



ANMC Reference for Transmission-Based Isolation Precautions

Infectious Disease Providers

Dr. Jacob Gray, MD
Dr. Cliff Schneider, MD
Dr. Ben Westley, MD
Dr. Katie Presser, PharmD

ANMC Infection Control Preventionist

Kristine Pinckney, BSN, RN, CIC
Andrea Moses, BSN, RN, CMSRN, RNIV

Infection Control Office:

907-729-2921 or 907-729-2908

or Tiger Text the ANMC Infection Preventionist Role

Call House Supervisor after business hours, on weekends and holidays

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Centers for Disease Control and Prevention (CDC) Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007), Appendix A.

Preamble:

The mode(s) and risk of transmission for each specific disease agent included in Appendix A were reviewed. Principle sources consulted for the development of disease-specific recommendations for Appendix A included infectious disease manuals and textbooks. The published literature was searched for evidence of person-to-person transmission in healthcare and non-healthcare settings with a focus on reported outbreaks that would assist in developing recommendations for all settings where healthcare is delivered. Criteria used to assign Transmission-Based Precautions categories follow:

- A Transmission-Based Precautions category is assigned if there was strong evidence for person-to-person transmission via droplet, contact, or airborne routes in healthcare or non-healthcare settings and/or if patient factors (e.g., diapered infants, diarrhea, draining wounds) increased the risk of transmission.
- Transmission-Based Precautions category assignments reflect the predominant mode(s) of transmission.
- If there was no evidence for person-to-person transmission by droplet, contact or airborne routes, Standard Precautions were assigned.
- If there was a low risk for person-to-person transmission and no evidence of healthcare-associated transmission, Standard Precautions were assigned.
- Standard Precautions were assigned for bloodborne pathogens (e.g., hepatitis B and C viruses, human immunodeficiency virus) as per CDC recommendations for Universal Precautions issued in 1988 [780]. Subsequent experience has confirmed the efficacy of Standard Precautions to prevent exposure to infected blood and body fluid.
- Additional information relevant to use of precautions was added in the comments column to assist the caregiver in decision-making. Citations were added as needed to support a change in or provide additional evidence for recommendations for a specific disease and for new infectious agents (e.g., SARS-CoV, avian influenza) that have been added to Appendix A. The reader may refer to more detailed discussion concerning modes of transmission and emerging pathogens in the background text and for MDRO control in Appendix B (Management of Multidrug-Resistant Organisms in Healthcare Settings).

Sections from Appendix A included in this printing:

Table 1. Type and Duration of Precautions Recommended for Selected Infections and Conditions

Table 2. Clinical Syndromes or Conditions Pending Confirmation of Diagnosis Warranting Empiric Transmission Based Precautions in Addition to Standard Precautions

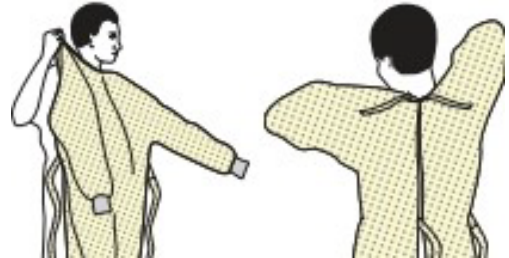
Note that text written in this **green color is guidance specific to ANMC and/or an addition to the current published CDC Guideline for Isolation Precautions.**

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



4. GLOVES

- Extend to cover wrist of isolation gown



USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene



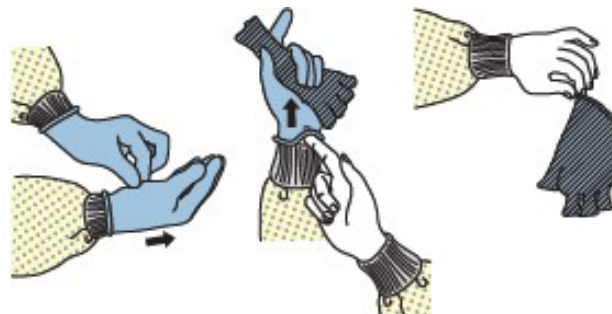
HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE)

EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. Remove all PPE before exiting the patient room except a respirator, if worn. Remove the respirator after leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting headband or earpieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

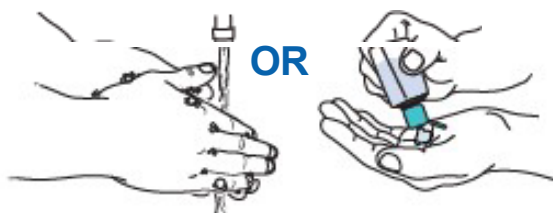


4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated - **DO NOT TOUCH!**
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE



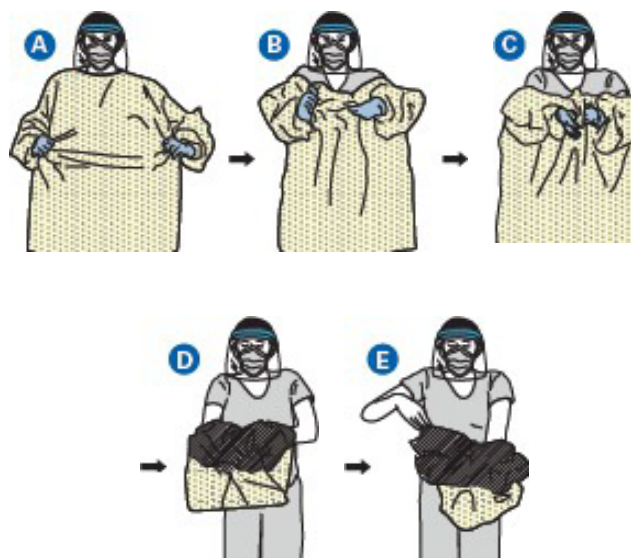
HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE)

EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Remove all PPE before exiting the patient room except a respirator, if worn. Remove the respirator after leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head and bending end without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

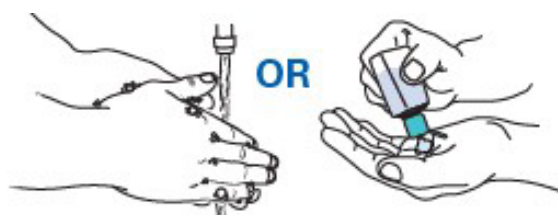


3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated - **DO NOT TOUCH!**
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE



Table 1. Type and Duration of Precautions Recommended for Selected Infections and Conditions

A

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Abscess Draining, major	Contact + Standard	Duration of illness (with wound lesions, until wounds stop draining)	Until drainage stops or can be contained by dressing.
Abscess Draining, minor or limited	Standard	n/a	If dressing covers and contains drainage.
Acquired human immunodeficiency syndrome (HIV)	Standard	n/a	Post-exposure chemoprophylaxis for some blood exposures.
Actinomycosis	Standard	n/a	Not transmitted from person to person.
Adenovirus infection (see agent-specific guidance under gastroenteritis, conjunctivitis, pneumonia)	n/a	n/a	n/a
Amebiasis	Standard	n/a	Person to person transmission is rare. Transmission in settings for the mentally challenged and in a family group has been reported. Use care when handling diapered infants and mentally challenged persons.
Anthrax	Standard	n/a	Infected patients do not generally pose a transmission risk.
Anthrax Cutaneous	Standard	n/a	Transmission through non-intact skin contact with draining lesions possible, therefore use Contact Precautions if large amount of uncontained drainage. Handwashing with soap and water preferable to use of waterless alcohol based antiseptics since alcohol does not have sporicidal activity.
Anthrax Pulmonary	Standard	n/a	Not transmitted from person to person.

