

30-50 - Appendix A: Communicable Diseases Reference Table - Precautions by Etiology or Clinical Presentation

Note: Use pediatric precautions for children who are incontinent or too immature to be able to comply with handwashing requirements, appropriate handling and disposal of respiratory secretions, purulent discharges and skin exudates, and maintenance of dressings in place. For older children who are continent and able to comply with precautions for respiratory secretions and skin lesions, precautions for adults may be used. * = See Comment Column
 Revised: April, 2016

Microorganisms/ Clinical Presentation	Clinical Presentation/ Potential Pathogens	Precautions	Infective Material	Route of Transmission	Incubation Period	Period of Communicability	Duration of Precautions	Comments
Abscess See Draining Wound								
Actinomycosis (<i>Actinomyces</i> sp.)	Cervicofacial, thoracic or abdominal infection	Routine			Variable	Not person to person		Normal flora; infection usually secondary to trauma.
Adenovirus Respiratory strains	Respiratory tract infection (pneumonia)	Droplet and contact	Respiratory secretions	Large droplets; direct and indirect contact	1-10 days	Shortly before and until symptoms cease	Duration of symptoms	Different strains responsible for respiratory and gastrointestinal disease Client should not share room with high-risk roommates (Immunocompromised clients, clients with chronic cardiac or lung disease, neonates) Symptoms may be prolonged in immunocompromised clients
	Conjunctivitis	Contact	Eye discharge	Direct and indirect contact	5-12 days	Late in incubation period until 14 days after onset	Duration of symptoms, up to 14 days	Careful attention to aseptic technique and reprocessing of ophthalmology equipment to prevent epidemic keratoconjunctivitis
Adenovirus Enteric strains	Diarrhea	ADULT: Routine* PAEDIATRIC: Contact	Feces	Direct and indirect contact (fecal/oral)	3-10 days	Until symptoms cease	Duration of symptoms	*Consider contact precautions for incontinent adults if stool cannot be contained or for adults with poor hygiene who contaminate their environment Contact precautions apply to children who are incontinent or unable to comply with hygiene
Amebiasis (<i>Entamoeba histolytica</i>)	Dysentery and liver abscess	ADULT: Routine* PAEDIATRIC: Contact	Feces	Direct and indirect contact (fecal/oral)	2-4 weeks	Duration of cyst excretion	Duration of symptoms	*Consider contact precautions for incontinent adults if stool cannot be contained or for adults with poor hygiene who contaminate their environment Contact precautions apply to children who are incontinent or unable to comply with hygiene NOTIFY POPULATION & PUBLIC HEALTH.
Anthrax (<i>Bacillus anthracis</i>)	Cutaneous, pulmonary	Routine			1-7 days; maybe up to 60 days	Not person-to-person		Acquired from contact with infected animals and animal products Inhalation anthrax may occur as a result of occupational exposure to anthrax spores or as a result of bioterrorism Decontamination and postexposure prophylaxis necessary for exposure to aerosols in laboratory exposures or biological terrorism NOTIFY POPULATION & PUBLIC HEALTH.

