

IFC023 Infection Control and Prevention: Standard and Isolation Precautions
Appendix B: Disease Specific Isolation/Precautions by Organism for Inpatients

STANDARD PRECAUTIONS ALWAYS APPLY: Personnel must follow Standard Precautions for all patients in order to reduce the risk of transmission of microorganisms from recognized and unrecognized sources. Standard Precautions means putting a barrier between the healthcare worker and the blood or body fluid of any patient e.g. gown, gloves, mask or faceshield based on the task that is to be performed. This includes use of a respiratory barrier when aerosolization may occur e.g. suctioning, irrigation of wounds.

ORGANISM/DISEASE	STANDARD PRECAUTIONS	ADDITIONAL PRECAUTIONS	INFECTIVE MATERIALS	DURATION	REPORT TO BCHD ¹	CALL ² HEIC	COMMENTS
Acinetobacter Multi-Drug Resistant (MDR)	X	Contact	Wound drainage, respiratory secretions	Consult HEIC. 5-8384.			Definition – Acinetobacter susceptible to no more than one class of antibiotics (excluding colistin).
Actinomycosis	X						Not transmitted person to person.
Adenovirus infection <ul style="list-style-type: none"> Conjunctivitis 	X	Contact	Eye secretions	Duration of illness			
<ul style="list-style-type: none"> Disseminated (2 or more sites) infection in immuno-compromised patients 	X	Droplet	Respiratory secretions and feces	If positive in respiratory source refer to Policy: Respiratory Viruses, Prevention and Control of (IFC022)			
<ul style="list-style-type: none"> Gastroenteritis 	X	Contact	Feces	Duration of illness			
<ul style="list-style-type: none"> Respiratory infection in infants and children 	X	Droplet	Respiratory secretions	Refer to Policy: Respiratory Viruses, Prevention and Control of (IFC022)			

* Obtain PAPR from Central Stores 5-8357 For use see Policy [Tuberculosis Prevention and Control in the Health Care Setting \(IFC013\) Appendix C](#)

1. Baltimore City Health Department phone number: 410-396-3100 (24 hour Emergency Line).

2. **For isolation questions about any organism/disease listed here or any other organisms/diseases, contact HEIC by phone during normal business hours (5-8384) or by pager during evenings and weekends (3-3855).**

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ORGANISM/DISEASE	STANDARD PRECAUTIONS	ADDITIONAL PRECAUTIONS	INFECTIVE MATERIALS	DURATION	REPORT TO BCHD ¹	CALL ² HEIC	COMMENTS
Amebiasis	X				X		
Anthrax Cutaneous or pulmonary (inhalation)	X	Contact			X	X	Possible agent of bioterrorism. Contact HEIC immediately 5-8384 or pager 3-3855. Use soap and water hand washing upon room exit.
Aspergillosis	X						
Argentinean hemorrhagic fever (Junin Fever)	X	Airborne and Contact	Secretions	Duration of illness			Negative pressure room. Respiratory protection required (PAPR*/fit tested N-95 respirator).
Avian (H5N1) Influenza	X	Maximum	Respiratory secretions			X	Negative pressure room. Respiratory protection required (PAPR*/fit tested N-95 respirator).Contact HEIC immediately 5-8384/pager 3-3855.
B19 infection, human parvovirus, Fifth Disease (Erythema Infectiosum) see Parvovirus B19							
Babesiosis	X						

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Blastomycosis, North American, cutaneous or pulmonary	X						Not transmitted person to person
Botulism	X				X	X	Potential agent of bioterrorism. Contact HEIC immediately 5-8384 or pager 3-3855.
Bolivian hemorrhagic fever (Machupo Fever)	X	Airborne and Contact	Secretions	Duration of illness		X	Negative pressure room. Respiratory protection required (PAPR*/fit tested N-95 respirator).
Brucellosis (draining lesions) Mediterranean Fever, Malta, Undulant Fever	X		Tissue, Blood		X	X	Potential agent of bioterrorism. Contact HEIC immediately 5-8384 or pager 3-3855. Notify laboratory.
Burkholderia cepacia (NOT Multi-Drug Resistant)	X						Any patient positive for Burkholderia cepacia (multi-drug resistant [MDR] or not) cannot be admitted to a floor with a Cystic Fibrosis (CF) patient. See Policy:

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							Cystic Fibrosis Patients, Infection Control Guidelines (IFC036) . Call HEIC @ 5-8384 with questions. IC08 isolation code on patient plate.
Burkholderia cepacia MDR (Multi-Drug Resistant)	X	Contact	Body substances containing organism	Contact HEIC 5-8384.			Definition – Burkholderia cepacia susceptible to no more than one class of antibiotics. Note: Any patient positive for Burkholderia cepacia (multi-drug resistant or not) cannot be admitted to a floor with a Cystic Fibrosis (CF) patient. IC08 isolation code on patient plate.

