

# Clinical Syndromes/Conditions with Required Level or 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](mailto:ipac@oahpp.ca) or visit [www.publichealthontario.ca](http://www.publichealthontario.ca)

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ORGANISM/ DISEASE	CATEGORY *	TYPE OF PRECAUTION	SINGLE ROOM?	DURATION OF PRECAUTIONS	COMMENTS
<p>* = Paediatric precautions apply to children who are incontinent or too immature to comply with hygiene            RP = Routine Practices</p>					
ABSCCESS	Minor	RP	No		If community-associated MRSA is suspected, use Contact Precautions until ruled out.
	Major (drainage not contained by dressing)	Contact	Yes	Continue precautions for duration of uncontained drainage.	
ADENOVIRUS INFECTION	Conjunctivitis	Contact	Yes	Continue precautions for duration of symptoms.	May cohort patients in outbreaks.
	Pneumonia	Droplet + Contact	Yes		
AIDS	See HIV				
AMOEBIASIS (Dysentery) <i>Entamoeba histolytica</i>	Adult	RP	No		Reportable Disease
	Paediatric* and incontinent or non-compliant adult	Contact	Yes		
ANTHRAX <i>Bacillus anthracis</i>	Cutaneous or pulmonary	RP	No		Reportable Disease Notify Infection Control
ANTIBIOTIC-RESISTANT ORGANISMS (AROs) - not listed elsewhere		Contact may be indicated	May be indicated	Precautions, if required, are initiated and discontinued by Infection Control.	See also listings under MRSA, VRE, ESBL and CPE.
ARTHROPOD-BORNE VIRAL INFECTIONS Eastern, Western, & Venezuelan equine encephalomyelitis; St. Louis & California encephalitis; West Nile virus		RP	No		Reportable Disease 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.
BABESIOSIS		RP	No		Tick-borne. Not transmitted from person-to-person except by transfusion.
BLASTOMYCOSIS <i>Blastomyces dermatitidis</i>	Cutaneous or pulmonary	RP	No		No person-to-person transmission.
BOTULISM	See Food Poisoning/Food-borne Illness				
BRONCHITIS/	See Respiratory Infections				

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<b>BRONCHIOLITIS</b>					
<b>BRUCELLOSIS</b> (Undulant fever)		RP	No		<b>Reportable Disease</b> No person-to-person transmission If lesions present, see <b>Abscess</b>
<b>CAMPYLOBACTER</b>	Adult	RP	No		<b>Reportable Disease</b> <b>Notify Infection Control</b>
	Paediatric* and incontinent or non-compliant adult	<b>Contact</b>	Yes	Continue precautions until stools are formed.	
<b>CARBAPENEMASE-PRODUCING ENTEROBACTERIACEAE (CPE)</b>	<b>See <i>Enterobacteriaceae</i>, Resistant</b>				
<b>CAT-SCRATCH FEVER</b> <i>Bartonella henselae</i>		RP	No		No person-to-person transmission.
<b>CELLULITIS, with drainage</b>	<b>See Abscess</b>				
<b>CELLULITIS</b>	Child < 5 years of age if <i>Haemophilus influenzae</i> type B is present or suspected	<b>Droplet</b>	Yes	Continue precautions until 24 hours of appropriate antimicrobial therapy or until <i>H. influenzae</i> type B is ruled out.	
<b>CHANCROID</b> <i>Haemophilus ducreyi</i>		RP	No		<b>Reportable Disease</b>
<b>CHICKENPOX</b>	<b>See Varicella</b>				
<b>CHLAMYDIA</b>	<i>Chlamydia trachomatis</i> genital infection or lymphogranuloma venereum	RP	No		<b>Reportable Disease</b>
	<i>Chlamydia pneumoniae, psittaci</i>	RP	No		
<b>CHOLERA</b> <i>Vibrio cholera</i>	Adult	RP	No		<b>Reportable Disease</b> <b>Notify Infection Control</b>
	Paediatric* and incontinent or non-compliant adult	<b>Contact</b>	Yes		
<b>CLOSTRIDIUM DIFFICILE</b>		<b>Contact</b>	Yes	Continue precautions until formed stool for at least two consecutive days.	<b>Outbreaks Reportable</b> <b>Notify Infection Control.</b> Laboratory-confirmed cases may be cohorted.
<b>COCCIDIOIDOMYCOSIS</b> (Valley Fever)	Draining lesions or pneumonia	RP	No		No person-to-person transmission.
<b>COMMON COLD</b>		<b>Droplet +</b>	Yes	Continue precautions for duration of	