Microorganisms/ Clinical Presentation	Clinical Presentation/ Potential Pathogens	Precautions	Infective Material	Route of Transmission	Incubation Period	Period of Communicability	Duration of Precautions	Comments
Antimicrobial-resistant organisms (AROs) Includes MRSA, VRE,- resistant Gram- negative rods (i.e., ESBL) and other organisms, as per ICP	Infection or colonization (i.e., asymptomatic) of any body site	Contact Droplet and Contact*	Infected or colonized secretions, excretions	Direct and indirect contact	Variable	Variable	As directed by ICP	Refer to Infection Prevention & Control manual for more details on Additional Precautions required for MRSA, VRE and ESBL. *Droplet precautions added if ARO in sputum, tracheal aspirate, nasal carriage (if upper respiratory illness) for duration of symptoms NOTIFY POPULATION & PUBLIC HEALTH.
Arthropod borne virus* (arboviruses)	Encephalitis, fever, rash, arthralgia, meningitis	Routine	Blood, tissues	Vector-borne (spread by mosquitoes, ticks)	3-21 days (varies with different arboviruses)	Not person to person except rarely by blood transfusion or organ transplantation		*Over 100 different viruses, most limited to specific geographic areas In North America: West Nile is most common; others include California, St. Louis, Western equine, Eastern equine, Powassan, Colorado tick, Snowshoe hare, Jamestown Canyon WEST NILE VIRUS: NOTIFY POPULATION & PUBLIC HEALTH
Arthropod borne viral fevers (dengue, yellow fever, Colorado tick fever)		Standard Precautions		Mosquito or tick bite		Not person-to- person		Install screens in windows and doors in endemic areas. YELLOW FEVER: NOTIFY POPULATION & PUBLIC HEALTH
Ascariasis (<i>Ascaris lumbricoides</i>) (roundworm)	Usually asymptomatic	Routine				Not person to person		Ova must hatch in soil to become infective.
Aspergillosis (<i>Aspergillus</i> spp.)	Skin, lung, wound or central nervous system infection	Routine	Contaminated dust			Not person to person		Spores in dust: infections in immunocompromised clients may be associated with construction
Astrovirus	Diarrhea	ADULT: Routine* PAEDIATRIC: Contact	Feces	Direct and indirect contact (fecal/oral)	3-4 days	Duration of symptoms	Duration of symptoms	*Consider contact precautions for incontinent adults if stool cannot be contained or for adults with poor hygiene who contaminate their environment Contact precautions apply to children who are incontinent or unable to comply with hygiene
Avian Influenza See influenza								
Babesiosis	May present with influenza like symptoms and jaundice	Routine	Blood	Tick borne		Not person to person, except rarely by blood transfusion from asymptomatic parasitaemic donors		
Bacillus cereus	Food poisoning Nausea, vomiting, diarrhea, abdominal cramps	Routine		Foodborne				

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Campylobacter	Gastroenteritis	ADULT: Routine* PAEDIATRIC: Contact	Contaminated food, feces	Direct and indirect contact (fecal/oral)	2-5 days	Duration of excretion Person-to-person uncommon	Duration of symptoms	*Consider contact precautions for adults if stool cannot be contained or for adults with poor hygiene who contaminate their environment Treatment with effective antimicrobial shortens period of infectivity Contact precautions apply to children who are incontinent or unable to comply with hygiene NOTIFY POPULATION & PUBLIC HEALTH.
Candidiasis (<i>Candida sp.</i>)	Many	Routine						Normal flora
Cat Scratch Disease (<i>Bartonella henselae</i>)	Fever, lymphadenopathy	Routine			16-22 days	Not person to person		Acquired from animals (cats and others)
Cellulitis Draining: see draining wound Periorbital in child <5 years old without portal of entry	<i>H. influenzae type B in non- immune child <2 years of age; Streptococcus pneumoniae, Group A Streptococcus, S. aureus, other bacteria</i>	Droplet if H. influenzae type B is possible cause, otherwise routine practices	Respiratory secretions	Large droplet, direct contact			Until 24 hours of appropriate antimicrobial therapy received or if H. influenzae type B ruled out	
Chancroid (<i>Haemophilus ducreyi</i>)	Genital ulcers	Routine		Sexual transmission	3-5 days	Until healed and as long as infectious agent persists in the original lesion		NOTIFY POPULATION & PUBLIC HEALTH
Chickenpox See Varicella zoster								
Chlamydia trachomatis	Urethritis, cervicitis, pelvic inflammatory disease; neonatal conjunctivitis, infant pneumonia; trachoma	Routine	Conjunctival and genital secretions	Sexual transmission Mother to child at birth Trachoma: direct/indirect contact	Variable	As long as organism present in secretions		NOTIFY POPULATION & PUBLIC HEALTH
Chlamydia pneumoniae	Pneumonia	Droplet	Respiratory secretions	Unknown	Unknown	Unknown		Rare outbreaks of pneumonia in institutionalized populations NOTIFY POPULATION & PUBLIC HEALTH
Chlamydia (Chlamydophila) psittaci (Psittacosis, Ornithosis)	Pneumonia, undifferentiated fever	Routine	Infected birds		7-14 days	Not person to person		Acquired by inhalation of desiccated droppings, secretions and dust of infected birds NOTIFY POPULATION & PUBLIC HEALTH.
Cholera (<i>Vibrio cholerae</i> 01, 0139)	Diarrhea	ADULT: Routine* PAEDIATRIC: Contact	Feces	Direct and indirect contact (fecal/oral)	2-3 days	Duration of shedding	Duration of symptoms	*Consider contact precautions for adults if stool cannot be contained or for adults with poor hygiene who contaminate their environment Contact precautions apply to children who are incontinent or unable to comply with hygiene NOTIFY POPULATION & PUBLIC HEALTH.