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Campylobacter gastroenteritis Diapered or incontinent patient	✗	Contact	Feces	Duration of illness N/A	✗		
Continent patient	✗	None	Feces		✗		
Carbapenem-Resistant Enterobacteriaceae (see CRE)							
Cat-scratch disease (benign Inoculation lymphoreticulosis)	✗						Not transmitted person to person
C diff (see Clostridium difficile)							
CF (see Cystic Fibrosis)							
Chancroid (Soft Chancre)	✗						
Chickenpox (See Varicella /Zoster)							
Chlamydia infection	✗				✗		
Cholera	✗	Contact		Until diarrhea stops or duration of hospitalization	✗	✗	Potential agent of bioterrorism. Contact HEIC immediately 5-8384 pager 3-3855.
Clostridium difficile	✗	Contact	Feces	Duration of hospitalization.			Soap and water hand hygiene required upon exiting patient room. Use hospital approved C. difficile cleaning product to clean patient's room daily & on discharge.

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Coccidioidomycosis (Valley Fever)	X				X		
Conjunctivitis Viral (i.e. Adenovirus etc. see specific viral organism)	X	Contact	Eye Secretions	Duration of illness			
Bacterial	X						
Coxsackie virus infection (Infants and Children) (see Enterovirus)							
CRE (Carbapenem-Resistant Enterobacteriaceae)	X	Contact	Body substances containing organism (frequently urine and wound drainage)	Discontinuing isolation is unlikely and will not be considered during the same hospitalization as the most recent positive. Discontinuation can be assessed on a case-by-case basis; call HEIC for guidance 5-8384.		X	Often resistant to all or most antibiotics. Can pass-on antibiotic resistant genes to members of other bacterial families.
Creutzfeld-Jakob disease (CJD) or other Prion diseases	X for routine patient care	Additional precautions are required if contact with	Brain, spinal cord, posterior eye, pituitary. See			X	Notify HEIC on-call pager 3-3855 and lab immediately. Notify Operating

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		neurologic tissue will occur, see comment. Hand-carry CSF specimens to Pathology.	Policy: Precautions for Patients with Known or Suspected TSE (IFC032) for other infective materials.				Room for known or suspected patient being scheduled for surgery. Disposable equipment that may come into contact with infective tissues should be used whenever possible. For ANY surgery, notify the surgical area AND HEIC prior to the procedure that this patient requires Prion Precautions. See Policy: Precautions for Patients with Known or Suspected TSE/PAD (IFC032) for handling instruments and CNS tissue.
Crimean-Congo hemorrhagic fever (Central Asian hemorrhagic fever)	X	Droplet	Blood; most secretions	Duration of illness		X	Potential agent of bioterrorism, Contact HEIC immediately 5-8384, pager 3-3855.

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Cryptosporidiosis (Diapered or incontinent patients)	X	Contact	Feces	Duration of illness	X		
Cysticercosis	X						
Cystic Fibrosis (CF)	X	Contact		Every hospitalization			Patient to wear a surgical mask when outside their room.
Cytomegalovirus infection	X						Pregnant staff <u>can</u> work with CMV infected patients using standard precautions.
Dengue Fever	X				X		
Diphtheria							
• Cutaneous	X	Contact	Drainage from lesions	Until completion of antimicrobial therapy & 2 cultures from nose and throat taken at least 24 hours apart are negative for <i>C. diphtheriae</i>	X	X	Private room required
• Pharyngeal	X	Droplet	Respiratory secretions	Same as above	X	X	Private room required
Ebola hemorrhagic fever	X	Droplet	Blood; most secretions	Duration of illness	X	X	Potential agent of bioterrorism. Notify HEIC and laboratory