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* = Paediatric precautions apply to children who are incontinent or too immature to comply with hygiene RP = Routine Practices					
Rhinovirus		Contact		symptoms.	
<b>CONGENITAL RUBELLA</b>	See Rubella				
<b>CONJUNCTIVITIS</b>		Contact	Yes	Continue precautions until viral aetiology ruled out or for duration of symptoms.	
<b>COXSACKIEVIRUS</b>	See Enteroviral Infections				
<b>CREUTZFELDT-JAKOB DISEASE (CJD)</b>		RP	No		<b>Reportable Disease. Notify Infection Control.</b> Equipment in contact with infectious material requires special handling & disinfection practices.
<b>CROUP</b>		<b>Droplet + Contact</b>	Yes	Continue precautions for duration of illness or until infectious cause ruled out.	
<b>CRYPTOCOCCOSIS</b> <i>Cryptococcus neoformans</i>		RP	No		No person-to-person transmission.
<b>CRYPTOSPORIDIOSIS</b>	Adult	RP	No		<b>Reportable Disease</b> <b>Notify Infection Control</b>
	Paediatric* and incontinent or non-compliant adult	Contact	Yes		
<b>CYSTICERCOSIS</b>		RP	No		No person-to-person transmission.
<b>CYTOMEGALOVIRUS (CMV)</b>		RP	No		<b>Reportable Disease if congenital</b> Transmitted by close, direct personal contact, blood transfusions or transplants.
<b>DECUBITUS ULCER, infected</b>	See Abscess				
<b>DENGUE</b>	See Arthropod-borne viral infections				
<b>DERMATITIS</b>		RP	Yes, if extensive		If compatible with scabies, see <i>Scabies</i>
<b>DIARRHEA</b>	Acute infectious	See Gastroenteritis			
	Suspected <i>C. difficile</i> diarrhea	See <i>Clostridium difficile</i>			
<b>DIPHtherIA</b> <i>Corynebacterium diphtheriae</i>	Pharyngeal	<b>Droplet</b>	Yes	Continue precautions until two appropriate	<b>Reportable Disease</b> <b>Notify Infection Control</b>

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* = Paediatric precautions apply to children who are incontinent or too immature to comply with hygiene RP = Routine Practices					
	Cutaneous	Contact	Yes	cultures taken at least 24 hours apart after cessation of antibiotics are negative for <i>C. diphtheriae</i> .	
<b>EBOLA VIRUS</b>	See Haemorrhagic Fevers				
<b>ECHINOCOCCOSIS</b>		RP	No		No person-to-person transmission.
<b>ECHOVIRUS DISEASE</b>	See Enteroviral Infections				
<b>EHRlichiosis</b> <i>Ehrlichia chaffeensis</i>		RP	No		Tick-borne
<b>ENCEPHALITIS</b>	Adult	RP	No		<b>Reportable Disease</b>
	Paediatric*	Contact	Yes	Continue precautions until Enterovirus is ruled out.	
<b>ENTEROBACTERIACEAE-RESISTANT</b> Carbapenemase-producing <i>Enterobacteriaceae</i> (CPE)		Contact	Yes	Continue precautions for duration of hospitalization	<b>Notify Infection Control</b> If readmitted, use Contact precautions
Extended-spectrum Beta-lactamase producing <i>Enterobacteriaceae</i> (ESBL)		Contact may be indicated	May be indicated	Precautions, if indicated, are initiated and discontinued by Infection Control	<b>Notify Infection Control</b>
<b>ENTEROBIASIS</b> (Pinworm disease) <i>Enterobius vermicularis</i>		RP	No		Transmission is faecal-oral directly or indirectly through contaminated articles e.g., bedding.
<b>ENTEROCOLITIS</b>	See Gastroenteritis - Necrotizing Enterocolitis				
<b>ENTEROVIRAL INFECTIONS</b> (Coxsackie viruses, Echo viruses)	Adult	RP	No		
	Paediatric*	Contact	Yes	Continue precautions for duration of illness.	
<b>EPIGLOTTITIS, due to <i>Haemophilus influenzae</i> Type B</b>	Adult	RP	No		<b>Type B is Reportable Disease.</b> <b>Notify Infection Control</b>
	Paediatric*	Droplet	Yes	Continue precautions for 24 hours after start of effective therapy.	
<b>EPSTEIN-BARR VIRUS</b> (Infectious Mononucleosis)		RP	No		Transmitted via intimate contact with oral secretions or articles contaminated by them.
<b>ERYSIPELAS</b>	See Streptococcal Disease				
<b>ERYTHEMA INFECTIOSUM</b> (Parvovirus B19)	Aplastic crisis	Droplet	Yes	Continue precautions for duration of hospitalization with	