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Clostridium difficile	Diarrhea, pseudo-membranous colitis	Contact	Feces	Direct and indirect contact (fecal/oral)	Variable	Duration of shedding	48 hours after resolution of symptoms	Bacterial spores persist in the environment Ensure scheduled environmental cleaning During outbreaks, special attention should be paid to cleaning; hypochlorite solutions may be required if continued transmission See PHAC, RPAP (2012), Appendix VI. 3. Viral Gastroenteritis Dedicate client care equipment Relapses are common NOTIFY POPULATION & PUBLIC HEALTH.
Clostridium perfringens	Food poisoning	Routine		Foodborne	6-24 hours	Not person to person		
	Gas gangrene, abscesses, myonecrosis	Routine			Variable	Not person to person		Found in normal gut flora, soil; infection related to devitalized tissue
Coccidioidomycosis (<i>Coccidioides immitis</i>)	Pneumonia, draining lesions	Routine			1-4 weeks	Not person to person		Acquired from spores in soil, dust in endemic areas
Cold	Rhinovirus, RSV, human metapneumovirus, parainfluenza, adenovirus, coronavirus	Droplet and contact	Respiratory secretions	Large droplet and direct and indirect contact			Duration of symptoms	client should not share room with high-risk roommates (Immunocompromised clients, children with chronic cardiac or lung disease, neonates)
Colorado tick fever See Dengue Fever (Arbovirus)	Fever	Routine		Tick-borne	3-6 days	Not person to person		
Congenital rubella See Rubella								
Conjunctivitis	Adenovirus, enterovirus, chlamydia, Neisseria gonorrhoea, other microbial agents	Contact*	Eye discharge	Direct and indirect contact			Until viral etiology ruled out; duration of symptoms, up to 14 days if viral	*Routine if non-viral
Coronavirus (CoV) (other than SARS-CoV) For SARS CoV, see Severe acute respiratory syndrome	Common cold	Droplet and contact	Respiratory secretions	Direct and indirect contact Possible large droplet	2-4 days	Until symptoms cease	Duration of symptoms	May cohort if infected with same virus client should not share room with high-risk roommates (Immunocompromised clients, children with chronic cardiac or lung disease, neonates)
Cough, fever, acute upper respiratory tract infection	Rhinovirus, RSV, human metapneumovirus, parainfluenza, influenza, adenovirus, coronavirus, *pertussis	Droplet and contact	Respiratory secretions	Large droplet, direct and indirect contact			Duration of symptoms or until infectious etiology ruled out	Consider fever and asthma in child <2 years old as viral infection client should not share room with high-risk roommates (Immunocompromised clients, children with chronic cardiac or lung disease, neonates) *NOTIFY POPULATION & PUBLIC HEALTH

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Cytomegalovirus	Usually asymptomatic; congenital infection, retinitis, mononucleosis, pneumonia, disseminated infection in immunocompromised host	Routine	Saliva, genital secretions, urine, breast milk, transplanted organs or stem cells, blood products	Direct* Sexual transmission; vertical mother to child in utero, at birth or through breast milk Transfusion, transplantation	Unknown	Virus is excreted in urine, saliva, genital secretions, breast milk for many months; may persist or be episodic for life		No additional precautions for pregnant HCWs *Close direct personal contact necessary for transmission Disease is often due to reactivation in the client rather than transmission of infection
Decubitus (pressure ulcer, draining) see draining wound								
Dengue (Arbovirus)	Fever, arthralgia, rash	Routine		Mosquito-borne	3-14 days	Not person to person		
Dermatitis See draining wound	Many (bacteria, virus, fungus)	Contact	Pus	Direct and indirect contact			Until infectious etiology ruled out	If compatible with scabies, take appropriate precautions pending diagnosis
Dermatophytosis See Tinea								
Desquamation, extensive see draining wound	<i>S. aureus</i>	Contact	Pus	Direct and indirect contact			Until contained or infection ruled out	
Diarrhea See gastroenteritis Acute diarrhea of likely infectious cause								
Diphtheria (<i>Corynebacterium diphtheriae</i>)	Cutaneous (characteristic ulcerative lesion)	Contact	Lesion drainage	Direct or indirect contact	2-5 days	If untreated, 2 weeks to several months	Until 2 cultures* from skin lesions are negative	*Cultures should be taken at least 24 hours apart and at least 24 hours after cessation of antimicrobial therapy. Close contacts should be given antimicrobial prophylaxis, as per most recent NACI recommendations available at: http://www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php NOTIFY POPULATION & PUBLIC HEALTH.
	Pharyngeal (adherent greyish membrane)	Droplet	Nasopharyngeal secretions	Large droplets	2-5 days	If untreated, 2 weeks to several months	Until 2 cultures* from both nose and throat are negative	*Cultures should be taken at least 24 hours apart and at least 24 hours after cessation of antimicrobial therapy Close contacts should be given antimicrobial prophylaxis NOTIFY POPULATION & PUBLIC HEALTH.