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							immediately 5-8384, pager 3-3855.
EBV (Epstein Barr virus) (see Mononucleosis)							
Echinococcosis	X						
Echovirus infection <ul style="list-style-type: none"> Infants & children Adults, if incontinent 	X X	Contact Contact	Respiratory secretions and feces	Duration of illness			
<i>Escherichia coli</i> (<i>E. coli</i>) gastroenteritis (Diapered or incontinent patient)	X	Contact	Feces	Duration of illness			
<i>E. coli</i> 0157:H7 infection (Diapered or incontinent patient)	X	Contact	Feces	Duration of illness	X	X	
<i>Entamoeba histolytica</i> enteritis	X	Contact	Feces	Duration of illness			
Enterobiasis (pinworms)	X						
Enterococci resistant to vancomycin, (colonization or infection) (see VRE)							
Enterovirus infection <ul style="list-style-type: none"> Infants and children 	X	Contact	Respiratory secretions and feces	Duration of illness			

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ORGANISM/DISEASE	STANDARD PRECAUTIONS	ADDITIONAL PRECAUTIONS	INFECTIVE MATERIALS	DURATION	REPORT TO BCHD ¹	CALL ² HEIC	COMMENTS
• Adults, if incontinent	✗	Contact	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 <ul style="list-style-type: none"> ○ Infants and children ○ Adults, if incontinent 	✗ ✗	Contact Contact	Respiratory secretions and feces	Duration of illness	✗		
• Herpangina – vesicular pharyngitis <ul style="list-style-type: none"> ○ Infants and children ○ Adult 	✗ ✗	Contact	Respiratory secretions and feces	Duration of illness			
• Pleurodynia Infants and children	✗	Contact	Feces	Duration of Illness			
<i>Epstein Barr Virus (EBV) (see Mononucleosis)</i>							
<i>Erysipelothrix rhusiopathiae</i> infection (erysipeloid)	✗						Cutaneous infection seen in freshwater fisherman
<i>Erythema infectiosum</i>							

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(see Parvovirus B19-Fifth Disease)							
ESBL (Extended spectrum beta lactamase) producing gram negative organisms	X	Contact	Body substances containing the organism	Discontinuing isolation is unlikely; never during hospitalization of most recent positive; can be assessed on case-by-case basis; call HEIC for guidance 5-8384.			Highly resistant organisms and can be difficult to treat.
German Measles Primary Infection or Congenital Infection(see Rubella)							
Giardiasis (Diapered or incontinent patient)	X		Feces	Duration of illness	X		
Gonococcal infection	X				X		

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Gram-negative organisms, Multi-Drug Resistant (MDRO)	✗	Contact	Body substances containing the organism	Discontinuing isolation is unlikely; never during hospitalization of most recent positive; can be assessed on case-by-case basis; call HEIC for guidance 5-8384.			Defined as any gram negative rod susceptible to no more than one <u>class</u> of antimicrobial agents
Granuloma inguinale (donovanosis, granuloma venereum)	✗						
<i>Haemophilus influenzae</i> Epiglottitis, Meningitis, or Pneumonia in infants and children	✗	Droplet	Respiratory secretions	For 24 hours after start of effective therapy	✗		
• <i>Haemophilus influenzae</i> in adult	✗				✗		
Hand, foot and mouth disease (see Enterovirus)							
Hantavirus Pulmonary Syndrome (Sin-nombrie)	✗				✗		Not transmitted person to person

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Hepatitis A: • Continent patient	×		Feces		×		Food handlers must be furloughed. Report employees with food contact to HEIC.
Hepatitis A • Diapered or incontinent patient	×	Contact	Feces	<ul style="list-style-type: none"> • < 3 years old duration of visit • 3-14 years old 2 weeks after onset of symptoms • All others 1 week after symptoms 	×		
Hepatitis B • 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 • Encephalitis	×						
Herpes simplex infection • Disseminated mucocutaneous or severe primary	×	Contact	Drainage from lesions	Until all lesions are dry and crusted and no new lesions have developed			
• Mucocutaneous, recurrent	×						

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• Neonatal including newborns with perinatal exposure	X	Contact	Drainage from Lesions, possibly skin and mucous membranes	Duration of hospitalization			For infants delivered vaginally or by C-section if mother had active lesions and rupture of membranes > 4 hours.
Histoplasmosis	X						Not transmitted person to person
Hookworm disease (ancylostomiasis, uncinariasis)	X						
Human herpes virus 6 infection (see Roseola)							
Human Immunodeficiency Virus (HIV)/Acquired immunodeficiency Syndrome (AIDS)	X				X		
Human metapneumovirus	X	Droplet	Respiratory secretions	Refer to Respiratory Viruses, Prevention and Control of (IFC022)			
Influenza, seasonal	X	Droplet	Respiratory secretions	Refer to Policy Respiratory Viruses, Prevention and Control of (IFC022)	X (pediatric influenza death only)		Instructions for handling exposed staff see policy IFC-012.
Influenza, Avian (H5N1) (see Avian Influenza)							
Lassa fever	X	Contact & Airborne	Blood, body fluids	Duration of illness	X	X	Possible agent of bioterrorism.

