ | ✕ | Consult ID fellow for approval of Airborne Isolation, then admit to Airborne/negative pressure room<br>Obtain PAPR from CS at 5-8357.<br>In general, children [<12 years of age] with active TB are not contagious unless they have cavitary lesions with a (+) sputum smear. [Redbook 2003].<br>HOWEVER, the major infection control concern is adult household contacts. Adult household contacts must wear a mask at all times while in the hospital until they are evaluated and found not to have active TB. |
| | | | | | | | |

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| ***Mycoplasma pneumoniae* [walking pneumonia]** | | | | | | | See pneumonia |
| **Nocardiosis (Yeast/Fungus)** | ✕ | | | | | | |
| **Norovirus gastroenteritis** | ✕ | Contact | Feces | Duration of illness | | | Patents should remain on isolation 48-72 hrs following last day of symptoms. HCW should return to work 48-72 hours following last day of symptoms and follow-up with occupational health before returning to work. |
| **Norwegian Scabies** | ✕ | Contact | Lesions | 24 hours following initial treatment with followed by 2 scabicide treatments a week apart | | ✕ | Private room required |
| **Parainfluenza virus infection, in infants & children** | ✕ | Contact | Respiratory secretions | Duration of illness | | | |
| **Parvovirus B19**<br>• **Fifth Disease/ Erythema Infectiosium (EI)** | ✕ | Droplet | Respiratory secretions | 7 days | | | Per Redbook 2003: Pregnant HCW do not need to be restricted from caring for patients with Parvovirus infections but should be aware of the potential risks to the fetus and should pay strict attention to following the stated Isolation Precautions as well as Standard Precautions. |
| • **Transient aplastic crisis** | ✕ | Droplet | Respiratory secretions | 7 days | | | |
| • **B19 viremia in patients with AIDS, hematologic malignancies, or organ transplant-related immuno-suppression** | ✕ | Droplet | Respiratory secretions | Duration of hospitalization | | | |

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## Appendix II: Disease Specific Isolation/Precautions (Updated 8/04)

| DISEASE | STANDARD | ADDITIONAL CATEGORIES | INFECTIVE MATERIALS | DURATION | REPORT TO BCHD[1] | CALL[2] HEIC 5-8384 3-3855 | COMMENTS |
|---|---|---|---|---|---|---|---|
| **Pertussis (whooping cough)** | ✕ | Droplet | Respiratory secretions | For 5 days after start of effective therapy.<br>If no therapy is given, isolate for 3 weeks after onset of cough | ✕ | ✕ | Private room is required<br><br>Prophylax all household contacts.<br>Prophylaxis should be *considered* for HCW with close extensive contact. |
| **Pharyngitis, Streptococcal Group A** | | | | | | | See Streptococcal Group A |
| **Pinworm infection** | ✕ | | | | | | |
| **Plague (Yersinia pestis)** | | | | | | | **Potential agent of bioterrorism, Contact HEIC immediately** |
| **Bubonic** | ✕ | | | | ✕ | ✕ | |
| **Pneumonic** | ✕ | Droplet | Respiratory secretions | For 3 days after start of effective therapy | ✕ | ✕ | |
| **Pleurodynia**<br>**Infants and children** | | | | | | | See enteroviral disease |
| **Pneumococci, resistant* to penicillin or cephalosporin, colonization or infection in throat or sputum** | | | | | | | See *Streptococcus pneumoniae*, Resistant |
| **Pneumonia** | | | | | | | |
| • **Bacterial (not listed elsewhere)** | ✕ | | | | | | |
| • **Chlamydia** | ✕ | | | | | | |
| • **Fungal** | ✕ | | | | | | |
| • **Haemophilus influenzae in Infants and children** | ✕ | Droplet | Respiratory secretions | For 24 hours after start of effective therapy | ✕ | | |

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|---|---|---|---|---|---|---|---|
| • ***Haemophilus influenzae* in adult** | ✕ | | | | ✕ | | |
| • **Legionella** | ✕ | | | | ✕ | ✕ | |
| • ***Mycoplasma pneumoniae*** | ✕ | Droplet | | Duration of illness | | | |
| • **MRSA pneumonia** | ✕ | Droplet | Respiratory secretions | Until sputum and 2 nares cultures taken 72 hrs apart are negative | | | Must be off all treatment for at least 48 hrs before getting "clearance" cultures |
| • ***Neisseria meningitides*** | ✕ | Droplet | Respiratory secretions | For 24 hours after start of effective therapy | ✕ | ✕ | |
| • ***Pneumocystis carinii*** | ✕ | | | | | | |
| • ***Staph aureus* Pneumonia or draining lung abscess** | ✕ | Droplet | Respiratory Secretions | Duration of illness | | | |
| • **Viral** | | | | | | | See specific organism i.e. RSV, influenza etc. |
| • **Varicella pneumonia** | | | | | | | See Chicken pox |
| **Poliomyelitis, acute** | ✕ | | | | ✕ | ✕ | |
| **Pseudomembranous colitis** | | | | | | | **See *C.difficile*** |
| **Psittacosis; ornithosis *Chlamydia psittaci*** | ✕ | | | | ✕ | | |
| **Q fever (*Burnetii coxiella*)** | ✕ | | | | ✕ | ✕ | **Potential agent of Bioterrorism. Contact HEIC immediately. Notify laboratory.** |
| **Rabies** | ✕ | Contact | CSF, saliva, tears, urine and body tissues | Duration of illness | ✕ | ✕ | |

