

Clinical Syndromes/Conditions with Required Level of Precautions

This resource is an excerpt from the [Best Practices for Routine Practices and Additional Precautions \(Appendix N\)](#) and was reformatted for ease of use.

For more information please contact Public Health Ontario's Infection Prevention and Control Department at ipac@oahpp.ca or visit www.publichealthontario.ca.

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This table outlines the minimum required precautions for each disease type. However, a point-of-care risk assessment (PCRA) before every patient/client/resident interaction should guide additional IPAC measures, such as additional PPE, if there is an increased risk of transmission.

* = Paediatric precautions apply to children who are incontinent or too immature to comply with hygiene

RP = Routine Practices

† = Presumptive evidence of immunity for HCWs includes at least two doses of vaccine (e.g. measles, varicella or VZV-containing) received on or after their first birthday or laboratory evidence of immunity, regardless of year of birth.

ORGANISM/ DISEASE	CATEGORY *	TYPE OF PRECAUTION	SINGLE ROOM?	DURATION OF PRECAUTIONS	COMMENTS
ABSCESS	Minor	RP	No		
	Major (drainage not contained by dressing)	Contact	Yes	Continue precautions for duration of uncontained drainage.	
ACUTE FLACCID PARALYSIS		Contact	Yes	Continue precautions for duration of symptoms.	Disease of Public Health Significance. Report to Public Health. See specific organism if identified.
ADENOVIRUS	Conjunctivitis	Contact	Yes	Continue precautions until there is no longer a risk of transmission. At a minimum, until 14 days after symptom onset.	
	Respiratory Tract Infection and/or Pneumonia	Droplet + Contact	Yes	Continue precautions until there is no longer a risk of transmission. At a minimum, continue precautions until the end of the period of communicability.	
AIDS	See HIV				
AMOEBIASIS (Dysentery) <i>Entamoeba histolytica</i>	Adult	RP	No		Disease of Public Health Significance. Report to Public Health.
	Paediatric* and incontinent or non-adherent adult	Contact	Yes		
ANAPLASMOSIS <i>Anaplasma phagocytophilum</i>		RP	No		Disease of Public Health Significance. Report to Public Health. Tick-borne. No person-to-person transmission.

ORGANISM/ DISEASE	CATEGORY *	TYPE OF PRECAUTION	SINGLE ROOM?	DURATION OF PRECAUTIONS	COMMENTS
ANTHRAX <i>Bacillus anthracis</i>	Cutaneous or pulmonary	RP	No		Disease of Public Health Significance. Report to Public Health. Notify Infection Control. If lesions present, see Abscess
ANTIBIOTIC-RESISTANT ORGANISMS (AROs)		Contact may be indicated	May be indicated	Precautions, if required, are initiated. Continue precautions until clearance criteria are met.	See also listings under MRSA, VRE, ESBL and CPE, <i>C. auris</i> .
ARTHROPOD-BORNE VIRAL INFECTIONS Eastern, Western, & Venezuelan equine encephalomyelitis; St. Louis & California encephalitis; West Nile virus		RP	No		Disease of Public Health Significance. Report to Public Health. No person-to-person transmission.
ASCARIASIS (Roundworm) <i>Ascaris lumbricoides</i>		RP	No		No person-to-person transmission.
ASPERGILLOSIS <i>Aspergillus</i> species		RP	No		If several cases occur in close proximity, look for environmental source.
AVIAN INFLUENZA	See Influenza, Avian				
BABESIOSIS		RP	No		Disease of Public Health Significance. Report to Public Health. Tick-borne. No person-to-person transmission.
BLASTOMYCOSIS <i>Blastomyces dermatitidis</i>	Cutaneous or pulmonary	RP	No		Disease of Public Health Significance. Report to Public Health. No person-to-person transmission.
BOTULISM	See Food Poisoning/Food-borne Illness				
BRONCHITIS/ BRONCHIOLITIS	See Respiratory Infections				