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							Contact HEIC immediately 5-8384, pager 3-3855; Negative pressure room. Respiratory protection required (PAPR*/fit tested N-95 respirator).
Legionellosis (Legionnaires disease)	X				X	X	Call HEIC 5-8384, pager 3-3855 for potential nosocomial case. Not transmitted person to person
Leprosy (Hansen's disease)	X				X		
Leptospirosis	X				X		
Lice <ul style="list-style-type: none"> • Head • Body • Pubic (crabs) 	X	Contact		24 hrs after effective therapy			Psychiatry units must contact HEIC 5-8384, pager 3-3855.
Listeriosis	X						
Lyme disease	X				X		Not transmitted person to person
Lymphocytic choriomeningitis	X						Not transmitted person to person

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IFC023 Infection Control and Prevention: Standard and Isolation Precautions
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ORGANISM/DISEASE	STANDARD PRECAUTIONS	ADDITIONAL PRECAUTIONS	INFECTIVE MATERIALS	DURATION	REPORT TO BCHD ¹	CALL ² HEIC	COMMENTS
Lymphogranuloma venereum	X						
Malaria	X				X		
Measles (Rubeola)	X	Airborne	Respiratory secretions	Duration of illness	X	X	Negative pressure room required. Immune HCW does not need respiratory protection. For non-immune HCW respiratory protection required (PAPR*/fit tested N-95 respirator).
Melioidosis (<i>Burkholderia pseudomallei</i>)	X						Not transmitted person to person.
Meningitis Bacterial – Suspected or Confirmed <i>Neisseria meningitidis</i> , (see <i>Neisseria meningitidis</i>) Viral	X						
Microsporidiosis	X		Stool, urine				

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ORGANISM/DISEASE	STANDARD PRECAUTIONS	ADDITIONAL PRECAUTIONS	INFECTIVE MATERIALS	DURATION	REPORT TO BCHD ¹	CALL ² HEIC	COMMENTS
Molluscum contagiosum	X						
Monkey Pox	X	Airborne & Contact					Negative Pressure Room
Mononucleosis	X						Avoid contact with saliva.
MRSA (Methicillin resistant <i>Staphylococcus aureus</i>)	X	Contact	Body substances containing organism	Until original site and 2 nares cultures taken 72 hours apart are negative.			Must be off all treatment for at least 48 hours and 30 days after any mupirocin treatment to the nares before obtaining "clearance cultures". Contact HEIC 5-8384 prior to removing isolation.
MSSA see <i>Staphylococcus aureus</i>							
Mucormycosis	X						
Multidrug resistant organisms (MDROs)(see Gram-negative organisms, Multi-Drug Resistant Organisms							
Mumps (infectious parotitis)	X	Droplet	Respiratory secretions	For 5 days after onset of swelling	X	X	Roommates must be immune. No visits to playroom.

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Mycobacterium–Non-Tuberculous Mycobacteria (NTM) (<i>Mycobacterium avium</i> , <i>intracellulare</i> , <i>gordonae</i> , <i>kansasii</i> , etc)	X				X		
Mycobacterium tuberculosis (TB) • Extrapulmonary	X				X		Pulmonary TB must be ruled-out when extra-pulmonary TB is suspected.
Mycobacterium tuberculosis (TB) Suspected or confirmed • Pulmonary, laryngeal, oral	X	Airborne	Respiratory secretions	Until HEIC approval to discontinue.	X	X	Notify HEIC at 5-8384. Negative pressure room. Respiratory protection required (PAPR*/fit tested N-95 respirator).
Mycobacterium tuberculosis • Cervical lymphadenitis (scrofula)	X	Airborne precautions for any procedure on lymph nodes that may cause aerosolization (e.g., incision and drainage of abscess)					Call HEIC at 5-8384 for guidance.
<i>Mycoplasma pneumoniae</i>	X	Droplet		Duration of illness			