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|---|---|---|---|---|---|---|---|
| **Rat-bite fever (*Streptobacillus moniliformis* or *Spirillum minus* infection)** | ✕ | | | | | | |
| **Respiratory syncytial virus (RSV) infection)** | | | | | | | |
| • **Adults,immuno-compromised** | ✕ | Droplet | Respiratory secretions | See RSV policy | | | Private room preferred |
| • **Infants and children** | ✕ | Pediatric Droplet | Respiratory secretions | See RSV policy | | | Private room preferred |
| **Rheumatic fever** | ✕ | | | | | | |
| **Rickettsial diseases, tickborne (Rocky Mountain spotted fever, tickborne typhus)** | ✕ | | | | ✕ | | |
| **Ringworm (dermatophytosis, dermatomycosis, tinea)** | ✕ | | | | | | Fomites can transmit |
| ***Roseola infantum* (exanthem subitum) – human herpes virus 6 (HHV-6)** | ✕ | | | | | | |
| **Rotavirus infection** | | | | | | | **See Gastroenteritis** |
| **Rotavirus infection: diapered or incontinent patient** | | | | | | | See Gastroenteritis |
| **Rubella (German measles)** | | | | | | | See German measles |
| **Rubeola (measles)** | | | | | | | See Measles |
| **SARS (Severe Acute Respiratory Syndrome)** | ✕ | Airborne & contact | Respiratory secretions | Duration of illness | ✕ | ✕ | Admit to Negative Pressure Room<br><br>Obtain PAPR from Central Supply at 5-8357. |
| **Salmonellosis (typhoidal or non-typhoidal)** | | | | | | | See Gastroenteritis |

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|---|---|---|---|---|---|---|---|
| **Salmonellosis (typhoidal or non-typhoidal) diapered or incontinent child < 6 years of age** | | | | | | | See Gastroenteritis |
| **Scabies** | ✕ | Contact | | For 24 hours after treatment with appropriate scabicide | | | |
| **Scabies, Norwegian** | | | | | | | See Norwegian Scabies |
| **Scarlet Fever** | ✕ | Droplet | Respiratory secretions | For 24 hours after start of effective therapy | ✕ | ✕ | |
| **Schistosomiasis** | ✕ | | | | | | |
| **Severe Combined Immune Deficiency Syndrome (SCIDS)** | ✕ | Authorized prescriber should write order detailing precautions to maintain* | None | Until bone marrow transplant (tx), then follow the bone marrow tx guidelines | | | Private room is required Portable HEPA filtration should be used if ANC < 500. * (i.e. no fresh flowers, no children, etc) |
| **Shigellosis (including bacillary dysentery** | | | | | | | See Gastroenteritis |
| **Shigellosis (including bacillary dysentery) diapered or incontinent child < 6 years of age** | | | | | | | See Gastroenteritis |
| **Shingles - Herpes Zoster infection (Varicella Zoster) Localized in immunocompetent patient** | | | | | | | See Herpes Zoster |
| **Shingles - Herpes Zoster infection (Varicella Zoster) Localized or Disseminated (in immunocompromised host or disseminated in immunocompetent patient** | | | | | | | See Herpes Zoster |
| **Smallpox** | | | | | | | See Variola |