ORGANISM/ DISEASE	CATEGORY *	TYPE OF PRECAUTION	SINGLE ROOM?	DURATION OF PRECAUTIONS	COMMENTS
BRUCELLOSIS (Undulant fever)		RP	No		Disease of Public Health Significance. Report to Public Health. No person-to-person transmission. If lesions present, see Abscess
CAMPYLOBACTER	Adult	RP	No		Disease of Public Health Significance. Report to Public Health. Notify Infection Control.
	Paediatric* and incontinent or non-adherent adult	Contact	Yes	Continue precautions until stools are formed.	
CANDIDA AURIS		Contact	Yes	Initiate and continue precautions until clearance criteria are met.	Disease of Public Health Significance. Report to Public Health. Notify infection Control.
CARBAPENEMASE-PRODUCING ENTEROBACTERIACEAE (CPE)	See Enterobacteriaceae, Resistant				
CAT-SCRATCH FEVER <i>Bartonella henselae</i>		RP	No		No person-to-person transmission.
CELLULITIS with drainage	See Abscess				
CELLULITIS	Child < 5 years of age if <i>Haemophilus influenzae</i> type B is present or suspected	Droplet	Yes	Continue precautions until 24 hours of appropriate antimicrobial therapy or until <i>H. influenzae</i> type B is ruled out.	
CHANCROID <i>Haemophilus ducreyi</i>		RP	No		Disease of Public Health Significance. Report to Public Health.
CHICKENPOX	See Varicella				
CHLAMYDIA	<i>Chlamydia trachomatis</i> genital infection or lymphogranuloma venereum	RP	No		Disease of Public Health Significance. Report to Public Health.
	<i>Chlamydia pneumoniae, psittaci</i>	RP	No		

ORGANISM/ DISEASE	CATEGORY *	TYPE OF PRECAUTION	SINGLE ROOM?	DURATION OF PRECAUTIONS	COMMENTS
CHOLERA <i>Vibrio cholera</i>	Adult	RP	No		Disease of Public Health Significance. Report to Public Health. Notify Infection Control.
	Paediatric* and incontinent or non-adherent adult	Contact	Yes		
CLOSTRIDIODES DIFFICILE		Contact	Yes	Continue precautions for duration of symptoms. At the minimum, until formed stool for at least 48 hours.	Outbreaks included as Diseases of Public Health Significance. Report to Public Health. Notify Infection Control.
COCCIDIOIDOMYCOSIS (Valley Fever)	Draining lesions or pneumonia	RP	No		No person-to-person transmission.
COMMON COLD Rhinovirus and other viral aetiologies		Droplet + Contact	Yes	Continue precautions until there is no longer a risk of transmission. At a minimum, continue precautions until the end of the period of communicability.	
CONGENITAL RUBELLA	See Rubella				
CONJUNCTIVITIS	Bacterial	RP			
	Viral	Contact	Yes	Continue precautions for duration of symptoms or until Adenovirus or other infectious cause ruled out.	
COXSACKIEVIRUS	See Enteroviral Infections				
CREUTZFELDT-JAKOB DISEASE (CJD)		RP	No		Disease of Public Health Significance. Report to Public Health. Notify Infection Control. Equipment in contact with infectious material requires special handling & disinfection practices.
CROUP		Droplet + Contact	Yes	Continue precautions for duration of symptoms or until infectious cause ruled out.	
CYCLOSPORIASIS	Adult	RP	No		Disease of Public Health Significance. Report to Public Health.
	Paediatric* and incontinent or non-adherent adult	Contact	Yes	Continue precautions for duration of symptoms.	

ORGANISM/ DISEASE	CATEGORY *	TYPE OF PRECAUTION	SINGLE ROOM?	DURATION OF PRECAUTIONS	COMMENTS
CRYPTOCOCCOSIS <i>Cryptococcus neoformans</i>		RP	No		No person-to-person transmission.
CRYPTOSPORIDIOSIS	Adult	RP	No		Disease of Public Health Significance. Report to Public Health. Notify Infection Control.
	Paediatric* and incontinent or non- adherent adult	Contact	Yes		
CYSTICERCOSIS		RP	No		No person-to-person transmission.
CYTOMEGALOVIRUS (CMV)		RP	No		Transmitted by close, direct personal contact, blood transfusions or transplants.
DECUBITUS ULCER, infected	See Abscess				
DENGUE	See Arthropod-borne viral infections				
DERMATITIS	If communicable aetiology is suspected or confirmed	Contact	Yes	Continue precautions for duration of symptoms or until infectious cause ruled out.	
DIARRHEA	Acute infectious	See Gastroenteritis			
	Suspected <i>C. difficile</i> diarrhea	See <i>Clostridioides difficile</i>			
DIPHTHERIA <i>Corynebacterium diphtheriae</i>	Pharyngeal	Droplet	Yes	Continue precautions until two appropriate cultures taken at least 24 hours apart after cessation of antibiotics are negative for <i>C. diphtheriae</i>	Disease of Public Health Significance. Report to Public Health. Notify Infection Control.
	Cutaneous	Contact	Yes		
EBOLA VIRUS	See Viral Haemorrhagic Fevers				
ECHINOCOCCOSIS		RP	No		Disease of Public Health Significance. Report to Public Health. No person-to-person transmission.
ECHOVIRUS DISEASE	See Enteroviral Infections				
EHRlichiosis <i>Ehrlichia chaffeensis</i>		RP	No		Tick-borne. No person-to-person transmission.
ENCEPHALITIS	Adult	RP	No		Disease of Public Health Significance. Report to Public Health.
	Paediatric*	Contact	Yes	Continue precautions until Enterovirus is ruled out.	