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<p><i>Neisseria meningitidis</i> Suspected or Confirmed</p> <p>(includes Meningococcal meningitis, meningococemia, <i>N. meningitidis</i> pneumonia)</p>	X	Droplet	Respiratory secretions	For 24 hours after start of effective therapy	X by phone	X	<p>Prophylax household contacts of patients</p> <p>Prophylax healthcare workers exposed via mouth-to mouth resuscitation, intubation or suctioning. See policy: Infection Control Management of Exposures of Patients and Personnel to Selected Communicable Diseases (IFC012)</p>
Nocardiosis	X						

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ORGANISM/DISEASE	STANDARD PRECAUTIONS	ADDITIONAL PRECAUTIONS	INFECTIVE MATERIALS	DURATION	REPORT TO BCHD ¹	CALL ² HEIC	COMMENTS
Norovirus gastroenteritis	✗	Contact Wear a mask when assisting vomiting patient or cleaning up vomitus.	Feces, vomitus	72 hrs following last day of symptoms			HCW must follow-up with Occupational Health before returning to work (72 hours following last day of symptoms). Environmental cleaning with product having EPA label claiming effectiveness against Norovirus.
Parainfluenza virus infection	✗	Droplet	Respiratory secretions	Refer to Policy Respiratory Viruses, Prevention and Control of (IFC022)			
Parvovirus B19 <ul style="list-style-type: none"> • Fifth Disease (Erythema Infectiosum) • Gloves and socks syndrome • Transient aplastic crisis • B19 viremia in patients with AIDS, hematologic malignancies, or organ transplant-related immuno-suppression 	✗ ✗ ✗ ✗	Droplet Droplet Droplet Droplet	Respiratory secretions Respiratory secretions Respiratory secretions Respiratory secretions	7 days Duration of illness 7 days Duration of hospitalization			Pregnant HCW <u>can</u> care for patients with Parvovirus infections and should be aware of the potential risks to the fetus. Strict attention to the stated Isolation Precaution as well as Standard Precautions is required.

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Pertussis (whooping cough)	✗	Droplet	Respiratory secretions	For 5 days after start of effective therapy. If no therapy is given, isolate for 3 weeks after onset of cough.	✗	✗	Private room is required. Prophylax all household contacts.For HCW prophylaxis see policy: Infection Control Management of Personnel (IFC002)
Pharyngitis, Streptococcal Group A (see Streptococcal infection Group A: Pharyngitis)							
Pinworm infection (see Enterobiasis)							
Plague (Yersinia pestis)							
Bubonic	✗	Contact only if draining secretions	Respiratory secretions	For 3 days after start of effective therapy	✗	✗	Potential agent of bioterrorism, Contact HEIC immediately 5-8384, pager 3-3855.
Pneumonic	✗	Droplet			✗	✗	

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Pneumococci, resistant to penicillin or cephalosporin, colonization or infection in throat or sputum (see Streptococcus Pneumoniae (Resistant to penicillin or cephalosporin) infection or colonization in throat or sputum)							
<i>Pneumocystis carinii</i>	X						
Poliomyelitis, acute	X	Contact	Feces, throat secretions		X	X	
Psittacosis; ornithosis <i>Chlamydia psittaci</i>	X				X		
Q fever (<i>Burnetii coxiella</i>)	X				X	X	Potential agent of Bioterrorism. Contact HEIC immediately @ 3-3855. Notify lab.
Rabies	X	Droplet	CSF, saliva tears, urine & body tissues	Duration of illness	X	X	
Rat-bite fever (<i>Streptobacillus moniliformis</i> or <i>Spirillum minus</i> infection) see <i>Streptobacillus moniliformis</i>							
Respiratory syncytial virus (RSV)	X	Droplet	Respiratory secretions	Refer to Policy Respiratory Viruses .			