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				immunocompromised persons, or 7 days with others.	
	Fifth disease	RP	No		No longer infectious by the time rash appears.
ESCHERICHIA COLI O157:H7	Adult	RP	No		<b>Reportable Disease</b> <b>Notify Infection Control</b>
	Paediatric* and incontinent or non-compliant adult	<b>Contact</b>	Yes	Continue precautions until stools are formed.	
EXTENDED SPECTRUM BETA-LACTAMASE-PRODUCING ENTEROBACTERIACEAE (ESBL)	<b>See Enterobacteriaceae, Resistant</b>				
FIFTH DISEASE	<b>See Erythema Infectiosum</b>				
FOOD POISONING/ FOOD-BORNE ILLNESS	<i>Clostridium botulinum</i> (Botulism)	RP	No		<b>Reportable Disease</b> No person-to-person transmission.
	<i>Clostridium perfringens</i>	RP	No		
	Salmonella or <i>Escherichia coli</i> O157:H7 in paediatric or incontinent adult if stool cannot be contained	<b>Contact</b>	Yes	Continue precautions until Salmonellosis or <i>E. coli</i> O157:H7 are ruled out.	<b>Reportable Disease</b> <b>Notify Infection Control</b>
	Other causes	RP	No		
FRANCISELLA TULARENSIS	<b>See Tularemia</b>				
FURUNCULOSIS <i>Staphylococcus aureus</i>	<b>See Abscess</b>				
GANGRENE	Gas gangrene due to any bacteria	RP	No		No person-to-person transmission.
GASTROENTERITIS	Acute infectious	<b>Contact</b>	Yes	Continue precautions until <i>C.difficile</i> and norovirus or other viral agents ruled out.	<b>Outbreaks are reportable</b> <b>Notify Infection Control</b> See specific organism if identified.
	Paediatric* and incontinent/non-compliant adult	<b>Contact</b>	Yes	Continue precautions for duration of illness.	
GERMAN MEASLES	<b>See Rubella</b>				
GIARDIASIS <i>Giardia lamblia</i>	Adult	RP	No		<b>Reportable Disease</b>
	Paediatric* and incontinent or non-compliant adult	<b>Contact</b>	Yes	Continue precautions until stools are formed	

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* = Paediatric precautions apply to children who are incontinent or too immature to comply with hygiene RP = Routine Practices					
<b>GONORRHEA</b> <i>Neisseria gonorrhoeae</i>		RP	No		<b>Reportable Disease</b> Sexual transmission.
<b>GRANULOMA INGUINALE</b>		RP	No		Sexual transmission.
<b>HAEMOPHILUS INFLUENZAE TYPE B</b>	Pneumonia - adult	RP	No		<b>Reportable Disease if invasive</b>
	Pneumonia – paediatric*	<b>Droplet</b>	Yes	Continue precautions until 24 hours after effective treatment	
	Meningitis	<b>See Meningitis</b>			
<b>HAND, FOOT, &amp; MOUTH DISEASE</b>	<b>See Enteroviral Infection</b>				
<b>HANTAVIRUS PULMONARY SYNDROME</b>		RP	No		<b>Reportable Disease</b> No person-to-person transmission.
<b>HANSEN'S DISEASE</b>	<b>See Leprosy</b>				
<b>HAEMORRHAGIC FEVERS</b> (e.g., Lassa, Ebola, Marburg)		<b>Droplet + Contact</b> <b>Airborne</b> if pneumonia	Yes, with negative air flow, door closed if pneumonia	Continue precautions until symptoms resolve	<b>Notify Public Health immediately</b> <b>Notify Infection Control immediately</b>
<b>HEPATITIS, VIRAL</b> Hepatitis A & E	Adult	RP	No		<b>Reportable Disease</b>
	Paediatric* and incontinent or non- compliant adult	<b>Contact</b>	Yes	Duration of precautions: < 3years: duration of hospital stay > 3years: one week from symptoms onset	
Hepatitis B & C (including Delta)		RP	No		<b>Reportable Disease</b> Report to Occupational Health if health care provider has percutaneous or mucous membrane exposure
<b>HERPANGINA</b>	<b>See Enterovirus</b>				
<b>HERPES SIMPLEX</b>	Encephalitis	RP	No		<b>Reportable Disease</b>
	Mucocutaneous - recurrent	RP	No		Gloves for contact with lesions.