ORGANISM/ DISEASE	CATEGORY *	TYPE OF PRECAUTION	SINGLE ROOM?	DURATION OF PRECAUTIONS	COMMENTS
ENTEROBACTERIACEAE- RESISTANT Carbapenemase- producing <i>Enterobacteriaceae</i> (CPE)		Contact	Yes	Continue precautions until clearance criteria are met.	Disease of Public Health Significance. Report to Public Health. Notify Infection Control.
Extended-spectrum Beta-lactamase producing <i>Enterobacteriaceae</i> (ESBL)		Contact may be indicated	May be indicated	Precautions, if indicated, are initiated and continued until clearance criteria are met.	Notify Infection Control.
ENTEROBIASIS (Pinworm disease) <i>Enterobius vermicularis</i>		RP	No		Transmission is faecal- oral directly or indirectly through contaminated articles e.g., bedding.
ENTEROCOLITIS	See Gastroenteritis – Necrotizing Enterocolitis				
ENTEROVIRAL INFECTIONS (Coxsackie viruses, Echo viruses)	Adult	RP	No		
	Paediatric*	Contact	Yes	Continue precautions for duration of symptoms.	
EPIGLOTTITIS	See <i>Haemophilus influenzae</i> Type B				
EPSTEIN-BARR VIRUS (Infectious Mononucleosis)		RP	No		Transmitted via intimate contact with oral secretions or articles contaminated by them.
ERYSIPELAS	See Streptococcal Disease				
ERYTHEMA INFECTIOSUM (Parvovirus B19)	Aplastic crisis, immunosuppression with chronic infection and anemia	Droplet	Yes	Continue precautions for duration of symptoms for patients with immunocompromising conditions, or 7 days with others.	
	Fifth disease	RP	No		No longer infectious by the time rash appears.
ESCHERICHIA COLI, SHIGA TOXIN- PRODUCING (STEC) (e.g., O157:H7)	Adult	RP	No		Disease of Public Health Significance. Report to Public Health. Notify Infection Control.
	Paediatric* and incontinent or non- adherent adult	Contact	Yes	Continue precautions until stools are formed.	

ORGANISM/ DISEASE	CATEGORY *	TYPE OF PRECAUTION	SINGLE ROOM?	DURATION OF PRECAUTIONS	COMMENTS
EXTENDED SPECTRUM BETA-LACTAMASE- PRODUCING <i>ENTEROBACTERIACEAE</i> (ESBL)	See <i>Enterobacteriaceae</i> , Resistant				
FIFTH DISEASE	See Erythema Infectiosum				
FOOD POISONING/ FOOD-BORNE ILLNESS	All causes	RP	No		Disease of Public Health Significance. Report to Public Health.
	<i>Clostridium botulinum</i> (Botulism)	RP	No		Disease of Public Health Significance. Report to Public Health. No person-to-person transmission.
	<i>Clostridium perfringens</i>	RP	No		Disease of Public Health Significance. Report to Public Health.
	Salmonella or <i>Escherichia coli</i> O157:H7 in paediatric or incontinent or non-adherent adult	Contact	Yes	Continue precautions until Salmonellosis or <i>E. coli</i> O157:H7 are ruled out or until stools are formed.	Disease of Public Health Significance. Report to Public Health. Notify Infection Control.
<i>FRANCISELLA TULARENSIS</i>	See Tularemia				
FURUNCULOSIS <i>Staphylococcus aureus</i>	See Abscess				
GANGRENE	Gas gangrene due to any bacteria	RP	No		No person-to-person transmission. If Group A <i>Streptococcus</i> is suspected see Streptococcal Disease.
GASTROENTERITIS	Acute infectious	Contact	Yes	Continue precautions until <i>C.difficile</i> and norovirus or other viral agents ruled out or until 48 hours after resolution of symptoms.	Outbreaks included as Diseases of Public Health Significance. Report to Public Health. Notify Infection Control. See specific organism if identified.
	Paediatric* and incontinent or non-adherent adult	Contact	Yes		
GERMAN MEASLES	See Rubella				