Microorganisms/ Clinical Presentation	Clinical Presentation/ Potential Pathogens	Precautions	Infective Material	Route of Transmission	Incubation Period	Period of Communicability	Duration of Precautions	Comments
Draining wounds	<i>S. aureus</i> , Group A <i>Streptococcus</i> , many other bacteria	Routine Contact: *Major wound, droplet**	Pus	Direct and indirect contact			Duration of drainage	
Ebola See Viral hemorrhagic fever								
Echinococcosis (hydatidosis) (<i>E. granulosus</i> , <i>E.</i> <i>multilocularis</i>)	Cysts in various organs	Routine			Months to years	Not person to person		Acquired from contact with infected animals
Echovirus See Enterovirus								
Encephalitis	Multiple microbial agents including herpes simplex virus (HSV), enterovirus, arbovirus (West Nile virus)	ADULT: Routine* PAEDIATRIC: Contact*	Feces, respiratory secretions	Direct and indirect contact (fecal/oral)			Until specific etiology established or until enterovirus ruled out	*May be associated with other agents including measles, mumps, varicella. If identified, take appropriate precautions for associated disease VECTORBORNE: NOTIFY POPULATION & PUBLIC HEALTH.
Endometritis	<i>Group A Streptococcus</i> ; <i>many other bacteria</i>	Routine unless signs of toxic shock*						*Contact and droplet for the first 24 hours of antimicrobial therapy if invasive group A <i>Streptococcus</i> suspected.
Enterobiasis Oxyuriasis, pinworm (<i>Enterobius</i> <i>vermicularis</i>)	Perianal itching	Routine	Ova in stool, perianal region	Direct, indirect contact	Life cycle requires 2-6 weeks	As long as gravid females discharge eggs on perianal skin; eggs remain infective indoors about 2 weeks		Direct transfer of infective eggs by hand from anus to mouth of the same or another person; indirectly through clothing, bedding or other contaminated articles Close household contacts may need treatment
Enterococcus species (Vancomycin-resistant only) See Vancomycin- resistant enterococci								
Enterocolitis see diarrhea								
Enteroviral infections Echovirus, Coxsackievirus A Coxsackievirus B Enterovirus Poliovirus - See poliomyelitis	Acute febrile symptoms, aseptic meningitis, encephalitis, pharyngitis, herpangina, rash, pleurodynia, hand, foot and mouth disease	ADULT: Routine PAEDIATRIC: Contact	Feces, respiratory secretions	Direct and indirect contact (fecal/oral)	3-5 days		Duration of symptoms If poliovirus, see Poliomyelitis	Contact precautions apply to children who are incontinent or unable to comply with hygiene
	Conjunctivitis	Contact	Eye discharge	Direct and indirect contact	1-3 days		Duration of symptoms	