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* = Paediatric precautions apply to children who are incontinent or too immature to comply with hygiene RP = Routine Practices					
	Disseminated/ severe	<b>Contact</b>	Yes	Continue precautions until lesions crusted and dry.	
	Neonatal infection, and infants born to mothers with active genital herpes until neonatal infection ruled out	<b>Contact</b>		Continue precautions for duration of symptoms	<b>Reportable Disease</b> <b>Notify Infection Control</b>
<b>HISTOPLASMOSIS</b> <i>Histoplasma capsulatum</i>		RP	No		No person-to-person transmission.
<b>HIV</b>		RP	No		<b>Reportable Disease</b> Report to Occupational Health if health care provider has percutaneous or mucous membrane exposure
<b>HOOKWORM DISEASE</b> (Ancylostomiasis)		RP	No		No person-to-person transmission.
<b>HUMAN HERPESVIRUS 6 (Roseola)</b>	See Roseola				
<b>IMPETIGO</b>	See Abscess				
<b>INFECTIOUS MONONUCLEOSIS</b>	See Epstein-Barr virus				
<b>INFLUENZA (seasonal)</b>		<b>Droplet + Contact</b>	Yes	Continue precautions for 5 days after onset of illness.	<b>Reportable Disease</b> <b>Notify Infection Control</b>
<b>KAWASAKI SYNDROME</b>		RP	No		
<b>LASSA FEVER</b>	See Haemorrhagic Fevers				
<b>LEGIONNAIRES' DISEASE</b> <i>Legionella pneumophila</i>		RP	No		<b>Reportable Disease</b> <b>Notify Infection Control</b> No person-to-person transmission.
<b>LEPROSY</b> (Hansen's disease) <i>Mycobacterium leprae</i>		RP	No		<b>Reportable Disease</b>
<b>LEPTOSPIROSIS</b> <i>Leptospira sp.</i>		RP	No		No person-to-person transmission.
<b>LICE</b>	See Pediculosis				
<b>LISTERIOSIS</b> <i>Listeria monocytogenes</i>		RP	No		<b>Reportable Disease</b>
<b>LYME DISEASE</b>		RP	No		<b>Reportable Disease</b>

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<i>Borrelia burgdorferi</i>					No person-to-person transmission.
<b>LYMPHOCYTIC CHORIOMENINGITIS</b> (Aseptic meningitis)		RP	No		No person-to-person transmission.
<b>LYMPHOGRANULOMA VENEREUM</b>	See <i>Chlamydia trachomatis</i>				
<b>MALARIA</b> <i>Plasmodium</i> species		RP	No		<b>Reportable Disease</b> No person-to-person transmission, except by blood transfusion.
<b>MARBURG VIRUS</b>	See Haemorrhagic Fevers				
<b>MEASLES</b> (Rubeola)		<b>Airborne</b>	Yes, with negative air flow, door closed	Continue precautions for four days after start of rash, and for duration of illness in immunocompromised patients.	<b>Reportable Disease</b> <b>Notify Infection Control.</b> Only immune staff should enter the room.
<b>MENINGITIS</b>	Aetiology unknown - adult	<b>Droplet</b>	Yes		<b>Reportable Disease</b>
	Aetiology unknown – paediatric*	<b>Droplet + Contact</b>	Yes		
	<i>Haemophilus influenzae</i> type B - adult	RP	No		
	<i>Haemophilus influenzae</i> type B – paediatric*	<b>Droplet</b>	Yes	Continue precautions for 24 hours after start of effective therapy.	
	Meningococcal ( <i>Neisseria meningitidis</i> )	<b>Droplet</b>	Yes	Continue precautions for 24 hours after start of effective therapy.	<b>Reportable Disease</b> <b>Notify Infection Control</b>
	Other bacterial	RP	No		<b>Reportable Disease</b> See listings by bacterial type.
	Viral - adult (“aseptic”)	RP	No		<b>Reportable Disease</b> See also Enteroviral
Viral - paediatric*	<b>Contact</b>	Yes			
<b>MENINGOCOCCAL DISEASE</b> <i>Neisseria meningitidis</i>		<b>Droplet</b>	Yes	Continue precautions for 24 hours after start of effective therapy.	<b>Reportable Disease</b> <b>Notify Infection Control</b>
<b>MRSA</b> Methicillin-resistant		<b>Contact</b> (+ <b>Droplet</b> if in	Yes	Continue precautions until discontinued by	