ORGANISM/ DISEASE	CATEGORY *	TYPE OF PRECAUTION	SINGLE ROOM?	DURATION OF PRECAUTIONS	COMMENTS
GIARDIASIS <i>Giardia lamblia</i>	Adult	RP	No		Disease of Public Health Significance. Report to Public Health.
	Paediatric* and incontinent or non-adherent adult	Contact	Yes	Continue precautions until stools are formed.	
GONORRHEA <i>Neisseria gonorrhoeae</i>		RP	No		Disease of Public Health Significance. Report to Public Health.
GRANULOMA INGUINALE		RP	No		
HAEMOPHILUS INFLUENZAE TYPE B	Pneumonia	Droplet	Yes	Continue precautions until 24 hours after effective treatment.	Disease of Public Health Significance, all serotypes, undifferentiated and non-typeable isolates of <i>H. influenzae</i>, if invasive. Report to Public Health.
	Meningitis	See Meningitis			
HAND, FOOT, & MOUTH DISEASE	See Enteroviral Infection				
HANTAVIRUS PULMONARY SYNDROME		RP	No		Disease of Public Health Significance. Report to Public Health. No person-to-person transmission.
HANSEN'S DISEASE	See Leprosy				
HAEMORRHAGIC FEVERS	See Viral Haemorrhagic Fevers				
HEPATITIS, VIRAL Hepatitis A & E	Adult	RP	No		Disease of Public Health Significance. Report to Public Health.
	Paediatric* and incontinent or non-adherent adult	Contact	Yes	Continue precautions for one week after onset of symptoms. Consider continuing precautions for duration of hospital stay if patient is a newborn.	
Hepatitis B & C (including Delta)		RP	No		Disease of Public Health Significance. Report to Public Health. Report to Occupational Health if health care provider has percutaneous or mucous membrane exposure.
HERPANGINA	See Enterovirus				

ORGANISM/ DISEASE	CATEGORY *	TYPE OF PRECAUTION	SINGLE ROOM?	DURATION OF PRECAUTIONS	COMMENTS
HERPES SIMPLEX	Encephalitis	RP	No		Disease of Public Health Significance. Report to Public Health.
	Mucocutaneous recurrent	RP, gloves for contact with lesions.	No		
	Disseminated/ severe	Contact	Yes	Continue precautions until lesions crusted and dry.	
	Neonatal infection, and infants born to mothers with active genital herpes until neonatal infection ruled out	Contact	Yes	Continue precautions until lesions crusted and dry.	Notify Infection Control.
HISTOPLASMOSIS <i>Histoplasma capsulatum</i>		RP	No		No person-to-person transmission.
HIV		RP	No		Disease of Public Health Significance. Report to Public Health. Report to Occupational Health if health care provider has percutaneous or mucous membrane exposure.
HOOKWORM DISEASE (Ancylostomiasis)		RP	No		No person-to-person transmission.
HUMAN HERPESVIRUS 6 (Roseola)	See Roseola				
IMPETIGO	See Abscess				
INFECTIOUS MONONUCLEOSIS	See Epstein-Barr virus				
INFLUENZA (seasonal)		Droplet + Contact	Yes	Continue precautions until there is no longer a risk of transmission. At the minimum, continue precautions for 5 days after onset of symptoms.	Disease of Public Health Significance. Report to Public Health. Notify Infection Control.

ORGANISM/ DISEASE	CATEGORY *	TYPE OF PRECAUTION	SINGLE ROOM?	DURATION OF PRECAUTIONS	COMMENTS
INFLUENZA (avian) (e.g., H5N1, H7, H9 strains)	Confirmed or suspect avian influenza	Airborne, Droplet + Contact Fit-tested, seal checked N95 respirator, gloves, gowns and eye protection	Yes, with negative air flow, door closed	Continue precautions until there is no longer a risk of transmission. At a minimum, for the duration of symptoms and in consultation with IPAC and/or public health.	Disease of Public Health Significance. Report to Public Health <u>immediately</u> Notify Infection Control <u>immediately</u>
KAWASAKI SYNDROME		RP	No		
LASSA FEVER	See Viral Haemorrhagic Fevers				
LEGIONNAIRES' DISEASE <i>Legionella pneumophila</i>		RP	No		Disease of Public Health Significance. Report to Public Health. Notify Infection Control. No person-to-person transmission.
LEPROSY (Hansen's disease) <i>Mycobacterium leprae</i>		RP	No		Disease of Public Health Significance. Report to Public Health.
LEPTOSPIROSIS <i>Leptospira</i> sp		RP	No		No person-to-person transmission.
LICE	See Pediculosis				
LISTERIOSIS <i>Listeria monocytogenes</i>		RP	No		Disease of Public Health Significance. Report to Public Health.
LYME DISEASE <i>Borrelia burgdorferi</i>		RP	No		Disease of Public Health Significance. Report to Public Health. No person-to-person transmission.
LYMPHOCYTIC CHORIOMENINGITIS (Aseptic meningitis)		RP	No		No person-to-person transmission.
LYMPHOGRANULOMA VENEREUM	See <i>Chlamydia trachomatis</i>				
MALARIA <i>Plasmodium</i> species		RP	No		No person-to-person transmission, except by blood transfusion.