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Epiglottitis In child <5 years old	<i>H. influenzae type B</i> ; Possible in non-immune infant <2 years of age, <i>group A Streptococcus, S. aureus</i>	Droplet if <i>H. influenzae</i> type B is possible cause, otherwise routine	Respiratory secretions	Large droplet, direct contact			Until 24 hours of appropriate antimicrobial therapy received or until <i>H. influenzae</i> type B ruled out	
Epstein-Barr virus	Infectious mononucleosis	Routine	Saliva, transplanted organs or stem cells	Direct oropharyngeal route via saliva; transplantation	4–6 weeks	Prolonged; pharyngeal excretion may be intermittent or persistent for years		
Erysipelas Draining: See draining wound	<i>Group A Streptococcus</i>	Routine						
Erythema infectiosum See Parvovirus B19								
Escherichia coli (enteropathogenic and enterohemorrhagic strains)	Diarrhea, food poisoning, hemolytic-uremic syndrome, thrombotic thrombocytopenic purpura	ADULT: Routine* PAEDIATRIC: Contact	Feces	Direct and indirect contact (fecal/oral) Foodborne	1–8 days	Duration of shedding	Duration of symptoms If hemolytic-uremic syndrome: until 2 stools negative for <i>E. coli</i> O157:H7 or 10 days from onset of diarrhea	*Consider contact precautions for incontinent adults if stool cannot be contained or for adults with poor hygiene who contaminate their environment Contact precautions apply to children who are incontinent or unable to comply with hygiene VEROTOXIGENIC INFECTIONS: NOTIFY POPULATION & PUBLIC HEALTH
Febrile respiratory illness Usually present with symptoms of a fever greater than 38 °C and new or worsening cough or shortness of breath	Wide range of droplet-spread respiratory infections, such as colds, influenza, influenza-like illness and pneumonia	Contact and droplet precautions	Respiratory secretions					Note: elderly people and people who are immunocompromised may not have a febrile response to a respiratory infection See Ontario Best Practices for Preventing Acute Respiratory Infection in All Health Care Settings NOTIFY POPULATION & PUBLIC HEALTH.
Fever without focus (acute, in children)	Enterovirus and other pathogens	ADULT: Routine* PAEDIATRIC: Contact	Feces, respiratory secretions	Direct or indirect contact (fecal/oral)			Duration of symptoms or until enteroviral infection ruled out	*If findings suggest a specific transmissible infection, take precautions for that infection pending diagnosis
Fifth disease See Parvovirus								
Food poisoning	<i>Bacillus cereus, Clostridium perfringens, S. aureus, Salmonella, Vibrio parahaemolyticus, Escherichia coli</i> O157, <i>Listeria</i> and others	ADULT: Routine* PAEDIATRIC: Contact	Food; feces if <i>Salmonella</i> or <i>Escherichia coli</i> O157	Foodborne, or direct and indirect contact (fecal/oral)				*Consider contact precautions for incontinent adults if stool cannot be contained or for adults with poor hygiene who contaminate their environment Contact precautions apply to children who are incontinent or unable to comply with hygiene NOTIFY POPULATION & PUBLIC HEALTH.

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Furuncles See draining wounds	<i>S. aureus</i>							
Gas gangrene Draining: See draining wound	<i>Clostridium spp.</i>							
Gastroenteritis	Diarrhea and/or vomiting due to infection or toxin	ADULT: Contact* PAEDIATRIC: Contact	Feces	Direct and indirect contact (fecal/oral)			Duration of symptoms for <i>C. difficile</i> , norovirus, rotavirus until ruled out. In pediatrics, until normal stools or infectious etiology ruled out	*Use contact precautions until <i>C. difficile</i> , norovirus, rotavirus ruled out. Consider contact precautions for incontinent adults if stool cannot be contained or for adults with poor hygiene who contaminate their environment Contact precautions apply to children who are incontinent or unable to comply with hygiene
German Measles See Rubella								
Giardia (<i>Giardia lamblia</i>)	Diarrhea	ADULT: Routine* PAEDIATRIC: Contact	Feces	Direct and indirect contact (fecal/oral)	3-25 days	Entire period of infection; often months	Duration of symptoms	*Consider contact precautions for incontinent adults if stool cannot be contained or for adults with poor hygiene who contaminate their environment Contact precautions apply to children who are incontinent or unable to comply with hygiene NOTIFY POPULATION & PUBLIC HEALTH.
Gingivostomatitis	HSV, other causes including radiation therapy, chemotherapy, idiopathic (aphthous)	Contact if primary and extensive HSV related. Otherwise routine	Mucosal lesions	Direct contact			While lesions present	
Granuloma inguinale (Donovanosis) (<i>Calymmatobacterium granulomatis</i>)	Painless genital ulcers, inguinal ulcers, nodules	Routine		Sexual transmission	Unknown; probably between 1 and 16 weeks	Unknown; probably for the duration of open lesions on the skin or mucous membranes		NOTIFY POPULATION & PUBLIC HEALTH
Guillain-Barre syndrome	Some cases associated with infection (e.g., campylobacter)*							*Take precautions as appropriate for known or suspected associated infection
Haemophilus influenzae type B (invasive infections)	Pneumonia, epiglottitis, meningitis, bacteremia, septic arthritis, cellulitis, osteomyelitis in a child	ADULT: Routine PAEDIATRIC: Droplet	Respiratory secretions	Large droplets, direct contact	Variable	Most infectious in the week prior to onset of symptoms and during the symptoms until treated	Until 24 hours of appropriate antimicrobial therapy has been received	Close contacts <48 months old and who are not immune may need chemoprophylaxis Household contacts of such children should also receive prophylaxis NOTIFY POPULATION & PUBLIC HEALTH.