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Anthrax Environmental: aerosolizable spore-containing powder or other substance	n/a	Until environment completely decontaminated	Until decontamination of environment complete. Wear respirator (N95 mask or PAPRs), protective clothing; decontaminate persons with powder on them (Notice to Readers: Occupational Health Guidelines for Remediation Workers at Bacillus anthracis-Contaminated Sites — United States, 2001–2002) Hand hygiene: Handwashing for 30-60 seconds with soap and water or 2% chlorhexidine gluconate after spore contact (alcohol handrubs inactive against spores [983]). Post-exposure prophylaxis following environmental exposure: 60 days of antimicrobials (either doxycycline, ciprofloxacin, or levofloxacin) and post-exposure vaccine under IND.
Antibiotic-associated colitis (see <i>Clostridioides difficile</i>)	Modified Contact + Standard	Duration of illness (e.g. until fever, elevated WBC, abdominal cramping resolved, the return of formed stools)	<i>See Clostridioides difficile</i>
Arthropod-borne <ul style="list-style-type: none">viral encephalitides (eastern, western, Venezuelan equine encephalomyelitis; St Louis, California encephalitis; West Nile Virus) andviral fevers (dengue, yellow fever, Colorado tick fever)	Standard	n/a	Not transmitted from person to person except rarely by transfusion, and for West Nile virus by organ transplant, breastmilk or transplacentally. Install screens in windows and doors in endemic areas. Use DEET-containing mosquito repellants and clothing to cover extremities.
Ascariasis	Standard	n/a	Not transmitted from person to person.
Aspergillosis	Standard	n/a	Contact Precautions and Airborne if massive soft tissue infection with copious drainage and repeated irrigations required.
Avian influenza (see influenza, avian below)	n/a	n/a	n/a

B

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Babesiosis	Standard	n/a	Not transmitted from person to person except rarely by transfusion.
Bed Bugs	Standard	n/a	Bag up personal belongings and collect specimen if able. Send an email to: ANMCBBAT@anthc.org .
Blastomycosis, North American, cutaneous or pulmonary	Standard	n/a	Not transmitted from person to person.
Botulism	Standard	n/a	Not transmitted from person to person. Contact Infection Control for all cases/suspected cases of Botulism, (907) 729-2908/2921.
Bronchiolitis (see respiratory infections in infants and young children)	Contact + Droplet	Duration of illness	Use mask according to Standard Precautions.
Brucellosis (undulant, Malta, Mediterranean fever)	Standard	n/a	Not transmitted from person to person except rarely via banked spermatozoa and sexual contact. Provide antimicrobial prophylaxis following laboratory exposure.

C

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
<i>Campylobacter</i> gastroenteritis (see gastroenteritis)	n/a	n/a	n/a
Candidiasis, most forms including mucocutaneous . See below for exceptions.	Standard	n/a	.

<i>Candida auris</i> , <i>Candida haemulonii</i> , <i>Candida famata</i> , <i>Candida sake</i> , <i>Saccharomyces</i> , or	Contact	Duration of illness, until completely decolonized	Contact Infection Control for further guidance. Species of <i>Candida</i> with potential for multi-class antifungal resistance. See Isolation Precautions for Multidrug Resistant Organisms (MDROs): https://anthc.ellucid.com/documents/view/880/active/
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Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
<i>Rhodotorula glutinis</i> . Refer to CDC 2017 update:			
Cat-scratch fever (benign inoculation lymphoreticulosis)	Standard	n/a	Not transmitted from person to person.
Cellulitis	Standard	n/a	n/a
Chancroid (soft chancre) (<i>H. ducreyi</i>)	Standard	n/a	Transmitted sexually from person to person.
Chickenpox (see varicella)		See Varicella	
<i>Chlamydia trachomatis</i> Conjunctivitis	Standard	n/a	n/a
<i>Chlamydia trachomatis</i> Genital (lymphogranuloma venereum)	Standard	n/a	n/a
<i>Chlamydia trachomatis</i> Pneumonia (infants \leq 3 mos. of age)	Standard	n/a	n/a
<i>Chlamydia pneumoniae</i>	Standard	n/a	Outbreaks in institutionalized populations reported, rarely.
Cholera (see gastroenteritis)	n/a	n/a	n/a

Closed-cavity infection Open drain in place; limited or minor drainage	Standard	n/a	Contact Precautions if there is copious uncontained drainage.
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Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Closed-cavity infection No drain or closed drainage system in place	Standard	n/a	n/a
<i>Clostridium botulinum</i>	Standard	n/a	Not transmitted from person to person.
<i>Clostridioides difficile</i> (see gastroenteritis, <i>C. difficile</i>)	Modified Contact + Standard	<u>48 hours after the resolution of diarrhea</u>	See <i>C. difficile</i> Infection Control Procedure: https://anthc.ellucid.com/documents/view/849/active/ Follow Modified Contact Isolation if both the PCR and Toxin is positive, or if the provider suspects <i>C. diff</i> infection. Continue precautions for 48 hours after the resolution of diarrhea. Patients with a positive PCR, negative Toxin EIA are considered colonized and do not require isolation, unless there remains a clinical suspicion of <i>C. diff</i> infection.
Infants of mothers with <i>Clostridioides difficile</i>	Modified Contact + Standard	Duration of mother's illness	Same precautions as above. An infant may remain in the room with its mother, and does not need to wear a gown or gloves while caring for her infant. Healthcare workers however must continue to observe Modified Contact precautions while caring for the mother and the infant.
<i>Clostridium perfringens</i> Food poisoning	Standard	n/a	Not transmitted from person to person.
<i>Clostridium perfringens</i> Gas gangrene	Standard	n/a	Transmission from person to person rare; one outbreak in a surgical setting reported. Use Contact Precautions if wound drainage is extensive.
Coccidioidomycosis (valley fever) Draining lesions	Standard	n/a	Not transmitted from person to person except under extraordinary circumstances because the infectious arthroconidial form of <i>Coccidioides immitis</i> is not produced in humans.

Coccidioidomycosis (valley fever) Pneumonia	Standard	n/a	Not transmitted from person to person except under extraordinary circumstances, (e.g., inhalation of aerosolized tissue phase endospores during necropsy, transplantation of infected lung) because the infectious arthroconidial form of <i>Coccidioides immitis</i> is not produced in humans.
Colorado tick fever	Standard	n/a	Not transmitted from person to person

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Congenital rubella	Contact + Standard	Until 1 yr of age	Standard Precautions if nasopharyngeal and urine cultures repeatedly neg. after 3 mos. of age.
Conjunctivitis Acute bacterial	Standard	n/a	n/a
Conjunctivitis Acute bacterial <i>Chlamydia</i>	Standard	n/a	n/a
Conjunctivitis Acute bacterial Gonococcal	Standard	n/a	n/a
Conjunctivitis Acute viral (acute hemorrhagic)	Contact + Standard	Duration of illness	Adenovirus most common; enterovirus 70, Coxsackie virus A24 also associated with community outbreaks. Highly contagious; outbreaks in eye clinics, pediatric and neonatal settings, institutional settings reported. Eye clinics should follow Standard Precautions when handling patients with conjunctivitis. Routine use of infection control measures in the handling of instruments and equipment will prevent the occurrence of outbreaks in this and other settings.
Corona virus, common	Standard	n/a	Common Corona viruses include: 229E, NL63, OC43, and HKU1

Corona virus associated with MERS (MERS-CoV)	Airborne + Contact + Eye Protection + Standard	Duration of illness plus 10 days after resolution of fever, provided respiratory symptoms are absent or improving	Contact Infection Prevention
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Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Corona virus associated with SARS (SARS-CoV)	Airborne + Contact + Eye Protection + Standard	Duration of illness plus 10 days after resolution of fever, provided respiratory symptoms are absent or improving	Airborne preferred; Droplet if AIIR unavailable. N95 or higher respiratory protection; surgical mask if N95 unavailable; eye protection (goggles, face shield); aerosol-generating procedures and “super shedders” highest risk for transmission via small droplet nuclei and large droplets [93, 94, 96]. Vigilant environmental disinfection (see https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html)
Corona virus associated with COVID-19 (SARS-CoV-2)	Respirator + + Contact + Eye Protection + Standard		Reference ANMC COVID-19 Procedure: https://anthc.ellucid.com/documents/view/266/active/ Place patient in a negative pressure room (AIIR) if aerosol-generating procedures are used. (i.e. positive pressure ventilation, deep suctioning, CPR, ENT procedures). Staff will wear a respirator for all COVID-19 patients (N95s or PAPRs). Patient will wear a mask when safe to do so.
Coxsackie virus disease (see enteroviral infection)	n/a	n/a	n/a
Creutzfeldt-Jakob disease (CJD, vCJD) Prion Disease (PD)	Standard	n/a	Immediately contact Infection Prevention and the Laboratory Medical Director for all suspect or positive CJD/PD cases. Reference Preventing Transmission of Prion Diseases Procedure: https://anthc.ellucid.com/documents/view/264/active/ Infectivity based on level of risk (High, Low, No Risk) Use disposable instruments or special sterilization/disinfection for surfaces, objects contaminated with neural tissue if CJD or v CJD suspected and has not been R/O; No special burial procedures.
Croup (see respiratory infections in infants and young children)	n/a	n/a	n/a