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RP = Routine Practices					
<i>Staphylococcus aureus</i>		sputum and coughing)		Infection Control.	
<b>MUMPS</b> (Infectious parotitis)		<b>Droplet</b>	Yes	Continue precautions for five days after onset of swelling.	<b>Reportable Disease</b> <b>Notify Infection Control</b>
<b>MYCOBACTERIA</b> Nontuberculosis, atypical eg., <i>Mycobacterium avium</i>		RP	No		No person-to-person transmission.
<b>MYCOBACTERIUM TUBERCULOSIS</b>	See Tuberculosis				
<b>MYCOPLASMA PNEUMONIA</b>		<b>Droplet</b>	Yes	Continue precautions for duration of illness.	
<b>NECROTIZING ENTEROCOLITIS</b>		RP	No		Cohorting ill infants + Contact Precautions may be indicated for clusters/outbreaks. Unknown if transmissible.
<b>NECROTIZING FASCIITIS</b>	See Streptococcal Disease, Group A				
<b>NEISSERIA MENINGITIDIS</b>	See Meningococcal Disease				
<b>NOROVIRUS</b>		<b>Contact</b>	Yes	Continue precautions until 48 hours after resolution of symptoms.	<b>Outbreaks Reportable</b> <b>Notify Infection Control</b>
<b>OPHTHALMIA NEONATORUM</b>	See Conjunctivitis				
<b>PARAINFLUENZA VIRUS</b>		<b>Droplet + Contact</b>	Yes	Continue precautions for duration of symptoms.	Cohorting may be necessary during outbreaks.
<b>PARATYPHOID FEVER</b> <i>Salmonella paratyphi</i>		RP	No		<b>Reportable Disease</b>
<b>PARVOVIRUS B19</b>	See Erythema Infectiosum				
<b>PEDICULOSIS</b> (Lice)		RP, plus gloves for direct patient contact	No	Continue precautions for 24 hours after application of pediculicide.	
<b>PERTUSSIS</b> (Whooping Cough) <i>Bordetella pertussis</i>		<b>Droplet</b>	Yes	Continue precautions for five days after start of treatment or three weeks if not treated.	<b>Reportable Disease</b> <b>Notify Infection Control</b>
<b>PINWORMS</b>	See Enterobiasis				
<b>PLAGUE</b>	Pneumonic	<b>Droplet</b>	Yes	Continue precautions	<b>Reportable Disease</b>

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<i>Yersinia pestis</i>	Bubonic	RP	No	for 48 hours of effective therapy.	<b>Notify Infection Control</b>
<b>PLEURODYNIA</b>	<b>See Enteroviral Infection</b>				
<b>PNEUMONIA</b> Aetiology unknown		<b>Droplet + Contact</b>	Yes	Continue precautions until aetiology established or clinical improvement on empiric therapy	
<b>POLIOMYELITIS</b>		<b>Contact</b>	Yes	Continue precautions for 6 weeks after onset of illness	<b>Reportable Disease</b> <b>Notify Infection Control</b>
<b>PSEUDOMEMBRANOUS COLITIS</b>	<b>See <i>Clostridium difficile</i></b>				
<b>PSITTACOSIS</b> (Ornithosis) <i>Chlamydia psittaci</i>	<b>See Chlamydia</b>				
<b>PHARYNGITIS</b>	Adult	RP	No		
	Paediatric*	<b>Droplet + Contact</b>	Yes	Continue precautions for duration of illness, or 24 hours of effective therapy if Group A streptococcus	
<b>Q FEVER</b> <i>Coxiella burnetii</i>		RP	No		<b>Reportable Disease</b> No person-to-person transmission
<b>RABIES</b> Rhabdovirus		RP	No		<b>Reportable Disease</b> <b>Notify Infection Control</b> Person-to-person transmission not documented except via corneal transplantation. Open wound/mucous membrane exposure to saliva of a patient should be considered for prophylaxis
<b>RESISTANT ORGANISMS</b>	<b>See Antibiotic-Resistant Organisms</b>				