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|---|---|---|---|---|---|---|---|
| ***Staphylococcus aureus* infection Skin, wound Major =cannot be contained by a dressing** | ✕ | Contact | Wound drainage | While draining | | | |
| ***Staphylococcus aureus* infection, skin wound: Minor** | ✕ | | | | | | |
| ***Staph aureus* Enterocolitis** | | | | | | | See Gastroenteritis |
| ***Staph aureus* Pneumonia or draining lung abscess** | | | | | | | See Pneumonia |
| ***Staphylococcus aureus* Scalded skin syndrome** | ✕ | | | | | | |
| ***Staphylococcus aureus* Toxic Shock Syndrome** | ✕ | | | | | | |
| ***Staphylococcus aureus* (methicillin resistant) (MRSA) colonization or infection except pneumonia** | ✕ | Contact | Location dependent | Until all culture positive sites & 2 nares cultures taken 72 hrs apart are negative | | | |
| ***Staph aureus* (MRSA) pneumonia** | | | | | | | See Pneumonia; MRSA |
| ***Staph aureus* (vancomycin resistant or intermediate) (VRSA/VISA) colonization or infection** | ✕ | Maximum | Location dependent | May not be d/c without consultation with HEIC | ✕ | ✕ | Notify HEIC immediately |
| ***Streptobacillus moniliforms* infection (rat bite)** | ✕ | | | | | | |
| **Streptococcal infection, group A Scarlet fever** | ✕ | Droplet | Respiratory Secretions | For 24 hours after start of effective therapy | | | |
| **Streptococcal infection Group A: Major skin or wound** | ✕ | Contact | Wound drainage | For 24 hours after start of effective therapy | ✕ | | |
| **Streptococcal infection** | ✕ | Droplet | Respiratory | For 24 hours | | | |

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|---|---|---|---|---|---|---|---|
| **Group A: Pharyngitis** | | | Secretions | after start of effective therapy | | | |
| **Streptococcal infection, group A: Pneumonia** | ✕ | Droplet | Respiratory secretions | For 24 hours after start of effective therapy | ✕ | | |
| **Streptococcal group B (*Streptococcus agalactiae*)** | ✕ | | | | ✕ | | Report invasive disease in neonates |
| ***Streptococcus pneumoniae* infection or colonization in throat or sputum** | ✕ | | | | | | |
| ***Streptococcus pneumoniae* (Resistant* to penicillin or cephalosporin) infection or colonization in throat or sputum** | ✕ | Droplet | Throat Sputum | Throat or sputum must be negative for the organism | ✕ | | *Resistant=MICS for Penicillin > 2 Cefotaxime >2 Ceftriaxone > 2 |
| **Strongyloidiasis** | ✕ | | | | | | |
| **Syphilis** | ✕ | | | | ✕ | | |
| **Tapeworm infections, all types** | ✕ | | | | | | |
| **Tetanus** | ✕ | | | | ✕ | | |
| **Tinea (dermatomycosis, dermatophytosis, ringworm)** | | | | | | | See Ringworm |
| **Toxic shock syndrome** | | | | | | | See Staphylococcus |
| **Toxoplasmosis** | ✕ | | | | | | |
| **Trachoma, acute *(Chlamydia trachomatis)*** | ✕ | | | | ✕ | | |
| **Trichinosis** | ✕ | | | | ✕ | | |
| **Trichuriasis (whipworm disease)** | ✕ | | | | | | |
| **Tuberculosis (*M tuberculosis*) All forms** | | | | | | | See Mycobacterium Tuberculosis |

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|---|---|---|---|---|---|---|---|
| **Tularemia-draining lesion** | ✕ | | | | ✕ | ✕ | Potential agent of bioterrorism, **Contact HEIC immediately** |
| **Typhoid fever** | | | | | | | **See Gastroenteritis; Salmonella** |
| **Typhus, endemic/epidemic** | ✕ | | | | | | |
| **Vaccinia**<br>**Generalized and progressive, eczema vaccinatum** | ✕ | Contact | Drainage from lesions | Duration of illness | ✕ | ✕ | If related to smallpox vaccination given at Hopkins, report to occupational injury clinic |
| **Varicella (chickenpox)** | | | | | | | See Chickenpox |
| **Variola (smallpox)** | ✕ | Airborne & contact | Respiratory secretions and drainage from lesions | Until all lesions are crusted | ✕ | ✕ | Bioterrorism agent **Contact HEIC immediately**; Negative pressure room<br><br>Obtain PAPR from Central Supply at 5-8357. |
| **VRSA/VISA see *Staphylococcus aureus*** | | | | | | | See *Staphylococcus aureus*; VRSA/VISA |
| **Vibrio gastroenteritis** | | | | | | | See Gastroenteritis |
| **Vibrio gastroenteritis: diapered or incontinent** | | | | | | | See Gastroenteritis |
| **West Nile Virus** | ✕ | | | | ✕ | | |
| **Whooping cough (pertussis)** | | | | | | | See Pertussis |
| **Yellow Fever** | ✕ | | | | ✕ | ✕ | |
| ***Yersinia enterocolitica* gastroenteritis** | | | | | | | See Gastroenteritis |
| ***Yersinia enterocolitica* gastroenteritis diapered or incontinent** | | | | | | | See Gastroenteritis |