Crimean-Congo Fever (see Viral Hemorrhagic Fever)	All Barrier Precautions (Airborne +	Follow All Barrier Precautions until infectious agent identified	Contact Infectious Disease Provider and Infection
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Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
	Contact + Standard + Eye Protection Full Barrier Protection		
Cryptococcosis	Standard	n/a	Not transmitted from person to person, except rarely via tissue and corneal transplant.
Cryptosporidiosis (see gastroenteritis)	n/a	n/a	n/a
Cysticercosis	Standard	n/a	Not transmitted from person to person.
Cytomegalovirus infection, including in neonates and immunosuppressed patients	Standard	n/a	No additional precautions for pregnant HCWs.

D

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Decubitus ulcer (see Pressure ulcer)	n/a	n/a	n/a
Dengue fever	Standard	n/a	Not transmitted from person to person.

Diarrhea, acute-infective etiology suspected (see gastroenteritis)	Modified Contact + Standard	Observe Modified Contact for <i>C. diff</i> ; When other cause identified, follow disease specific recommendations	When <i>C. diff</i> not suspected, use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks for gastroenteritis caused by all of the agents below.
Diphtheria Cutaneous	Contact + Standard	Until off antimicrobial treatment and culture-negative	Until 2 cultures taken 24 hours apart negative.
Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Diphtheria Pharyngeal	Droplet + Standard	Until off antimicrobial treatment and culture-negative	Until 2 cultures taken 24 hours apart negative

E

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Ebola virus (see viral hemorrhagic fevers)	n/a	n/a	<p>Ebola Virus Disease for Healthcare Workers [2014]</p>  <p>Update: Recommendations for healthcare workers can be found at Ebola For Clinicians. (accessed September 2018).</p>
Echinococcosis (hydatidosis)	Standard	n/a	Not transmitted from person to person.
Echovirus (see enteroviral infection)	Standard	n/a	Use Contact Precautions for diapered or incontinent children for duration of illness and to control institutional outbreaks.
Encephalitis or encephalomyelitis (see specific etiologic agents)	n/a	n/a	n/a
Endometritis (endomyometritis)	Standard	n/a	n/a

Enterobiasis (pinworm disease, oxyuriasis)	Standard	n/a	n/a
<i>Enterococcus</i> species (Reference the Isolation Precautions for Multi-drug Resistant Organisms (MDROs))	n/a	n/a	n/a
Enterocolitis, <i>C. difficile</i> (see <i>C. difficile</i> , gastroenteritis)	n/a	n/a	n/a
Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Enteroviral infections (i.e., Group A and B Coxsackie viruses and Echo viruses) (excludes polio virus)	Standard	n/a	Use Contact Precautions for diapered or incontinent children for duration of illness and to control institutional outbreaks.
Epiglottitis, due to <i>Haemophilus influenzae</i> type b	Droplet + Standard	Until 24 hours after initiation of effective therapy	See specific disease agents for epiglottitis due to other etiologies.
Epstein-Barr virus infection, including infectious mononucleosis	Standard	n/a	n/a
Erythema infectiosum (also see Parvovirus B19)	n/a	n/a	n/a
Extended Spectrum Beta-Lactamase bacteria (ESBL)	Contact + Standard		Reference the Isolation Precautions for Multidrug Resistant Organisms (MDROs)
<i>Escherichia coli</i> gastroenteritis (see gastroenteritis)	n/a	n/a	n/a

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F

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Food poisoning Botulism	Standard	n/a	Not transmitted from person to person. Notify Infection Control (907) 729-2921 for cases of Botulism.
Food poisoning <i>C. perfringens</i> or <i>welchii</i>	Standard	n/a	Not transmitted from person to person.
Food poisoning Staphylococcal	Standard	n/a	Not transmitted from person to person.
Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Furunculosis, staphylococcal	Standard	n/a	Contact if drainage not controlled. Follow institutional policies if MRSA.
Furunculosis, staphylococcal Infants and young children	Contact + Standard	Duration of illness (with wound lesions, until wounds stop draining)	n/a

G

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Gangrene (gas gangrene)	Standard	n/a	Not transmitted from person to person.
Gastroenteritis (Viral unless otherwise specified)	Standard	n/a	Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks for gastroenteritis caused by all of the agents below.
Gastroenteritis Adenovirus	Standard	n/a	Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks.

Gastroenteritis <i>Campylobacter</i> species	Standard	n/a	Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks.
Gastroenteritis Cholera (<i>Vibrio cholerae</i>)	Standard	n/a	Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks.
Gastroenteritis <i>C. difficile</i> refer to <i>Clostridioides difficile</i>	Modified Contact + Standard	Duration of illness	n/a
Gastroenteritis <i>Cryptosporidium species</i>	Standard	n/a	Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks.
Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Gastroenteritis <i>E. coli</i> Enteropathogenic O157:H7 and other shiga toxin-producing strains	Standard	n/a	Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks.
Gastroenteritis <i>E. coli</i> Other species	Standard	n/a	Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks.
Gastroenteritis <i>Giardia lamblia</i>	Standard	n/a	Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks.

<p>Gastroenteritis Noroviruses</p>	<p> Update: Contact + Mask (when cleaning areas heavily contaminated with vomitus or feces) + Standard</p>	<p>Minimum of 48 hours after the resolution of symptoms</p>	<p>Use Contact Precautions for a minimum of 48 hours after the resolution of symptoms or to control institutional outbreaks.</p> <p>Persons who clean areas heavily contaminated with feces or vomitus may benefit from wearing masks since virus can be aerosolized from these body substances [142, 147 148]; ensure consistent environmental cleaning and disinfection with focus on restrooms even when apparently unsoiled [273, 1064]. Hypochlorite solutions may be required when there is continued transmission [290-292]. Alcohol is less active, but there is no evidence that alcohol antiseptic handrubs are not effective for hand decontamination [294].</p> <p>Cohorting of affected patients to separate airspaces and toilet facilities may help interrupt transmission during outbreaks.</p> <p>Gastroenteritis, Noroviruses Precaution Update [April 2019]</p> <p> Update: The Type of Precaution was updated from “Standard” to “Contact + Standard” to align with Guideline for the Prevention and Control of Norovirus Gastroenteritis Outbreaks in Healthcare Settings (2011).</p>
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Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
<p>Gastroenteritis Rotavirus</p>	<p>Contact + Standard</p>	<p>Duration of illness</p>	<p>Ensure consistent environmental cleaning and disinfection and frequent removal of soiled diapers. Prolonged shedding may occur in both immunocompetent and immunocompromised children and the elderly.</p>
<p>Gastroenteritis <i>Salmonella</i> species (including <i>S. typhi</i>)</p>	<p>Standard</p>	<p>n/a</p>	<p>Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks.</p>
<p>Gastroenteritis <i>Shigella</i> species (Bacillary dysentery)</p>	<p>Standard</p>	<p>n/a</p>	<p>Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks.</p>

Gastroenteritis <i>Vibrio parahaemolyticus</i>	Standard	n/a	Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks.
Gastroenteritis Viral (if not covered elsewhere)	Standard	n/a	Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks
Gastroenteritis <i>Yersinia enterocolitica</i>	Standard	n/a	Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks.
German measles (see rubella; see congenital rubella)	n/a	n/a	n/a
Giardiasis (see gastroenteritis)	n/a	n/a	n/a
Gonococcal ophthalmia neonatorum (gonorrhoeal ophthalmia, acute conjunctivitis of newborn)	Standard	n/a	n/a
Gonorrhoea	Standard	n/a	n/a
Granuloma inguinale (Donovanosis, granuloma venereum)	Standard	n/a	n/a

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Guillain-Barre' syndrome	Standard	n/a	Not an infectious condition.