ORGANISM/ DISEASE	CATEGORY *	TYPE OF PRECAUTION	SINGLE ROOM?	DURATION OF PRECAUTIONS	COMMENTS
MARBURG VIRUS	See Viral Haemorrhagic Fevers				
MEASLES (Rubeola)		Airborne, Droplet + Contact Fit-tested, seal checked N95 respirator, gloves, gown and eye protection	Yes, with negative air flow, door closed	Continue precautions for four days after start of rash, and for duration of symptoms for patients with immunocompromising conditions.	Disease of Public Health Significance. Report to Public Health. Notify Infection Control. Only health care workers with presumptive [†] immunity to measles should provide care.
MENINGITIS	Aetiology unknown adult	Droplet	Yes	Continue precautions until bacterial meningitis is ruled out, or 24 hours after start of effective therapy.	Disease of Public Health Significance. Report to Public Health.
	Aetiology unknown paediatric*	Droplet	Yes		
	<i>Haemophilus influenzae</i> type B	Droplet	Yes	Continue precautions for 24 hours after start of effective therapy.	Disease of Public Health Significance, all serotypes, undifferentiated and non-typeable isolates of <i>H. influenzae</i>, if invasive. Report to Public Health.
	Meningococcal (<i>Neisseria meningitidis</i>)	Droplet	Yes	Continue precautions for 24 hours after start of effective therapy.	Disease of Public Health Significance. Report to Public Health. Notify Infection Control.
	Other bacterial	RP	No		Disease of Public Health Significance. Report to Public Health. See listings by bacterial type.
	Viral -adult ("aseptic")	RP	No		Disease of Public Health Significance. Report to Public Health. See also Enteroviral
	Viral -paediatric*	Contact	Yes		
MENINGOCOCCAL DISEASE <i>Neisseria meningitidis</i>		Droplet	Yes	Continue precautions for 24 hours after start of effective therapy.	Disease of Public Health Significance. Report to Public Health. Notify Infection Control.

ORGANISM/ DISEASE	CATEGORY *	TYPE OF PRECAUTION	SINGLE ROOM?	DURATION OF PRECAUTIONS	COMMENTS
MERS Middle Eastern Respiratory Syndrome		Airborne, Droplet + Contact Fit-tested, seal checked N95 respirator, gloves, gown and eye protection	Yes, with negative air flow, door closed	Continue precautions until there is no longer a risk of transmission. At a minimum, for the duration of symptoms and in consultation with IPAC and/or public health.	Disease of Public Health Significance. Report to Public Health. Notify Infection Control.
MPOX		Droplet + Contact Fit-tested, seal checked N95 respirator, gloves, gown and eye protection In patients with localized skin lesions, N95 may not be required as transmission occurs primarily through close contact.	Yes Negative air flow may be used while ruling out other infectious diseases	From the start of symptoms, including prodromal symptoms, and until the rash/lesions have scabbed, fallen off, and new skin is present.	Disease of Public Health Significance. Report to Public Health. Notify Infection Control.
MRSA Methicillin-resistant <i>Staphylococcus aureus</i>		Contact (+ Droplet if in sputum and coughing)	Yes	Continue precautions until clearance criteria are met.	
MUMPS (Infectious parotitis)		Droplet	Yes	Continue precautions for five days after onset of swelling.	Disease of Public Health Significance. Report to Public Health. Notify Infection Control.
MYCOBACTERIA Nontuberculosis, atypical (e.g., <i>Mycobacterium avium</i>)		RP	No		No person-to-person transmission.
MYCOBACTERIUM TUBERCULOSIS	See Tuberculosis				
MYCOPLASMA PNEUMONIA		Droplet	Yes	Continue precautions for duration of symptoms.	
NECROTIZING ENTEROCOLITIS		RP	No		
NECROTIZING FASCIITIS	See Streptococcal Disease, Group A				