Microorganisms/ Clinical Presentation	Clinical Presentation/ Potential Pathogens	Precautions	Infective Material	Route of Transmission	Incubation Period	Period of Communicability	Duration of Precautions	Comments
Hand, foot and mouth disease Also see Enteroviral infections	Enterovirus	ADULT: Routine PAEDIATRIC: Contact	Feces, respiratory secretions	Direct and indirect contact (fecal/oral)			Duration of symptoms	Contact precautions apply to children who are incontinent or unable to comply with hygiene
Hansen's disease See Leprosy								
Hantavirus (Hantavirus pulmonary syndrome)	Fever, pneumonia	Routine	Rodent excreta	Presumed aerosol transmission from rodent excreta	A few days to 6 weeks	Not well defined, person to person is rare (person to person documented for South American strains)		infection acquired from rodents NOTIFY POPULATION & PUBLIC HEALTH.
Helicobacter pylori	Gastritis, duodenal ulcer disease	Routine		Probable ingestion of organisms; presumed fecal/oral/oral/ oral	5-10 days	Unknown		
Hemolytic-uremic syndrome	Some associated with E. coli O157	ADULT: Routine* PAEDIATRIC: Contact	Feces	Direct and indirect contact (fecal/oral)			Until E. coli O157 ruled out	*Consider contact precautions for incontinent adults if stool cannot be contained or for adults with poor hygiene who contaminate their environment Contact precautions apply to children who are incontinent or unable to comply with hygiene
Hemorrhagic fever acquired in appropriate endemic or epidemic area	Ebola, Lassa, Marburg, Crimean-Congo and others	Contact and droplet AGMP*	Blood and bloody body fluids; respiratory secretions; skin if Ebola and urine if Lassa	Direct and indirect contact; possibly aerosol if pneumonia Lassa: Sexual contact			Duration of symptoms or until hemorrhagic fever virus ruled out	Local public health authorities should be notified immediately *If AGMP necessary, see strategies to reduce aerosol generation, see Part B, Section IV, subsection iii, 1b NOTIFY POPULATION & PUBLIC HEALTH.

Microorganisms/ Clinical Presentation	Clinical Presentation/ Potential Pathogens	Precautions	Infective Material	Route of Transmission	Incubation Period	Period of Communicability	Duration of Precautions	Comments
Hepatitis A, E	Hepatitis, anicteric acute febrile symptoms	ADULT: Routine* PAEDIATRIC: Contact	Feces	Direct and indirect contact (fecal/oral)	A: 28–30 days E: 26–42 days	A: 2 weeks before to 1 week after onset of jaundice Shedding is prolonged in the newborn E: not known; at least 2 weeks before onset of symptoms	1 week after onset of jaundice; duration of hospitalization if newborn	*Consider contact precautions for incontinent adults if stool cannot be contained or for adults with poor hygiene who contaminate their environment Contact precautions apply to children who are incontinent or unable to comply with hygiene Postexposure prophylaxis indicated for non-immune household contacts with significant exposure to hepatitis A if within 2 weeks of exposure Refer to Canadian Immunization Guide for specific information: http://www.phac-aspc.gc.ca/publcat/cig-gci/index-eng.php Outbreaks of HAV in HCWs have been associated with eating and drinking in client care areas NOTIFY POPULATION & PUBLIC HEALTH.
Hepatitis B, C, D, G viruses	Hepatitis, often asymptomatic; cirrhosis, hepatic cancer	Routine	Blood, genital secretions, and certain other body fluids	Mucosal or percutaneous exposure to infective body fluids Sexual transmission; Vertical mother to child	B: 2–3 months C: 2 weeks–6 months D: 2–8 weeks	B: all persons who are hepatitis B surface-antigen-positive are infectious C: indefinite D: indefinite		Refer to Canadian Immunization Guide 7th Ed., 2006 for specific information, available at: http://www.phac-aspc.gc.ca/publcat/cig-gci/index-eng.php Contact OHS or delegate if HCW has percutaneous, non-intact skin or mucous membrane exposure. Refer to CDC dialysis recommendations available at: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5005a1.htm NOTIFY POPULATION & PUBLIC HEALTH.
Hepatitis of unknown etiology	Hepatitis A, B, C, E viruses, Epstein-Barr virus and others	ADULT: Routine* PAEDIATRIC: Contact	Feces; blood and certain body fluids	Mucosal or percutaneous exposure to infective body fluids Sexual transmission Vertical; mother to child Direct and indirect contact (fecal/oral) for hepatitis A, E			For 7 days after onset of jaundice or until hepatitis A and E epidemiologically excluded	*Consider contact precautions for incontinent adults if stool cannot be contained or for adults with poor hygiene who contaminate their environment unless hepatitis A and E are epidemiologically excluded Contact precautions apply to children who are incontinent or unable to comply with hygiene VIRAL: NOTIFY POPULATION & PUBLIC HEALTH
Herpangina	Enterovirus	ADULT: Routine PAEDIATRIC: Contact	Feces, respiratory secretions	Direct and indirect contact (fecal/oral)			Duration of symptoms	Contact precautions apply to children who are incontinent or unable to comply with hygiene