H

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
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<i>Haemophilus influenzae</i> (see disease-specific recommendations)	Droplet + Standard	Until 24 hours after initiation of effective therapy	Observe droplet precautions for pediatric patients with <i>H. influenzae</i> , type b (<i>Hib</i>) pneumonia. Adults do not require extra precautions for <i>Hib</i> pneumonia. If <i>Hib</i> meningitis suspected or confirmed, and/or if gram negative diplococci identified in cerebrospinal fluid (CSF), observe droplet precautions regardless of age. HIB vaccine available.
Hand, foot, and mouth disease (see enteroviral infection)	n/a	n/a	n/a
Hansen's Disease (see Leprosy)	n/a	n/a	n/a
Hantavirus pulmonary syndrome	Standard	n/a	Not transmitted from person to person.
<i>Helicobacter pylori</i>	Standard	n/a	n/a
Hepatitis, viral Type A	Standard	n/a	Provide hepatitis A vaccine post-exposure as recommended.
Hepatitis, viral Type A-Diapered or incontinent patients	Contact + Standard	n/a	Maintain Contact Precautions in infants and children <3 years of age for duration of hospitalization; for children 3-14 yrs. of age for 2 weeks after onset of symptoms; >14 yrs. of age for 1 week after onset of symptoms.
Hepatitis, viral Type B-HBsAg positive; acute or chronic	Standard	n/a	See specific recommendations for care of patients in hemodialysis centers.
Hepatitis, viral Type C and other unspecified non-A, non-B	Standard	n/a	See specific recommendations for care of patients in hemodialysis centers.
Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Hepatitis, viral Type D (seen only with hepatitis B)	Standard	n/a	n/a
Hepatitis, viral Type E	Standard	n/a	Use Contact Precautions for diapered or incontinent individuals for the duration of illness.
Hepatitis, viral Type G	Standard	n/a	n/a

Herpangina (see enteroviral infection)	n/a	n/a	n/a
Hookworm	Standard	n/a	n/a
Herpes simplex (<i>Herpesvirus hominis</i>) Encephalitis	Standard	n/a	n/a
Herpes simplex (<i>Herpesvirus hominis</i>) Mucocutaneous, disseminated or primary, severe	Contact + Standard	Until lesions dry and crusted	n/a
Herpes simplex (<i>Herpesvirus hominis</i>) Mucocutaneous, recurrent (skin, oral, genital)	Standard	n/a	n/a
Herpes simplex (<i>Herpesvirus hominis</i>) Neonatal	Contact + Standard	Until lesions dry and crusted	Also, for asymptomatic, exposed infants delivered vaginally or by C-section and if mother has active infection and membranes have been ruptured for more than 4 to 6 hours, isolate neonate until infant surface cultures obtained at 24-36 hours of age return with a negative result after 48 hours incubation.
Herpes zoster (varicella-zoster) (shingles)	Airborne + Contact + Standard	Duration of illness	Susceptible HCWs (e.g. pregnant workers) should not enter room if immune caregivers are available; no recommendation for protection of immune

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Disseminated disease in any patient Localized disease in immunocompromised patient until disseminated infection ruled out			HCWs; no recommendation for type of protection, i.e. surgical mask or respirator; for susceptible HCWs.

Herpes zoster (varicella-zoster) (shingles) Localized in patient with intact immune system with lesions that can be contained/covered	Standard	Duration of illness (with wound lesions, until wounds stop draining)	Susceptible HCWs should not provide direct patient care when other immune caregivers are available.
Histoplasmosis	Standard	n/a	Not transmitted from person to person.
Human immunodeficiency virus (HIV)	Standard	n/a	Post-exposure chemoprophylaxis for some blood exposures.
Human metapneumovirus	Contact + Standard	Duration of illness (with wound lesions, until wounds stop draining)	HAI reported, but route of transmission not established. Assumed to be Contact transmission as for RSV since the viruses are closely related and have similar clinical manifestations and epidemiology. Wear masks according to Standard Precautions.

I

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Impetigo	Contact + Standard	Until 24 hours after initiation of effective therapy	n/a
Infectious mononucleosis	Standard	n/a	n/a
Influenza Human (seasonal Influenza)	Droplet	n/a	See https://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm for current seasonal influenza guidance.

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
			Droplet precautions should be implemented for patients with suspected or confirmed influenza for 7 days after symptom onset or until 24 hours after the full resolution of fever and respiratory symptoms, whichever is longer , while a patient is in a healthcare facility. In some cases, facilities may elect to apply droplet precautions for longer periods based on clinical judgment, such as in the case of young children or severely immunocompromised patients, who may shed influenza virus for longer periods.

Influenza Avian (e.g., H5N1, H7, H9 strains)	n/a	n/a	See https://www.cdc.gov/flu/avianflu/novel-flu-infection-control.htm for current avian Influenza guidance.
Influenza Pandemic Influenza (also a human Influenza virus)	Droplet + Standard	n/a	See https://www.cdc.gov/flu/avianflu/novel-flu-infection-control.htm for current pandemic Influenza guidance.

K

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Kawasaki syndrome	Standard	n/a	Not an infectious condition.


L

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Lassa fever (see viral hemorrhagic fevers)	n/a	n/a	n/a
Legionnaires' disease	Standard	n/a	Not transmitted from person to person.
Leprosy	Standard	n/a	n/a
Leptospirosis	Standard	n/a	Not transmitted from person to person
Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Lice Head (pediculosis)	Contact + Standard	Until 24 hours after initiation of effective therapy	See CDC's https://www.cdc.gov/parasites/lice/index.html .
Lice Body	Contact + Standard	n/a	Transmitted person to person through infested clothing. Wear gown and gloves when removing clothing; bag and wash clothes according to CDC guidance https://www.cdc.gov/parasites/lice/index.html .

Lice Pubic	Contact + Standard	n/a	Transmitted person to person through sexual contact. See CDC's https://www.cdc.gov/parasites/lice/index.html .
Listeriosis (listeria monocytogenes)	Standard	n/a	Person-to-person transmission rare; cross-transmission in neonatal settings reported.
Lyme disease	Standard	n/a	Not transmitted from person to person.
Lymphocytic choriomeningitis	Standard	n/a	Not transmitted from person to person.
Lymphogranuloma venereum	Standard	n/a	n/a

M


Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Malaria	Standard	n/a	Not transmitted from person to person except through transfusion rarely and through a failure to follow Standard Precautions during patient care. Install screens in windows and doors in endemic areas. Use DEET- containing mosquito repellants and clothing to cover extremities.
Marburg virus disease (see viral hemorrhagic fevers)	n/a	n/a	n/a
Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments

Measles (rubeola)	Airborne + Standard	4 days after onset of rash; duration of illness (with wound lesions, until wounds stop draining) in immune compromised	<p>Interim Measles Infection Control [July 2019]</p> <p> See Interim Infection Prevention and Control Recommendations for Measles in Healthcare Settings</p> <p>Susceptible healthcare personnel (HCP) should not enter room if immune care providers are available; regardless of presumptive evidence of immunity, HCP should use respiratory protection that is at least as protective as a fit-tested, NIOSH-certified N95 respirator upon entry into the patient's room or care area. For exposed susceptibles, postexposure vaccine within 72 hours or immune globulin within 6 days when available [17, 1032, 1034]. Place exposed susceptible patients on Airborne Precautions and exclude susceptible healthcare personnel.</p>
Melioidosis, all forms	Standard	n/a	Not transmitted from person to person.
Meningitis Aseptic (nonbacterial or viral, including HSV; also see enteroviral infections)	Standard	n/a	Contact for infants and young children.
Meningitis Bacterial, gram-negative enteric, in neonates	Standard	n/a	n/a
Meningitis Fungal	Standard	n/a	n/a
Meningitis <i>Haemophilus Influenzae</i> , type b known or suspected	Droplet + Standard	Until 24 hours after initiation of effective therapy	If gram negative organism identified in cerebrospinal fluid (CSF), elevate suspicion for <i>Neisseria meningitidis</i> .
Meningitis	Standard	n/a	n/a