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RESPIRATORY INFECTIONS, acute febrile		<b>Droplet + Contact</b>	Yes	Continue precautions until symptoms improve or infectious cause identified.	See specific organism, if identified.
RESPIRATORY SYNCYTIAL VIRUS (RSV)		<b>Droplet + Contact</b>	Yes	Continue precautions for duration of illness.	
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, HHV6)		RP	No		Transmission requires close, direct personal contact.
ROTA VIRUS		<b>Contact</b>	Yes	Continue precautions until formed stool.	
ROUNDWORM	See Ascariasis				
RUBELLA (German Measles)	Acquired	<b>Droplet</b>	Yes	Continue precautions for seven days after onset of rash.	<b>Reportable Disease</b> <b>Notify Infection Control</b> Only immune staff should provide care. Pregnant health care providers should <u>not</u> provide care regardless of immune status.
	Congenital	<b>Droplet + Contact</b>	Yes	Continue precautions for one year after birth, unless urine and nasopharyngeal cultures done after three months of age are negative.	
SALMONELLOSIS <i>Salmonella</i> species	Adult	RP	No		<b>Reportable Disease</b> <b>Notify Infection Control</b>
	Paediatric* and incontinent or non- compliant adult	<b>Contact</b>	Yes	Continue precautions until formed stool.	
SEVERE ACUTE RESPIRATORY SYNDROME (SARS) or Acute Respiratory Illness with travel to a high risk geographical area		<b>Droplet + Contact</b> N95 respirator for aerosol- generating procedures	Yes	Continue precautions 10 days following resolution of fever if respiratory symptoms have also resolved.	<b>Reportable Disease</b> <b>Notify Public Health</b> <b>immediately</b> <b>Notify Infection Control</b> <b>immediately</b>
SCABIES <i>Sarcoptes scabiei</i>	Limited, 'typical'	RP, gloves for skin contact	No	Continue precautions until 24 hours after application of scabicide.	
	Crusted, 'Norwegian'	<b>Contact</b>	Yes		

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SCALDED SKIN SYNDROME	See Abscess, major				
SHIGELLOSIS <i>Shigella</i> species	See Gastroenteritis				
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*	<b>Droplet</b>	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	<b>Droplet + Contact</b>	Yes	Continue precautions until 24 hours of effective treatment.	<b>Reportable Disease if invasive</b> <b>Notify Infection Control</b>
	Toxic shock-like syndrome (TSLs)	<b>Droplet + Contact</b>	Yes		
	Pneumonia	<b>Droplet</b>	Yes		
	Pharyngitis/scarlet fever – paediatric*	<b>Droplet</b>	Yes		
	Endometritis (Puerperal Sepsis)	RP	No		
	Pharyngitis/ scarlet fever - adult	RP	No		
Group B <i>Streptococcus</i>	Neonatal	RP	No		<b>Reportable Disease</b> <b>Notify Infection Control</b>
<i>Streptococcus pneumoniae</i> ('pneumococcus')		RP	No		
STRONGYLOIDIASIS <i>Strongyloides stercoralis</i>		RP	No		May cause disseminated disease in immunocompromised.
SYPHILIS <i>Treponema pallidum</i>		RP, gloves for contact with skin lesions	No		<b>Reportable Disease</b>
TAPEWORM DISEASE <i>Diphyllobothrium latum</i> (fish) <i>Hymenolepis nana</i> , <i>Taenia saginata</i> (beef)		RP	No		Autoinfection possible.