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| ***Yersinia pestis* infections (plague)**<br>**Bubonic or Pneumonic** | | | | | | | See Plague |
| **Zoster infection (Herpes/ Varicella Zoster)** | | | | | | | See Herpes Zoster; Shingles |
| **Zygomycosis (phycomycosis mucormycosis)** | ✕ | | | | | | |

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| Disease requiring standard precautions only<br>(Disease requiring standard precautions that are frequently seen at JHH are also included in the table above) | |
|---|---|
| Abscess – minor drainage (see major drainage above) | Enteroviral infections (Adults) |
| Acquired immunodeficiency syndrome (AIDS) | Epstein-Barr virus infections (including infectious mononucleosis) |
| Actinomycosis | Erythema infectiosum |
| Amebiasis | Food poisoning |
| Anthrax (Cutaneous or pulmonary) | Gangrene (gas gangrene) |
| Arthropod viral encephalitides (St. Louis encephalitis, West Nile, etc) | Gastroenteritis (in continent patients) |
| Arthropod-borne viral fevers (Dengue, yellow fever, Colorado tick fever) | Gonococcal opthalmia neonatorum |
| Ascariasis | Gonorrhea |
| Aspergillosis | Granuloma inguinale (granuloma venereum) |
| Babesiosis | Guillain-Barre |
| Blastomycosis (North American) | Hand, foot and mouth disease (in adults) |
| Botulism | Hantavirus pulmonary syndrome |
| Brucellosis | Helicobacter pylori |
| Candidiasis | Hepatitis (B, C, and E); Hepatitis A is standard if patient is continent |
| Cat-scratch fever | Herpes simplex encephalitis or recurrent mucocutaneous |
| Chancroid (soft chancre) | Histoplasmosis |
| Chlamydia trachomatis (conjunctivitis, genital or respiratory) | Human immunodeficiency virus (HIV) |
| Closed cavity infection (draining or not draining) | Hookworm disease |
| Clostridium (C. botulinum, C. perfringens – food poisoning or gangrene) | Infectious mononucleosis |
| Coccidiomycosis (valley fever) draining lesions or pneumonia | Kawasaki syndrome |
| Colorado tick fever | Legionnaires' disease |
| Conjunctivitis (bacterial, chlamydial or gonococcal) | Leprosy |
| Creutzfeldt-Jakob Disease (CJD) | Leptospirosis |
| Cryptococcosis | Listeriosis |
| Cysticercosis | Lyme Disease |
| Cytomegalovirus (CMV) | Lymphocytic choriomeningitis |
| Dengue Fever | Lympocytic venereum |
| Echinococcosis (hydatidosis) | Malaria |
| Endometritis | Melioidosis, all forms |
| Enterobiasis (pinworm disease) | Memgitis (unless otherwise specific above) |
| Molluscum contagiosum | Tapeworm |
| Mucormycosis | Tetanus |
| Mycobacteria, non-tuberculosis | Tinea |
| Mycobacteria, tuberculosis (other than respiratory tract) | Toxoplasmosis |
| Necrotizing enterocolitis | Toxic Shock Syndrome |
| Nocardiosis | Trachoma, acute |
| Orf | Trench mouth (Vincent's angina) |
| Plague (Bubonic) | Trichinosis |
| Pinworm infection | Trichomoniasis (whipworm disease) |
| Pneumonia (See table above) | Trichuriasis (whipworm disease) |

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| | |
|---|---|
| **Poliomyelitis** | **TB (extrapulmonary)** |
| **Psittacosis** | **Tularemia** |
| **Q Fever** | **Typhoid (Salmonella typhi)** |
| **Rabies** | **Typus, endemic** |
| **Rate-bite Fever** | **Urinary tract infection (UTI)** |
| **Relapsing Fever** | **Vincent's angina** |
| **Reye's Syndrome** | **Viral diseases (Adults)** |
| **Rheumatic Fever** | **Zoster (varicella-zoster) – localized in immunocomptent patient** |
| **RickettsialFevers, tickborne (Rocky mountain spotter fever)** | **Zygomycosis** |
| **Rickettsialpox (vesicular rickettsiosis)** | |
| **Ringworm** | |
| **Ritter's disease** | |
| **Rocky Mountain Spotted Fever** | |
| **Roseola infantum** | |
| **Scalded skin syndrome** | |
| **Schistosomiasis** | |
| **Shigellosis** | |
| **Sporotrichosis** | |
| **Spirillum minus disease (rat-bite fever)** | |
| **Streptobacillus moniliformis disease (rat-bite fever)** | |
| **Streptococcal disease (group B) neonatal** | |
| **Streptococcal disease (not group A or B) unless covered elsewhere** | |
| **Strongyloidiasis** | |
| **Syphilis (skin and mucous membrane or latent)** | |

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