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
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<i>Listeria monocytogenes</i> (See Listeriosis)			
Meningitis <i>Neisseria meningitides</i> (meningococcal) known or suspected	Droplet + Standard	Until 24 hours after initiation of effective therapy	If gram negative organism identified in cerebrospinal fluid (CSF), elevate suspicion for <i>N. meningitides</i> . Post-exposure chemoprophylaxis for household contacts, HCWs exposed to respiratory secretions; post-exposure vaccine only to control outbreaks.
Meningitis <i>Streptococcus pneumoniae</i>	Standard	n/a	n/a
Meningitis <i>M. tuberculosis</i>	Standard	n/a	Concurrent, active pulmonary disease or draining cutaneous lesions may necessitate addition of Contact and/or Airborne; For children, Airborne Precautions until active tuberculosis ruled out in visiting family members (see tuberculosis below).
Meningitis Other diagnosed bacterial	Standard	n/a	n/a
Meningococcal disease: sepsis, pneumonia, Meningitis	Droplet + Standard	Until 24 hours after initiation of effective therapy	Post-exposure chemoprophylaxis for household contacts, HCWs exposed to respiratory secretions; post-exposure vaccine only to control outbreaks.
MERS-CoV refer to Corona virus associated with MERS	Airborne + (Droplet only if Airborne not available) + Contact + Standard +Eye Protection	n/a	n/a
<i>Molluscum contagiosum</i>	Standard	n/a	n/a
MPox, formerly known as Monkeypox	Airborne + Contact + Standard	Airborne-Until monkeypox confirmed and	See CDC's Monkeypox website https://www.cdc.gov/poxvirus/monkeypox/ for most current recommendations. Transmission in hospital settings unlikely. Pre- and post-exposure smallpox vaccine recommended for exposed HCWs.

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
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		smallpox excluded Contact-Until lesions crusted	
Mucormycosis	Standard	n/a	n/a
Multidrug-resistant organisms (MDROs), infection or colonization: MRSA, VRE, ESBLs, other	Contact Standard +	See ANMC Isolation Precautions for MDROs Isolation Precaution for Multi-drug Resistant Organisms (MDRO)	MDROs judged by the infection control program*, based on local, state, regional, or national recommendations, to be of clinical and epidemiologic significance. Contact Precautions recommended in settings with evidence of ongoing transmission, acute care settings with increased risk for transmission or wounds that cannot be contained by dressings. See recommendations for management options in Management of Multidrug- Resistant Organisms In Healthcare Settings, 2006 (https://www.cdc.gov/infectioncontrol/guidelines/mdro/prevention-control.html). Contact state health department for guidance regarding new or emerging MDRO.
Mumps (infectious parotitis)	Droplet + Standard	Until 5 days after the onset of swelling	<p>Mumps [October 2017]</p>  <p>Update: The Healthcare Infection Control Practices Advisory Committee (HICPAC) voted to change the recommendation of isolation for persons with mumps from 9 days to 5 days based on this 2008 MMWR report Updated Recommendations for Isolation of Persons with Mumps (accessed September 2018).</p> <p>After onset of swelling; susceptible HCWs should not provide care if immune caregivers are available.</p> <p>The below note has been superseded by the above recommendation update Note: (Recent assessment of outbreaks in healthy 18-24 year olds has indicated that salivary viral shedding occurred early in the course of illness and that 5 days of isolation after onset of parotitis may be appropriate in community settings; however the implications for healthcare personnel and high-risk patient populations remain to be clarified.)</p>

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
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Mycobacteria, nontuberculosis (atypical)	n/a	n/a	Not transmitted person-to-person.
Mycobacteria, nontuberculosis (atypical) Pulmonary	Standard	n/a	n/a
Mycobacteria, nontuberculosis (atypical) Wound	Standard	n/a	n/a
<i>Mycoplasmapneumonia</i>	Droplet + Standard	Duration of Illness	n/a


N

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Necrotizing enterocolitis	Standard	n/a	Contact Precautions when cases clustered temporally.
Nocardiosis, draining lesions, or other presentations	Standard	n/a	Not transmitted person-to-person.
Norovirus (see gastroenteritis)	n/a	n/a	n/a
Norwalk agent Gastroenteritis (see gastroenteritis)	n/a	n/a	n/a

O

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Orf (Sore mouth infection)	Standard	n/a	n/a

P

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Parainfluenza virus infection, respiratory in infants and young children	Contact + Standard	Duration of illness	Viral shedding may be prolonged in immunosuppressed patients. Reliability of antigen testing to determine when to remove patients with prolonged hospitalizations from Contact Precautions uncertain.
Parvovirus B19 (Erythema infectiosum)	Droplet + Standard	n/a	Maintain precautions for duration of hospitalization when chronic disease occurs in an immunocompromised patient. For patients with transient aplastic crisis or red-cell crisis, maintain precautions for 7 days. Duration of precautions for immunosuppressed patients with persistently positive PCR not defined, but transmission has occurred.
Pediculosis (Lice)	Contact + Standard	Until 24 hours after initiation of effective therapy after treatment	n/a
Pertussis (whooping cough)	Droplet + Standard	Until 5 days after initiation of effective therapy after treatment	<p>Single patient room preferred. Cohorting is an option. Post-exposure chemoprophylaxis for household contacts and HCWs with prolonged exposure to respiratory secretions.</p> <p>Tdap Vaccine Recommendations [2018]</p> <p> Update: Current recommendations can be found at Tdap / Td ACIP Vaccine Recommendations (accessed September 2018).</p>
Pinworm infection (Enterobiasis)	Standard	n/a	n/a
Plague (<i>Yersinia pestis</i>) Bubonic	Standard	n/a	n/a
Plague (<i>Yersinia pestis</i>) Pneumonic	Droplet + Standard	Until 48 hours after initiation of effective antibiotic therapy	Antimicrobial prophylaxis for exposed HCW.

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Pneumonia Adenovirus	Droplet + Contact + Standard	Duration of illness	Outbreaks in pediatric and institutional settings reported. In immunocompromised hosts, extend duration of Droplet and Contact Precautions due to prolonged shedding of virus.
Pneumonia Bacterial not listed elsewhere (including gram-negative bacterial)	Standard	n/a	n/a
Pneumonia <i>B. cepacia</i> in patients with CF, including respiratory tract colonization	Contact + Standard	Unknown	Avoid exposure to other persons with CF; private room preferred. Criteria for D/C precautions not established. See CF Foundation guideline.
Pneumonia <i>B. cepacia</i> in patients without CF (see multidrug- resistant organisms)	n/a	n/a	n/a
Pneumonia <i>Chlamydia</i>	Standard	n/a	n/a
Pneumonia Fungal	Standard	n/a	n/a
Pneumonia <i>Haemophilus influenzae</i> , type b Adults	Standard	n/a	n/a
Pneumonia <i>Haemophilus influenzae</i> , type b Infants and children	Droplet + Standard	Until 24 hours after initiation of effective therapy	n/a
Pneumonia <i>Legionella spp.</i>	Standard	n/a	n/a

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Pneumonia Meningococcal	Droplet + Standard	Until 24 hours after initiation of effective therapy	See meningococcal disease above.
Pneumonia Multidrug-resistant bacterial (Reference the Isolation Precautions for Multi-drug Resistant Organisms (MDROs))	n/a	n/a	n/a
Pneumonia <i>Mycoplasma</i> (primary atypical Pneumonia)	Droplet	Duration of illness	n/a
Pneumonia Pneumococcal pneumonia	Standard	n/a	Use Droplet Precautions if evidence of transmission within a patient care unit or facility.
Pneumonia <i>Pneumocystis jiroveci</i> (<i>Pneumocystis carinii</i>)	Standard	n/a	Avoid placement in the same room with an immunocompromised patient.
Pneumonia <i>Staphylococcus aureus</i>	Standard	n/a	For MRSA, see MDROs .
Pneumonia Streptococcus, group A Adults	Droplet + Standard	Until 24 hours after initiation of effective therapy	See streptococcal disease (group A streptococcus) below. Contact + Droplet precautions if skin lesions present.
Pneumonia <i>Streptococcus</i> , group A Infants and young children	Droplet + Standard	Until 24 hours after initiation of effective therapy	Contact Precautions if skin lesions present.
Pneumonia Varicella-zoster (See Varicella- Zoster)	n/a	n/a	n/a