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				Prevention and Control of (IFC022)			
Rheumatic fever	X						
Rhinovirus (for respiratory symptomatic patient only)	X	Droplet	Respiratory secretions	Refer to Policy Respiratory viruses, Prevention and Control of (IFC022)			
Rickettsial diseases, tickborne (Rocky Mountain spotted fever, tickborne typhus)	X				X		
Ringworm (dermatophytosis, dermatocycosis, tinea)	X						Fomites can transmit
<i>Roseola infantum</i> (exanthem subitum) – human herpes virus 6 (HHV-6)	X						
Rotavirus infection (diapered or incontinent patient)	X	Contact	Feces	Duration of illness			
Rubella (German measles – primary infection)	X	Droplet	Respiratory secretions	For 7 days after rash onset	X	X	Private room required

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Rubella (German measles-congenital)	✗	Contact	Respiratory secretions and urine	Admission for the 1 st year after birth unless nasopharyngeal and urine cultures >3 months of age are rubella negative	✗	✗	
Rubeola (see Measles)							
SARS (Severe Acute Respiratory Syndrome)	✗	Maximum	Respiratory secretions	Duration of illness	✗	✗	Negative pressure room. Respiratory protection required (PAPR*/fit tested N-95 respirator). Notify HEIC immediately 5-8384, pager 3-3855.
Salmonellosis (typhoidal or non-typhoidal) (Diapered or incontinent patients)	✗	Contact	Feces	Duration of illness	✗		
Scabies	✗	Contact	Lesions	For 24 hours after treatment with scabicide			
Scabies, Norwegian	✗	Contact	Lesions	24 hours following 2 nd treatment with scabicide. Treatments with		✗	Private room required.

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				scabicide must be 1 week apart.			
Scarlet Fever (see Streptococcal infection group A: Scarlet Fever)							
Schistosomiasis	X						
Scrofula (see Mycobacterium tuberculosis)							
Severe Combined Immune Deficiency Syndrome (SCIDS)	X	Authorized prescriber should write order detailing any additional precautions to maintain.	None				
Shigellosis (including bacillary dysentery) • (diapered or incontinent)	X X	Contact	Feces	Duration of illness	X		
Shingles – (Zoster) See Varicella Zoster.							
Smallpox	X	Maximum	Respiratory secretions and drainage from lesions	Until all lesions are crusted	X	X	Bioterrorism agent. Contact HEIC immediately 5-8384, pager 3-3855; Negative pressure room. Respiratory protection required (PAPR*/fit tested N-

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							95 respirator) required.
<i>Staphylococcus aureus</i> infection (MSSA) • Skin, wound cannot be contained by a dressing	✗ ✗	Contact	Wound drainage	While draining			
<i>Staphylococcus aureus</i> Enterocolitis	✗						
<i>Staphylococcus aureus</i> Scalded skin syndrome	✗						
<i>Staphylococcus aureus</i> Toxic Shock Syndrome	✗						
<i>Staphylococcus aureus</i> -methicillin resistant (see MRSA)							
<i>Staphylococcus aureus</i> (vancomycin resistant or intermediate) (VRSA/VISA) colonization or infection.	✗	Maximum	Body substances containing organism	May not be d/c without consultation with HEIC	✗ by phone	✗	Notify HEIC immediately 5-8384, pager 3-3855
<i>Stenotrophomonas maltophilia</i> (if resistant to Bactrim (SMZ/TMP))	✗	Contact	Body substances containing organism	Contact HEIC 5-8384.			
<i>Streptobacillus moniliformis</i> infection (rat bite)	✗						

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Streptococcal infection Group A: Scarlet fever	X	Droplet	Respiratory Secretions	For 24 hours after start of effective therapy			
Streptococcal infection Group A: Major skin or wound	X	Contact	Wound drainage	For 24 hours after start of effective therapy	X		
Streptococcal infection Group A: Pharyngitis	X	Droplet	Respiratory Secretions	For 24 hours after start of effective therapy			
Streptococcal infection Group A: Pneumonia	X	Droplet	Respiratory secretions	For 24 hours after start of effective therapy	X		
Streptococcal group B (<i>Streptococcus agalactiae</i>)	X				X		Report invasive disease in neonates
<i>Streptococcus pneumoniae</i> infection or colonization in throat or sputum	X						
<i>Streptococcus pneumoniae</i> (Resistant** to penicillin or cephalosporin) infection or colonization in throat or sputum	X	Droplet	Throat Sputum	Throat or sputum must be negative for the organism	X		**Resistant=MICS for Penicillin > 2 Cefotaxime >2 Ceftriaxone > 2
Strongyloidiasis	X						
Syphilis	X				X		
Tapeworm infections, all types	X						Not transmitted person to person