ORGANISM/ DISEASE	CATEGORY *	TYPE OF PRECAUTION	SINGLE ROOM?	DURATION OF PRECAUTIONS	COMMENTS
NEISSERIA MENINGITIDIS	See Meningococcal Disease				
NOVEL RESPIRATORY VIRUSES		Airborne, Droplet + Contact Fit-tested, seal checked N95 respirator, gloves, gown and eye protection	Yes, with negative air flow, door closed	Continue precautions until there is no longer a risk of transmission. At a minimum, for the duration of symptoms and in consultation with IPAC and/or public health.	Disease of Public Health Significance. Report to Public Health <u>immediately</u>. Notify Infection Control <u>immediately</u>.
NOROVIRUS		Contact	Yes	Continue precautions until 48 hours after resolution of symptoms.	Outbreaks in institutions and public hospitals – included as Diseases of Public Health Significance. Report to Public Health. Notify Infection Control.
OPHTHALMIA NEONATORUM	See Conjunctivitis				Disease of Public Health Significance. Report to Public Health.
PARAINFLUENZA VIRUS		Droplet + Contact	Yes	Continue precautions until there is no longer a risk of transmission. At a minimum, continue precautions until the end of the period of communicability.	
PARATYPHOID FEVER <i>Salmonella paratyphi</i>		RP	No		Disease of Public Health Significance. Report to Public Health.
PARVOVIRUS B19	See Erythema Infectiosum				
PEDICULOSIS (Lice)		Contact	No	Continue precautions for 24 hours after application of effective therapy.	
PERTUSSIS (Whooping Cough) <i>Bordetella pertussis</i>		Droplet	Yes	Continue precautions for five days after start of treatment or three weeks since cough onset, if not treated.	Disease of Public Health Significance. Report to Public Health. Notify Infection Control.
PINWORMS	See Enterobiasis				

ORGANISM/ DISEASE	CATEGORY *	TYPE OF PRECAUTION	SINGLE ROOM?	DURATION OF PRECAUTIONS	COMMENTS
PLAGUE <i>Yersinia pestis</i>	Pneumonic	Droplet	Yes	Continue precautions for 48 hours of effective therapy.	Disease of Public Health Significance. Report to Public Health. Notify Infection Control.
	Bubonic	RP	No		
PLEURODYNIA	See Enteroviral Infection				
PNEUMONIA Aetiology unknown		Droplet + Contact	Yes	Continue precautions until aetiology established or clinical improvement on empiric therapy.	
POLIOMYELITIS		Contact	Yes	Continue precautions for 6 weeks after onset of symptoms.	Disease of Public Health Significance. Report to Public Health. Notify Infection Control.
POWASSAN		RP	No		Disease of Public Health Significance. Report to Public Health. Tick-borne. No person-to-person transmission.
PSEUDOMEMBRANOUS COLITIS	See <i>Clostridioides difficile</i>				
PSITTACOSIS (Ornithosis) <i>Chlamydia psittaci</i>	See Chlamydia				
PHARYNGITIS	See Streptococcal disease				
Q FEVER <i>Coxiella burnetii</i>		RP	No		Disease of Public Health Significance. Report to Public Health. No person-to-person transmission.
RABIES Rhabdovirus		RP Based on a PCRA, RP may include wearing gloves, gowns, medical mask and eye protection to protect non-intact skin and mucosal sites from exposure to saliva and other infectious bodily fluids.	No		Disease of Public Health Significance. Report to Public Health. Notify Infection Control. Person-to-person transmission not documented except via corneal transplantation. Open wound/mucous membrane exposure to saliva of an infected patient should be considered for prophylaxis.

ORGANISM/ DISEASE	CATEGORY *	TYPE OF PRECAUTION	SINGLE ROOM?	DURATION OF PRECAUTIONS	COMMENTS
RESISTANT ORGANISMS	See Antibiotic-Resistant Organisms				
RESPIRATORY INFECTIONS, acute febrile		Droplet + Contact	Yes	If no aetiology is determined, continue precautions until there is no longer a risk of transmission. At the minimum, continue precautions until respiratory symptoms are improving (e.g., cough, shortness of breath, fraction of inspired oxygen (FiO ₂) requirements, wheezing, sputum production) and fever has been resolved for at least 24 hours or alternative diagnosis has been determined.	See specific organism, if identified. Outbreaks included as Diseases of Public Health Significance. Report to Public Health.
RESPIRATORY SYNCYTIAL VIRUS (RSV)		Droplet + Contact	Yes	Continue precautions until there is no longer a risk of transmission. At a minimum, continue precautions until the end of the period of communicability.	
REYE'S SYNDROME		RP	No		May be associated with viral infection.
RHEUMATIC FEVER		RP	No		Complication of a Group A streptococcal infection.
RHINOVIRUS	See Common Cold				
RINGWORM	See Tinea				
ROSEOLA INFANTUM (Exanthem Subitum, Sixth Disease, Human Herpesvirus 6)		RP	No		Transmission requires close, direct personal contact.
ROTAVIRUS		Contact	Yes	Continue precautions until formed stool.	
ROUNDWORM	See Ascariasis				
RUBELLA (German Measles)	Acquired	Droplet	Yes	Continue precautions for seven days after onset of rash.	Disease of Public Health Significance. Report to Public Health. Notify Infection Control. Only health care workers with presumptive [†] immunity to rubella should provide care.
	Congenital	Droplet + Contact	Yes	Continue precautions for one year after birth, unless urine and nasopharyngeal swab done after three months of age are negative.	