Pneumonia	Standard	n/a	n/a
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Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Viral Adults			
Pneumonia Viral Infants and young children (see respiratory infectious disease, acute, or specific viral agent)	n/a	n/a	n/a
Poliomyelitis	Contact + Standard	Duration of illness (with wound lesions, until wounds stop draining)	n/a
Pressure ulcer (decubitus ulcer, pressure sore) infected Major	Contact + Standard	Duration of illness (with wound lesions, until wounds stop draining)	If no dressing or containment of drainage; until drainage stops or can be contained by dressing.
Pressure ulcer (decubitus ulcer, pressure sore) infected Minor or limited	Standard	n/a	If dressing covers and contains drainage.
Prion disease (CJD reference)	n/a	n/a	n/a
Psittacosis (ornithosis) (<i>Chlamydia psittaci</i>)	Standard	n/a	Not transmitted from person to person

Q

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
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Q fever	Standard	n/a	n/a
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R

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Rabies	Standard	n/a	<p>Person to person transmission rare; transmission via corneal, tissue and organ transplants has been reported. If patient has bitten another individual or saliva has contaminated an open wound or mucous membrane, wash exposed area thoroughly and administer post exposure prophylaxis.</p> <p>AK DHHS Website: https://dhss.alaska.gov/dph/Epi/id/Pages/rabies/default.aspx</p>
Rat-bite fever (<i>Streptobacillus moniliformis</i> disease, <i>Spirillum minus</i> disease)	Standard	n/a	Not transmitted from person to person.
Relapsing fever	Standard	n/a	Not transmitted from person to person.
Resistant bacterial infection or colonization (Reference the Isolation Precautions for Multi-drug Resistant Organisms (MDROs))	n/a	n/a	n/a
Respiratory infectious disease, acute (if not covered elsewhere) Adults	Standard	n/a	n/a
Respiratory infectious disease, acute (if not covered elsewhere) Infants and young children	Contact + Standard	Duration of illness (with wound lesions, until wounds stop draining)	Also see syndromes or conditions listed in Table 2.
Respiratory syncytial virus infection, in infants, young children and adults	Contact + Standard	Duration of illness	Droplet precautions added to children with bronchiolitis (see bronchiolitis).

Reye's syndrome	Standard	n/a	Not an infectious condition.
Rheumatic fever	Standard	n/a	Not an infectious condition.
Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Rhinovirus	Droplet + Standard	Duration of illness (with wound lesions, until wounds stop draining)	Droplet most important route of transmission. Outbreaks have occurred in NICUs and LTCFs. Add Contact Precautions if copious moist secretions and close contact likely to occur (e.g., young infants).
Rickettsial fevers, tickborne (Rocky Mountain spotted fever, tickborne Typhus fever)	Standard	n/a	Not transmitted from person to person except through transfusion, rarely.
Rickettsialpox (vesicular rickettsiosis)	Standard	n/a	Not transmitted from person to person.
Ringworm (dermatophytosis, dermatomycosis, tinea)	Standard	n/a	Rarely, outbreaks have occurred in healthcare settings, (e.g., NICU, rehabilitation hospital). Use Contact Precautions for outbreak.
Ritter's disease (staphylococcal scalded skin syndrome)	Contact + Standard	Duration of illness (with wound lesions, until wounds stop draining)	See staphylococcal disease, scalded skin syndrome below.
Rocky Mountain spotted fever	Standard	n/a	Not transmitted from person to person except through transfusion, rarely.
Roseola infantum (exanthem subitum; caused by HHV-6)	Standard	n/a	n/a
Rotavirus infection (see gastroenteritis)	n/a	n/a	n/a

Rubella (German measles) (also see congenital rubella)	Droplet + Standard	Until 7 days after onset of rash	Susceptible HCWs should not enter room if immune caregivers are available. No recommendation for wearing face protection (e.g., a surgical mask) if immune. Pregnant women who are not immune should not care for these patients. Administer vaccine within three days of exposure to non-pregnant susceptible individuals. Place exposed susceptible patients on Droplet Precautions; exclude susceptible healthcare
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Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
			personnel from duty from day 5 after first exposure to day 21 after last exposure, regardless of post-exposure vaccine.
Rubeola (see measles)	n/a	n/a	n/a

S

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Salmonellosis (see gastroenteritis)	n/a	n/a	n/a
SARS-CoV refer to Corona virus associated with SARS	Respirator+ Contact+ Eye+ Standard	n/a	Add negative pressure ventilation (AIIR) for aerosol generating procedures Reference COVID-19 Procedure https://anthc.ellucid.com/documents/view/266/active/
Scabies	Contact	Until 24 hours after initiation of effective therapy	n/a
Scalded skin syndrome, staphylococcal	Contact	Duration of illness (with wound lesions, until wounds stop draining)	See staphylococcal disease, scalded skin syndrome below.

Schistosomiasis (bilharziasis)	Standard	n/a	n/a
Shigellosis (see gastroenteritis)	n/a	n/a	n/a
Smallpox (variola; see Vaccinia for management of vaccinated persons)	Airborne + Contact + Standard	Duration of illness (with wound lesions,	Until all scabs have crusted and separated (3-4 weeks). Non-vaccinated HCWs should not provide care when immune HCWs are available; N95 or higher
Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
		until wounds stop draining)	respiratory protection for susceptible and successfully vaccinated individuals; post exposure vaccine within 4 days of exposure protective .
Sporotrichosis	Standard	n/a	n/a
<i>Spirillum minor</i> disease (rat- bite fever)	Standard	n/a	Not transmitted from person to person.
Staphylococcal disease (<i>S aureus</i>) Skin, wound, or burn Major	Contact + Standard	Duration of illness (with wound lesions, until wounds stop draining)	No dressing or dressing does not contain drainage adequately.
Staphylococcal disease (<i>S aureus</i>) Skin, wound, or burn Minor or limited	Standard	n/a	Dressing covers and contains drainage adequately.
Staphylococcal disease (<i>S aureus</i>) Enterocolitis	Standard	n/a	Use Contact Precautions for diapered or incontinent children for duration of illness.
Staphylococcal disease (<i>S aureus</i>) Multi-drug resistant (Reference the Isolation Precautions for Multi-drug Resistant Organisms (MDROs))	n/a	n/a	n/a

Staphylococcal disease (<i>S aureus</i>) Pneumonia	Standard	n/a	n/a
Staphylococcal disease (<i>S aureus</i>) Scalded skin syndrome	Contact	Duration of illness (with wound lesions, until wounds stop draining)	Consider healthcare personnel as potential source of nursery, NICU outbreak.