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ORGANISM/DISEASE	STANDARD PRECAUTIONS	ADDITIONAL PRECAUTIONS	INFECTIVE MATERIALS	DURATION	REPORT TO BCHD ¹	CALL ² HEIC	COMMENTS
Tetanus	X				X		
Tinea (dermatomycosis, dermatophytosis, ringworm)	X						
Toxoplasmosis	X						
Trachoma, acute (see Chlamydia infection)	X				X		
Trichinosis	X				X		
Trichuriasis (whipworm disease)	X						
Tuberculosis (<i>Mycobacterium tuberculosis</i>) (TB) (see <i>Mycobacterium tuberculosis</i>)							
Tularemia <ul style="list-style-type: none"> • draining lesion • pulmonary 	X X				X X	X X	Potential agent of bioterrorism. Contact HEIC immediately 5-8384, pager 3-3855.
Typhoid fever	X	Contact	Feces	Duration of illness	X		
Typhus, endemic/epidemic	X						
Vaccinia Generalized and progressive, eczema vaccinatum	X	Contact	Drainage from lesions	Duration of illness	X	X	If related to smallpox vaccination given at Hopkins, report to occupational injury clinic
Vancomycin Resistant Enterococcus (see VRE)							

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ORGANISM/DISEASE	STANDARD PRECAUTIONS	ADDITIONAL PRECAUTIONS	INFECTIVE MATERIALS	DURATION	REPORT TO BCHD ¹	CALL ² HEIC	COMMENTS
Varicella Zoster Virus -Shingles Localized in immunocompetent patient	X						Cover affected area if possible. Roommates must be immune and immunocompetent.
Varicella Zoster Virus-Shingles Disseminated - greater than 2 contiguous dermatomes <u>OR</u> Localized in immunocompromised patient Immunocompromised defined as: <ul style="list-style-type: none"> • CD4 counts less than 200 • Receiving antineoplastic therapies current or within one month. • Receiving steroid therapy for greater than or equal to 30 days in the following dosages every day: dexamethasone 3mg; cortisone 100mg; hydrocortisone 80mg; prednisone 20mg; methylprednisone 16mg • Receiving immunosuppressive drugs such as cyclosporine or 	X	Airborne & Contact	Drainage from lesions; respiratory secretions	Until all lesions are dry and crusted and no new lesions have developed.		X	Private room required with door closed at all times. Oncology, Hematology Oncology (Hem) or Solid Organ Transplant patients require negative pressure room. Other patients do not require negative pressure. Respiratory protection required (PAPR*/fit tested N-95 respirator). Use portable HEPA filter in room. Immune HCW does not need respiratory protection. Non immune healthcare worker should not care for patients with VZV. If absolutely necessary,

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imuran. • Solid organ transplant. • Bone marrow transplant in the last year.							a non-immune HCW must wear appropriate respiratory protection (PAPR*/fit tested N-95 respirator). Visitors not immune to VZV must wear N-95 respirator.
Varicella Zoster Virus in CSF any patient (with or without vesicles).	X	Airborne (and contact if skin lesions are present)	Respiratory secretions and CSF. Drainage from lesions (if present)	Until patient has been on 5 days of Acyclovir and lesions (if present) are crusted			Private room required with door closed at all times. Oncology, Hematology Oncology (Hem) or Solid Organ Transplant patients require negative pressure room. Other patients do not require negative pressure room. Respiratory protection required (PAPR*/fit tested N-95 respirator). Respiratory protection required (PAPR*/fit tested N-95 respirator). Use

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							portable HEPA filter in room. Non immune healthcare worker should not care for patients with VZV. If absolutely necessary, a non-immune HCW must wear appropriate respiratory protection (eg. fit-tested N-95 or PAPR). Visitors not immune to VZV must wear N-95 respirator.
Varicella Zoster- <u>Chickenpox</u>	X	Airborne and Contact	Respiratory secretions and drainage from lesions	Until lesions crusted and no new lesions appear.			Patient requires negative pressure room. Respiratory protection required (PAPR*/fit tested N-95 respirator). Immune HCW does not need respiratory protection. Non immune healthcare worker should not care for patients with VZV. If absolutely

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							necessary, a non-immune HCW must wear appropriate respiratory protection (PAPR*/fit tested N-95 respirator). Visitors not immune to VZV must wear N-95 respirator.
Varicella exposure in non immune individual	✗	Airborne & contact		Day 8 – 21 after exposure		✗	Isolation is required during incubation period of exposures. See policy Infection Control Management of Exposures of Patients and Personnel (IFC012) for more details.
Vibrio gastroenteritis: (diapered or incontinent patient)	✗	Contact	Feces	Duration of illness	✗		
VRE (Vancomycin Resistant Enterococcus)	✗	Contact	Body substances containing organism	Until original site and 3 stool surveillance cultures 1 week apart are negative. No antibiotic active against VRE 48 hours prior to			Contact HEIC 5-8384 prior to removing isolation.