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SALMONELLOSIS <i>Salmonella</i> species	Adult	RP	No		Disease of Public Health Significance. Report to Public Health. Notify Infection Control.
	Paediatric* and incontinent or non-adherent adult	Contact	Yes	Continue precautions until formed stool.	
SARS CoV-2 (COVID-19)		Droplet + Contact	Yes	Continue precautions until there is no longer a risk of transmission. At a minimum, continue precautions until the end of the period of communicability.	Disease of Public Health Significance. Report to Public Health. Notify Infection Control.
SCABIES <i>Sarcoptes scabiei</i>	Limited, ‘typical’	Contact	No	Continue precautions until 24 hours after application of scabicide.	
	Crusted, ‘Norwegian’	Contact	Yes		
SCALDED SKIN SYNDROME	See Abscess, major				
SHIGELLOSIS <i>Shigella</i> species	See Gastroenteritis				Disease of Public Health Significance. Report to Public Health.
SHINGLES	See Varicella Zoster				
SMALLPOX	See Variola				
STAPHYLOCOCCAL DISEASE <i>Staphylococcus aureus</i>	Food poisoning	See Food Poisoning/Food-borne Illness			
	Skin, wound, or burn infection	See Abscess			
	Pneumonia – adult	RP	No		
	Pneumonia – paediatric*	Droplet	Yes	Continue precautions until 24 hours of effective therapy.	
	Toxic shock syndrome (TSS)	RP	No		
STREPTOCOCCAL DISEASE Group A <i>Streptococcus</i>	Skin, wound or burn infection, including necrotizing fasciitis	Droplet + Contact	Yes	Continue precautions until 24 hours of effective therapy.	Disease of Public Health Significance, in invasive. Report to Public Health. Notify Infection Control.
	Toxic shock-like syndrome (TSLs)	Droplet + Contact	Yes		
	Pneumonia	Droplet	Yes		
	Pharyngitis/scarlet fever – paediatric*	Droplet	Yes		
	Endometritis (Puerperal Sepsis)	RP	No		
	Pharyngitis/ scarlet fever – adult	RP	No		

ORGANISM/ DISEASE	CATEGORY *	TYPE OF PRECAUTION	SINGLE ROOM?	DURATION OF PRECAUTIONS	COMMENTS
Group B Streptococcus	Neonatal	RP	No		Disease of Public Health Significance. Report to Public Health. Notify Infection Control.
<i>Streptococcus pneumoniae</i> (‘pneumococcus’)		RP	No		Disease of Public Health Significance, in invasive. Report to Public Health. Notify Infection Control.
STRONGYLOIDIASIS <i>Strongyloides stercoralis</i>		RP	No		May cause disseminated disease for patients with immunocompromising conditions.
SYPHILIS <i>Treponema pallidum</i>		RP, gloves for contact with skin lesions	No		Disease of Public Health Significance. Report to Public Health.
TAPEWORM DISEASE <i>Diphyllobothrium latum</i> (fish) <i>Hymenolepis nana</i> , <i>Taenia saginata</i> (beef) <i>Taenia solium</i> (pork)		RP	No		Autoinfection possible.
TETANUS <i>Clostridium tetani</i>		RP	No		Disease of Public Health Significance. Report to Public Health. No person-to-person transmission.
TINEA (Fungus infection dermatophytosis, dermatomycosis, ringworm)		RP	No		
TOXOPLASMOSIS <i>Toxoplasma gondii</i>		RP	No		No person-to-person transmission except vertical.
TOXIC SHOCK SYNDROME	See Staphylococcal & Streptococcal Disease				
TRENCHMOUTH	See Vincent’s angina				

ORGANISM/ DISEASE	CATEGORY *	TYPE OF PRECAUTION	SINGLE ROOM?	DURATION OF PRECAUTIONS	COMMENTS
TRICHINOSIS <i>Trichinella spiralis</i>		RP	No		Disease of Public Health Significance. Report to Public Health. No person-to-person transmission.
TRICHOMONIASIS <i>Trichomonas vaginalis</i>		RP	No		
TUBERCULOSIS <i>Mycobacterium tuberculosis</i>	Extrapulmonary, no draining lesions	RP	No		Disease of Public Health Significance. Report to Public Health. Notify Infection Control. Assess for concurrent pulmonary TB.
	Extrapulmonary, draining lesions	Airborne + Contact	Yes, with negative air flow and door closed	Continue precautions until clinical improvement, and drainage ceased or three consecutive negative AFB smears.	
	Pulmonary or laryngeal disease, confirmed or suspected	Airborne	Yes, with negative air flow and door closed	Continue precautions until TB ruled out. If confirmed TB, maintain precautions until patient has received two weeks of effective therapy, is improving clinically and if initially smear positive has three consecutive sputum smears negative for AFB, or after at a minimum of 4 weeks of effective therapy without the need of negative AFB (unless multi-drug resistant).	Disease of Public Health Significance. Report to Public Health. Notify Infection Control.
	Skin-test positive with no evidence of current disease and/or Interferon Gamma Release Assay (IGRA)	RP	No		
TULAREMIA <i>Francisella tularensis</i>		RP	No		Disease of Public Health Significance. Report to Public Health. No person-to-person transmission. Notify Microbiology laboratory if suspected, as aerosols from cultures are infectious.
TYPHOID FEVER <i>Salmonella typhi</i>		RP	No		Disease of Public Health Significance. Report to Public Health.
	Paediatric* and incontinent or non-adherent adult	Contact	Yes		