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Staphylococcal disease (<i>S aureus</i>) Toxic shock syndrome	Standard	n/a	n/a
<i>Streptobacillus moniliformis</i> disease (rat-bite fever)	Standard	n/a	Not transmitted from person to person.
Streptococcal disease (group A streptococcus) Skin, wound, or burn Major	Contact + Droplet + Standard	Until 24 hours after initiation of effective therapy	No dressing, and/or dressing does not contain drainage adequately.
Streptococcal disease (group A streptococcus) Skin, wound, or burn Minor or limited	Standard	n/a	Dressing covers and contains drainage adequately.
Streptococcal disease (group A streptococcus) Endometritis (puerperal sepsis)	Standard	n/a	n/a
Streptococcal disease (group A streptococcus) Pharyngitis in infants and young children	Droplet + Standard	Until 24 hours after initiation of effective therapy	n/a

Streptococcal disease (group A streptococcus) Pneumonia	Droplet + Standard	Until 24 hours after initiation of effective therapy	n/a
Streptococcal disease (group A streptococcus) Scarlet fever in infants and young children	Droplet + Standard	Until 24 hours after initiation of effective therapy	n/a

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Streptococcal disease (group A streptococcus) Serious invasive disease	Droplet + Standard	Until 24 hours after initiation of effective therapy	Outbreaks of serious invasive disease have occurred secondary to transmission among patients and healthcare personnel. Contact Precautions for draining wound as above; follow recommendations for antimicrobial prophylaxis in selected conditions.
Streptococcal disease (group B streptococcus), neonatal	Standard	n/a	n/a
Streptococcal disease (not group A or B) unless covered elsewhere Multi-drug resistant (Reference the Isolation Precautions for Multi-drug Resistant Organisms (MDROs))	n/a	n/a	n/a
Strongyloidiasis	Standard	n/a	n/a
Syphilis Latent (tertiary) and seropositivity without lesions	Standard	n/a	n/a
Syphilis Skin and mucous membrane, including congenital, primary, Secondary	Standard	n/a	n/a

T

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Tapeworm disease <i>Hymenolepis nana</i>	Standard	n/a	Not transmitted from person to person.
Tapeworm disease <i>Taenia solium</i> (pork)	Standard	n/a	n/a
Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Tapeworm disease Other	Standard	n/a	n/a
Tetanus	Standard	n/a	Not transmitted from person to person.
Tinea (e.g., dermatophytosis, dermatomycosis, ringworm)	Standard	n/a	Rare episodes of person-to-person transmission.
Toxoplasmosis	Standard	n/a	Transmission from person to person is rare; vertical transmission from mother to child, transmission through organs and blood transfusion rare.
Toxic shock syndrome (staphylococcal disease, streptococcal disease)	Standard	n/a	Droplet Precautions for the first 24 hours after implementation of antibiotic therapy if Group A streptococcus is a likely etiology.
Trachoma, acute	Standard	n/a	n/a
Transmissible spongiform encephalopathy Reference the Preventing Transmission of Prion Diseases Procedure (Reference our IC CJD document)	n/a	n/a	n/a
Trench mouth (Vincent's angina)	Standard	n/a	n/a

Trichinosis	Standard	n/a	n/a
Trichomoniasis	Standard	n/a	n/a
Trichuriasis (whipworm disease)	Standard	n/a	n/a
Tuberculosis (<i>M. tuberculosis</i>) Extrapulmonary, draining lesion	Airborne + Contact + Standard	n/a	ANMC Tuberculosis PCR results in 2 hours. Discontinue precautions only when patient is improving clinically, and drainage has ceased or there are three consecutive negative cultures and/or two consecutive negative PCR results from continued drainage. Examine for evidence of active pulmonary tuberculosis.

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Tuberculosis (<i>M. tuberculosis</i>) Extrapulmonary , no draining lesion, Meningitis	Standard	n/a	ANMC Tuberculosis PCR results in 2 hours. Examine for evidence of pulmonary tuberculosis. For infants and children, use Airborne until active pulmonary tuberculosis in visiting family members until ruled out. Consult with Infectious Disease.
Tuberculosis (<i>M. tuberculosis</i>) Pulmonary or laryngeal disease, confirmed	Airborne + Standard	n/a	ANMC Tuberculosis PCR results in 2 hours. Discontinue precautions only when patient on effective therapy is improving clinically and has 3 negative consecutive AFB (acid fast bacilli) sputum smears, collected on separate days, at least 8 hours apart, and at least one is an early morning specimen. Or 2 negative consecutive sputum PCR specimens (NAAT test) collected at least 8 hours apart (See TB procedure)
Tuberculosis (<i>M. tuberculosis</i>) Pulmonary or laryngeal disease, suspected	Airborne + Standard	n/a	ANMC Tuberculosis PCR results in 2 hours. Discontinue precautions only when the likelihood of infectious TB disease is deemed negligible, and either <ol style="list-style-type: none"> 1. There is another diagnosis that explains the clinical syndrome or 2. The results of three sputum smears for AFB are negative, where each of the sputum specimens have been collected at least 8 hours apart, and at least one is an early morning specimen, if possible or 3. The results of two sputum specimens are PCR negative, where each of the sputum specimens has been collected at least 8 hours apart.

Tuberculosis (<i>M. tuberculosis</i>) Skin-test or IGRA (Qgold) positive with no evidence of current active disease	Standard	n/a	Latent TBI. Consult provider for treatment.
Tularemia Draining lesion	Standard	n/a	Not transmitted from person to person.
Tularemia Pulmonary	Standard	n/a	Not transmitted from person to person.
Typhoid (<i>Salmonella typhi</i>) fever (see gastroenteritis)	n/a	n/a	n/a
Typhus	Standard	n/a	Transmitted from person to person through close personal or clothing contact.

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
<i>Rickettsia prowazekii</i> (Epidemic or Louse-borne Typhus)			
Typhus <i>Rickettsia typhi</i>	Standard	n/a	Not transmitted from person to person.

U

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Urinary tract infection (including pyelonephritis), with or without urinary catheter	Standard	n/a	n/a

V

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
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Vaccinia	n/a	n/a	Only vaccinated HCWs have contact with active vaccination sites and care for persons with adverse vaccinia events; if unvaccinated, only HCWs without contraindications to vaccine may provide care.
Vaccinia Vaccination site care (including autoinoculated areas)	Standard	n/a	Vaccination recommended for vaccinators; for newly vaccinated HCWs: semi-permeable dressing over gauze until scab separates, with dressing change as fluid accumulates, ~3-5 days; gloves, hand hygiene for dressing change; vaccinated HCW or HCW without contraindication to vaccine for dressing changes.
Vaccinia (adverse events following vaccination) Eczema vaccinatum	Contact + Standard	Until lesions dry and crusted, scabs separated	For contact with virus-containing lesions and exudative material.


Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Vaccinia (adverse events following vaccination) Fetal vaccinia	Contact + Standard	Until lesions dry and crusted, scabs separated	For contact with virus-containing lesions and exudative material.
Vaccinia (adverse events following vaccination) Generalized vaccinia	Contact + Standard	Until lesions dry and crusted, scabs separated	For contact with virus-containing lesions and exudative material.
Vaccinia (adverse events following vaccination) Progressive vaccinia	Contact + Standard		For contact with virus-containing lesions and exudative material.

Vaccinia (adverse events following vaccination) Post Vaccinia encephalitis	Standard	n/a	n/a
Vaccinia (adverse events following vaccination) Blepharitis or conjunctivitis	Contact + Standard	n/a	Use Contact Precautions if there is copious drainage.
Vaccinia (adverse events following vaccination) Iritis or keratitis	Standard	n/a	n/a

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Vaccinia (adverse events following vaccination) Vaccinia-associated erythema multiforme (Stevens Johnson Syndrome)	Standard	n/a	Not an infectious condition.
Vaccinia (adverse events following vaccination) Secondary bacterial infection (e.g., <i>S. aureus</i> , group A beta hemolytic streptococcus)	Standard + Contact	n/a	Follow organism-specific (strep, staph most frequent) recommendations and consider magnitude of drainage.

Varicella Zoster	Airborne + Contact + Standard	Until lesions dry and crusted	In all cases, follow standard infection-control precautions. Use the chart below to determine if any additional infection-protocol precautions are required.		
				Localized HZ	Disseminated HZ
			Immunocompetent Patient	Completely cover lesions and follow standard precautions until lesions are dry and crusted	Airborne and contact precautions until lesions are dry and crusted
Immunocompromised Patient	Airborne and contact precautions until disseminated infection is ruled out. After dissemination is ruled out, completely cover lesions and follow standard precautions until lesions are dry and crusted	Airborne and contact precautions until lesions are dry and crusted.			