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<i>Taenia solium</i> (pork)					
<b>TETANUS</b> <i>Clostridium tetani</i>		RP	No		<b>Reportable disease</b> No person-to-person transmission.
<b>TINEA</b> (Fungus infection dermatophytosis, dermatomycosis, ringworm)		RP	No		Thorough cleaning of bath and shower after use. No shared combs or brushes.
<b>TOXOPLASMOSIS</b> <i>Toxoplasma gondii</i>		RP	No		No person-to-person transmission except vertical.
<b>TOXIC SHOCK SYNDROME</b>	See Staphylococcal & Streptococcal Disease				
<b>TRENCHMOUTH</b>	See Vincent's angina				
<b>TRICHINOSIS</b> <i>Trichinella spiralis</i>		RP	No		<b>Reportable Disease</b> No person-to-person transmission.
<b>TRICHOMONIASIS</b> <i>Trichomonas vaginalis</i>		RP	No		Sexual transmission
<b>TUBERCULOSIS</b> <i>Mycobacterium tuberculosis</i>	Extrapulmonary, no draining lesions	RP	No		<b>Reportable Disease</b> <b>Notify Infection Control</b> Assess for concurrent pulmonary TB.
	Extrapulmonary, draining lesions	<b>Airborne</b>	Yes, with negative air flow and door closed	Continue precautions until drainage ceased or three consecutive negative AFB smears.	
	Pulmonary - confirmed or suspected or laryngeal disease	<b>Airborne</b>	Yes, with negative air flow and door closed	Continue precautions until TB ruled out. If confirmed, until patient has received two weeks of effective therapy, is improving clinically and has three consecutive sputum smears negative for AFB, collected 24 hours apart. If multidrug-resistant TB, until culture negative.	<b>Reportable Disease</b> <b>Notify Infection Control</b>
	Skin-test positive with no evidence of current disease	RP	No		Latent tuberculous infection (LTBI).
<b>TULAREMIA</b>		RP	No		<b>Reportable Disease</b>

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<i>Francisella tularensis</i>					No person-to-person transmission. Notify Microbiology laboratory if suspected, as aerosols from cultures are infectious.
<b>TYPHOID FEVER</b> <i>Salmonella typhi</i>		RP	No		<b>Reportable Disease</b>
<b>TYPHUS</b> <i>Rickettsia</i> species		RP	No		Transmitted through close personal contact, but not in absence of lice.
<b>URINARY TRACT INFECTION</b>		RP	No		
<b>VANCOMYCIN-RESISTANT ENTEROCOCCUS (VRE)</b>	See VRE				
<b>VANCOMYCIN-RESISTANT STAPHYLOCOCCUS AUREUS (VRSA)</b>	See VRSA				
<b>VARICELLA</b> (Chickenpox)		<b>Airborne</b>	Yes, with negative air flow and door closed	Continue precautions until all vesicles have crusted and for at least five days.	<b>Reportable Disease</b> <b>Notify Infection Control</b> Neonates born to mothers with active varicella should be isolated at birth. <b>Only immune staff should enter the room.</b>
<b>VARICELLA ZOSTER</b> (Shingles, Zoster) <i>Herpes zoster</i>	Immunocompromised patient, or disseminated	<b>Airborne</b>	Yes, with negative air flow and door closed	Continue precautions until all lesions have crusted and dried.	<b>Notify Infection Control.</b> <b>Only immune staff should enter the room.</b>
	Localized in all other patients	RP	No		Roommates and staff must be immune to chickenpox.
<b>VARIOLA</b> (Smallpox)		<b>Airborne + Contact</b>	Yes, with negative air flow and door closed	Continue precautions until all lesions have crusted and separated (3 to 4 weeks)	<b>Report to Public Health immediately</b> <b>Notify Infection Control immediately</b>
<b>VIBRIO</b>	See Gastroenteritis or Cholera				
<b>VINCENT'S ANGINA</b> (Trench mouth)		RP	No		

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<b>VIRAL DISEASES</b> - Respiratory (if not covered elsewhere)		<b>Droplet + Contact</b>	Yes		See also specific disease/organism.
<b>VRE</b> Vancomycin-resistant enterococcus		<b>Contact</b>	Yes	Continue precautions until discontinued by Infection Control.	<b>Notify Infection Control</b>
<b>VRSA</b> Vancomycin-resistant <i>Staphylococcus aureus</i>		<b>Contact</b>	Yes	Continue precautions for duration of hospital stay.	<b>Notify Infection Control</b>
<b>WEST NILE VIRUS (WNV)</b>	<b>See Arthropod-borne Viral Fevers</b>				
<b>WHOOPING COUGH</b>	<b>See Pertussis</b>				
<b>WOUND INFECTIONS</b>	<b>See Abscess</b>				
<b>YELLOW FEVER</b>	<b>See Arthropod-borne Viral Fevers</b>				
<b>YERSINIA ENTEROCOLITICA</b>	<b>See Gastroenteritis</b>				
<b>YERSINIA PESTIS</b>	<b>See Plague</b>				
<b>ZOSTER</b>	<b>See Herpes Zoster</b>				