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TYPHUS <i>Rickettsia</i> species		RP	No		Transmitted through close personal contact, but not in absence of lice.
URINARY TRACT INFECTION		RP	No		
VANCOMYCIN-RESISTANT ENTEROCOCCUS (VRE)	See VRE				
VANCOMYCIN-RESISTANT STAPHYLOCOCCUS AUREUS (VRSA)	See VRSA				
VARICELLA (Chickenpox)		Airborne + Contact	Yes, with negative air flow and door closed	Continue precautions until all vesicles have crusted and dried.	Disease of Public Health Significance. Report to Public Health. Notify Infection Control. Neonates born to mothers with active varicella should be isolated at birth. Only health care workers with presumptive [†] immunity to VZV should provide care.
VARICELLA ZOSTER (Shingles, Zoster) <i>Herpes zoster</i>	Patients with immunocompromising conditions, or disseminated	Airborne + Contact	Yes, with negative air flow and door closed	Continue precautions until all lesions have crusted and dried.	Notify Infection Control. Only health care workers with presumptive [†] immunity to VZV should provide care.
	Localized (non-disseminated) shingles in all other patients	RP	No		Only health care workers with presumptive [†] immunity to VZV should provide care. Roommates are to be immune.
VARIOLA (Smallpox)		Airborne + Contact	Yes, with negative air flow and door closed	Continue precautions until all lesions have crusted and separated (3 to 4 weeks).	Disease of Public Health Significance. Report to Public Health immediately. Notify Infection Control immediately.
VIBRIO	See Gastroenteritis or Cholera				

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VINCENT'S ANGINA (Trench mouth)		RP	No		
VIRAL DISEASES – Respiratory (if not covered elsewhere)		Droplet + Contact	Yes		See also specific disease/organism.
VIRAL HAEMORRHAGIC FEVERS with person to person to transmission (e.g., Ebola, Lassa, Marburg)	Confirmed VHF or clinically unstable patient with suspect VHF	Droplet + Contact + N95 Fit-tested, seal checked N95 respirator Full face shield Fluid-resistant or Impermeable gown extending to at least mid- calf, or impermeable coverall Surgical hood extending to shoulders Foot/leg coverings Fluid impermeable, apron Two pairs of gloves should be worn, at a minimum, outer gloves should have extended cuffs All PPE is to be single-use disposable	Yes, If aerosol-generating medical procedures (AGMP) are performed use negative air flow, door closed.	Continue precautions until there is no longer a risk of transmission. At a minimum, continue precautions for duration of symptoms or until clearance criteria are met in consultation with IPAC and/or public health.	Disease of Public Health Significance. Report to Public Health <u>immediately</u>. Notify Infection Control <u>immediately</u>.
	Stable patient suspected to have VHF	Droplet + Contact Fluid-resistant medical mask Full face shield Fluid-resistant or impermeable gown Gloves, with extended cuffs All PPE is to be single-use disposable	Yes, If an AGMP or invasive procedures are performed use PPE for confirmed VHF or clinically unstable patient with suspect VHF.		

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VRE Vancomycin-resistant <i>Enterococcus</i>		Contact	Yes	Continue precautions until clearance criteria are met.	Notify Infection Control
VRSA Vancomycin-resistant <i>Staphylococcus aureus</i>		Contact	Yes	Continue precautions until clearance criteria are met.	Notify Infection Control
WEST NILE VIRUS (WNV)	See Arthropod-borne Viral Fevers				
WHOOPING COUGH	See Pertussis				
WOUND INFECTIONS	See Abscess				
YELLOW FEVER	See Arthropod-borne Viral Fevers				
YERSINIA ENTEROCOLITICA	See Gastroenteritis				
YERSINIA PESTIS	See Plague				
ZOSTER	See Herpes Zoster				