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
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			<p>Susceptible HCWs should not enter room if immune caregivers are available; no recommendation for face protection of immune HCWs; no recommendation for type of protection (i.e., surgical mask or respirator) for susceptible HCWs.</p> <p>In immunocompromised host with varicella pneumonia, prolong duration of precautions for duration of illness.</p> <p>Varicella Post-exposure Prophylaxis Update [April 2019]</p> <p> Update: Postexposure prophylaxis: provide postexposure vaccine ASAP but within 120 hours; for susceptible exposed persons for whom vaccine is contraindicated (immunocompromised persons, pregnant women, newborns whose mother's varicella onset is <5 days before delivery or within 48 hours after delivery) provide varicella zoster immune globulin as soon as possible after exposure and within 10 days.</p> <p>Use Airborne for exposed susceptible persons and exclude exposed susceptible healthcare workers beginning 8 days after first exposure until 21 days after last exposure or 28 if received varicella zoster immune globulin, regardless of postexposure vaccination. [1036]</p>
Variola (see smallpox)	n/a	n/a	n/a
<i>Vibrio</i> parahaemolyticus (see gastroenteritis)	n/a	n/a	n/a
Vincent's angina (trench mouth)	Standard	n/a	n/a
Viral hemorrhagic fevers due to Lassa, Ebola, Marburg, Crimean-Congo fever viruses	Droplet + Contact + Standard	Duration of illness (with wound lesions, until	<p>Single-patient room preferred. Emphasize:</p> <ol style="list-style-type: none"> 1. Use of sharps safety devices and safe work practices, 2. Hand hygiene;

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
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		wounds stop draining)	<p>3. Barrier protection against blood and body fluids upon entry into room (single gloves and fluid-resistant or impermeable gown, face/eye protection with masks, goggles or face shields); and</p> <p>4. Appropriate waste handling.</p> <p>Use N95 or higher respirators when performing aerosol-generating procedures. Largest viral load in final stages of illness when hemorrhage may occur; additional PPE, including double gloves, leg and shoe coverings may be used, especially in resource-limited settings where options for cleaning and laundry are limited. Notify public health officials immediately if Ebola is suspected. Also see Table 3 for Ebola as a bioterrorism agent.</p> <p>Viral respiratory diseases (not covered elsewhere) Standard for Adults</p>
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W

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Whooping cough (see pertussis)	n/a	n/a	n/a
Wound infections Major	Contact + Standard	Duration of illness (with wound lesions, until wounds stop draining)	No dressing or dressing does not contain drainage adequately.
Wound infections Minor or limited	Standard	n/a	Dressing covers and contains drainage adequately.

Y


Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
<i>Yersinia enterocolitica</i> Gastroenteritis (see gastroenteritis)	n/a	n/a	n/a

Z

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Zika Virus	Standard	n/a	Use EPA registered disinfectant. Call the pregnancy hotline for pregnant women with suspected Zika Virus: 1-770-488-7100 (available 24/7). Refer to the CDC for further information: https://www.cdc.gov/zika/index.html .
Zoster (varicella-zoster) (see herpes zoster)	n/a	n/a	n/a
Zygomycosis (phycomycosis, mucormycosis)	Standard	n/a	Not transmitted person-to-person.

Table 2. Clinical Syndromes or Conditions Warranting Empiric Transmission-Based Precautions in Addition to Standard Precautions.

Disease	Clinical Syndrome or Condition†	Potential Pathogens‡	Empiric Precautions (Always Includes Standard Precautions)
Diarrhea	Acute diarrhea with a likely infectious cause in an incontinent or diapered patient	Enteric pathogens§	Contact Precautions (pediatrics and adult)
Meningitis	Meningitis	<i>Neisseria meningitidis</i>	Droplet Precautions for first 24 hours of antimicrobial therapy; mask and face protection for intubation
Meningitis	Meningitis	Enteroviruses	Contact Precautions for infants and children
Meningitis	Meningitis	<i>M. tuberculosis</i>	Airborne Precautions if pulmonary infiltrate Airborne Precautions plus Contact Precautions if potentially infectious draining body fluid present
Rash or Exanthems, Generalized, Etiology Unknown	Petechial/ecchymotic with fever (general)	<i>Neisseria meningitides</i>	Droplet Precautions for first 24 hours of antimicrobial therapy
Rash or Exanthems, Generalized,	Petechial/ecchymotic with fever (general)	Ebola, Lassa, Marburg viruses	Droplet Precautions plus Contact Precautions, with face/eye protection, emphasizing safety sharps and barrier precautions when blood exposure likely. Use N95 or higher respiratory protection when aerosol-generating procedure performed.

Disease	Clinical Syndrome or Condition†	Potential Pathogens‡	Empiric Precautions (Always Includes Standard Precautions)
Etiology Unknown	<ul style="list-style-type: none"> If positive history of travel to an area with an ongoing outbreak of VHF in the 10 days before onset of fever 		<p>Ebola Virus Disease for Healthcare Workers [2014]</p>  <p>Update: Recommendations for healthcare workers can be found at Ebola: U.S. Healthcare Workers and Settings. See https://www.cdc.gov/vhf/ebola/healthcare-us/index.html</p>
Rash or Exanthems, Generalized, Etiology Unknown	Vesicular	Varicella-zoster, <i>herpes simplex</i> , variola (smallpox), vaccinia viruses	Airborne plus Contact Precautions; Contact Precautions only if Herpes simplex, localized zoster in an immunocompetent host or vaccinia viruses most likely
Rash or Exanthems, Generalized, Etiology Unknown	Maculopapular with cough, coryza and fever	Rubeola (measles) virus	Airborne Precautions
Respiratory Infections	Cough/fever/upper lobe pulmonary infiltrate in an HIV-negative patient or a patient at low risk for human immunodeficiency virus (HIV) infection	<i>M. tuberculosis</i> , Respiratory viruses, <i>S. pneumoniae</i> , <i>S. aureus</i> (MSSA or MRSA)	Airborne Precautions plus Contact precautions
Respiratory Infections	Cough/fever/pulmonary infiltrate in any lung location in an HIV-infected patient or a patient at high risk for HIV infection	<i>M. tuberculosis</i> , Respiratory viruses, <i>S. pneumoniae</i> , <i>S. aureus</i> (MSSA or MRSA)	Airborne Precautions plus Contact Precautions Use eye/face protection if aerosol-generating procedure performed or contact with respiratory secretions anticipated. If tuberculosis is unlikely and there are no AIIRs and/or respirators available, use Droplet Precautions instead of Airborne Precautions Tuberculosis more likely in HIV-infected individual than in HIV negative individual
Respiratory Infections	Cough/fever/pulmonary infiltrate in any lung location in a patient with a history of recent travel (10-21 days) to	<i>M. tuberculosis</i> , severe acute respiratory syndrome virus (SARS- CoV), avian influenza	Airborne plus Contact Precautions plus eye protection. If SARS and tuberculosis unlikely, use Droplet Precautions instead of Airborne Precautions.

Disease	Clinical Syndrome or Condition†	Potential Pathogens‡	Empiric Precautions (Always Includes Standard Precautions)
	countries with active outbreaks of SARS, avian influenza		
Respiratory Infections	Respiratory infections, particularly bronchiolitis and pneumonia, in infants and young children	Respiratory syncytial virus, parainfluenza virus, adenovirus, influenza virus, <i>Human metapneumovirus</i>	Contact plus Droplet Precautions; Droplet Precautions may be discontinued when adenovirus and influenza have been ruled out
Skin or Wound Infection	Abscess or draining wound that cannot be covered	Follow Standard Precautions	For MRSA infections, follow Contact Precautions

* Infection control professionals should modify or adapt this table according to local conditions. To ensure that appropriate empiric precautions are implemented always, hospitals must have systems in place to evaluate patients routinely according to these criteria as part of their preadmission and admission care.

† Patients with the syndromes or conditions listed below may present with atypical signs or symptoms (e.g. neonates and adults with pertussis may not have paroxysmal or severe cough). The clinician's index of suspicion should be guided by the prevalence of specific conditions in the community, as well as clinical judgment.

‡ The organisms listed under the column "Potential Pathogens" are not intended to represent the complete, or even most likely, diagnoses, but rather possible etiologic agents that require additional precautions beyond Standard Precautions until they can be ruled out.

§ These pathogens include enterohemorrhagic *Escherichia coli* O157:H7, *Shigella spp*, hepatitis A virus, noroviruses, rotavirus, *C. difficile*.