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				culture.			
VRSA/VISA (<i>Vancomycin-Resistant Staphylococcus aureus</i> / <i>Vancomycin-Intermediate Staphylococcus aureus</i>) (see <i>Staphylococcus aureus</i>)							
West Nile Virus	X				X		
Whooping cough (see pertussis)							
Yellow Fever	X				X	X	
Yersinia enterocolitica gastroenteritis (diapered or incontinent)	X	Contact	Feces	Duration of illness	X		
Yersinia pestis infections Bubonic or Pneumonic (see Plague)							See Plague
Zygomycosis (phycomycosis mucormycosis)	X						Not transmitted person to person

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Disease requiring standard precautions <u>only</u> (Disease requiring standard precautions that are frequently seen at JHH are also included in the table above)
Acquired immunodeficiency syndrome (AIDS)
Actinomycosis
Amebiasis
Anthrax (pulmonary)
Arthropod viral encephalitides (St. Louis encephalitis, West Nile, etc)
Arthropod-borne viral fevers (Dengue, yellow fever, Colorado tick fever)
Ascariasis
Aspergillosis
Babesiosis
Bed Bugs
Blastomycosis (North American)
Botulism
Brucellosis
Candidiasis
Cat-scratch fever
Chancroid (soft chancre)
Chlamydia trachomatis (conjunctivitis, genital or respiratory)
Closed cavity infection (draining or not draining)
Clostridium (C. botulinum, C. perfringens – food poisoning or gangrene)
Coccidiomycosis (valley fever) draining lesions or pneumonia
Colorado tick fever
Conjunctivitis (bacterial, chlamydial or gonococcal)
Creutzfeldt-Jakob Disease (CJD)
Cryptococcosis
Cysticercosis
Cytomegalovirus (CMV)

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Dengue Fever
Echinococcosis (hydatidosis)
Endometritis
Enterobiasis (pinworm disease)
Enteroviral infections (Adults)
Epstein-Barr virus infections (including infectious mononucleosis)
Erythema infectiosum
Food poisoning
Gangrene (gas gangrene)
Gastroenteritis (if patient is continent)
Gonococcal ophthalmia neonatorum
Gonorrhea
Granuloma inguinale (granuloma venereum)
Guillain-Barre
Hand, foot and mouth disease (in adults)
Hantavirus pulmonary syndrome
Helicobacter pylori
Hepatitis (B, C, and E); Hepatitis A is standard if patient is continent
Herpes simplex encephalitis or recurrent mucocutaneous
Histoplasmosis
Human immunodeficiency virus (HIV)
Hookworm disease
Infectious mononucleosis
Kawasaki syndrome
Legionnaires' disease
Leprosy
Leptospirosis
Listeriosis
Lyme Disease

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Lymphocytic choriomeningitis
Lymphocytic venereum
Malaria
Melioidosis, all forms
Meningitis (unless otherwise specific above)
MSSA (Methicillin Sensitive Staphylococcus aureus)
Microsporidosis
Molluscum contagiosum
Mucormycosis
Mycobacteria, non-tuberculosis
Mycobacteria, tuberculosis (other than respiratory tract)
Necrotizing enterocolitis
Nocardiosis
Orf Virus Disease
Plague (Bubonic)
Pinworm infection
Pneumonia (See table above)
Poliomyelitis
Psittacosis
Q Fever
Rabies
Rate-bite Fever
Relapsing Fever
Reye's Syndrome
Rheumatic Fever
Rickettsial Fevers, tickborne (Rocky mountain spotted fever)
Rickettsialpox (vesicular rickettsiosis)
Ringworm
Ritter's disease

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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)
Tapeworm
Tetanus
Tinea
Toxoplasmosis
Toxic Shock Syndrome
Trachoma, acute
Trench mouth (Vincent's angina)
Trichinosis
Trichomoniasis (whipworm disease)
Trichuriasis (whipworm disease)
TB (extrapulmonary)
Tularemia
Typhoid (Salmonella typhi)
Typus, endemic
Urinary tract infection (UTI)
Vincent's angina
Viral diseases (Adults)

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Zoster (varicella-zoster) – localized in immunocompetent patient

Zygomycosis

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