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Herpes simplex virus	Encephalitis	ADULT: Routine PEDS: Contact						
	Neonatal	Contact	Skin or mucosal lesions; possibly all body secretions and excretions	Direct contact	Birth to 6 weeks of age		Duration of symptoms	Contact precautions are also indicated for infants delivered vaginally (or by C-section if membranes have been ruptured more than 4–6 hours) to women with active genital HSV infections, until neonatal HSV infection has been ruled out NOTIFY POPULATION & PUBLIC HEALTH
	Mucocutaneous: disseminated or primary and extensive (gingivostomatitis, eczema herpeticum)	Contact	Skin or mucosal lesions Sexual transmission Mother to child at birth	Direct contact	2 days–2 weeks	While lesions present	Until lesions are dry and crusted	
	Recurrent	Routine						
Herpes zoster (shingles), disseminated See Varicella zoster for chickenpox	Vesicular skin lesions	Airborne and Contact	Vesicle fluid, respiratory secretions	Airborne, direct and indirect contact		Until all lesions have crusted and dried	Until all lesions have crusted and dried	HCWs, roommates and caregivers should be immune to chickenpox Respirators for non-immune persons that must enter Susceptible high-risk contacts should receive varicella zoster immunoglobulin as soon as possible, latest within 96 hours of exposure Varicella zoster immunoglobulin may extend the incubation period to 28 days
Herpes zoster, localized Immuno-compromised host	Vesicular skin lesions in dermatomal distribution	Airborne and contact	Vesicle fluid	Direct and indirect contact, airborne		Until all lesions have crusted and dried and disseminated infection is ruled out	Until 24 hours after antiviral therapy started; then as for localized zoster in normal host	Localized zoster may disseminate in immunocompromised host if not treated HCWs, roommates and caregivers should be immune to chickenpox Susceptible high-risk (not immune) contacts should receive varicella zoster immunoglobulin as soon as possible, latest within 96 hours of exposure Varicella zoster immunoglobulin may extend the incubation period to 28 days
Herpes zoster, localized Normal host	Vesicular skin lesions in dermatomal distribution	Routine Contact* and airborne	Vesicle fluid	Direct and indirect contact, possibly airborne		Until all lesions have crusted and dried	Until all lesions have crusted and dried	*Consider contact and airborne for cases of extensive localized zoster that cannot be covered, in situations where there are varicella susceptible clients/HCWs.

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Herpes zoster contact	Susceptible contact	Airborne	Respiratory secretions	Airborne	10–21 days	Potentially communicable during last 2 days of incubation period	From 8 days after first contact until 21 days after last contact with rash, regardless of postexposure vaccination (28 days if given varicella zoster immunoglobulin)	Airborne precautions should be taken with neonates born to mothers with varicella onset <5 days before delivery HCWs, roommates and caregivers should be immune to chickenpox
Histoplasmosis (<i>Histoplasma capsulatum</i>)	Pneumonia, lymphadenopathy, fever	Routine			3–17 days	Not person to person		Acquired from spores in soil
Hookworm (<i>Necator americanus</i> , <i>Ancylostoma duodenale</i>)	Usually asymptomatic	Routine		Percutaneous; fecal/oral	Few weeks to many months	Not person to person		Larvae must hatch in soil to become infectious
Human herpesvirus 6 (HHV-6) See Roseola								
Human immunodeficiency virus (HIV)	Asymptomatic; multiple clinical presentations	Routine	Blood, genital secretions, breast milk and certain other body fluids	Mucosal or percutaneous exposure to infective body fluids Sexual transmission, vertical mother to child	Weeks to years	From onset of infection		Contact OHS or delegate immediately if HCW has percutaneous, non-intact skin or mucous membrane exposure. NOTIFY POPULATION & PUBLIC HEALTH
Human metapneumovirus	Respiratory tract infection	Droplet and contact	Respiratory secretions	Large droplets Direct and indirect contact	3–5 days		Duration of symptoms	May cohort if infected with same virus client should not share room with high-risk roommates (Immunocompromised clients, children with chronic cardiac or lung disease, neonates)
Human T-cell leukemia virus Human T-lymphotrophic virus (HTLV-I, HTLV-II)	Usually asymptomatic, tropical spastic, paraparesis, lymphoma	Routine	Breast milk, blood and certain other body fluids	Vertical mother to child; mucosal or percutaneous exposure to infective body fluids	Weeks to years	Indefinite		NOTIFY POPULATION & PUBLIC HEALTH
Impetigo See draining wounds	<i>Group A Streptococcus</i> , <i>S. aureus</i>							

Microorganisms/ Clinical Presentation	Clinical Presentation/ Potential Pathogens	Precautions	Infective Material	Route of Transmission	Incubation Period	Period of Communicability	Duration of Precautions	Comments
Infectious mononucleosis See Epstein-Barr virus								
Influenza - Avian	Respiratory tract infection, conjunctivitis	Droplet and contact	Excreta of sick birds, possibly human respiratory tract secretions					For current information on Avian influenza, see Human Health Issues Related to Domestic Avian Influenza in Canada, available at* http://www.phac-aspc.gc.ca/influenza/index-eng.php http://www.phac-aspc.gc.ca/publicat/daio-enia/9-eng.php NOTIFY POPULATION & PUBLIC HEALTH.
Influenza - Seasonal	Respiratory tract infection	Droplet and contact	Respiratory secretions	Large droplets, direct and indirect contact	1-3 days	Generally 3-7 days from clinical onset Prolonged shedding may occur in immunocompromised individuals.	Immune competent: Duration of symptoms (or 7 days from onset of symptoms or if full course of antiviral (ie. Tamiflu) complete). Immunocompromised/high risk (ie. oncology/ventilated in ICU): Duration of symptoms could be prolonged. Require clinical assessment by physician to determine if client's continued illness is due to influenza.	If private room is unavailable, consider cohorting clients during outbreaks client should not share room with high-risk roommates (Immunocompromised clients, children with chronic cardiac or lung disease, neonates) Consider antiviral for exposed roommates See 40-70: Influenza and ILI Also, see Guidance: IP&C Measures for HCWs in Acute Care and Long-term Care Settings at: http://www.phac-aspc.gc.ca/nois-sinp/guide/pubs-eng.php For further information for all types of influenza see: http://www.phac-aspc.gc.ca/influenza/index-eng.php NOTIFY POPULATION & PUBLIC HEALTH.
Influenza-like illness	Influenza, other respiratory viruses	Contact and droplet	Respiratory secretions	Large droplet, direct and indirect contact			Duration of symptoms or until infectious etiology ruled out	
Influenza viruses - Pandemic Novel	Respiratory tract infection	Pandemic influenza precautions*	As seasonal	As seasonal	Unknown; possibly 1-7 days	Unknown, possibly up to 7 days	Duration of symptoms	See Canadian Pandemic Plan Annex F, Infection Prevention and Control and Occupational Health and Hygiene guidelines during Pandemic Influenza in Existing and Temporary Healthcare Settings, available at: http://www.phac-aspc.gc.ca/influenza/index-eng.php Refer to PHAC website for specific guidance documents. Available at http://www.phac-aspc.gc.ca/nois-sinp/guide/pubs-eng.php NOTIFY POPULATION & PUBLIC HEALTH.

Microorganisms/ Clinical Presentation	Clinical Presentation/ Potential Pathogens	Precautions	Infective Material	Route of Transmission	Incubation Period	Period of Communicability	Duration of Precautions	Comments
Kawasaki disease (mucocutaneous lymph node syndrome)	Unknown	Routine						Not known to be transmissible
Lassa fever See Viral hemorrhagic fever								
Legionella (<i>Legionella spp</i>) Legionnaires' disease	Pneumonia, Legionnaires' disease, Pontiac fever	Routine			2-10 days	Not person to person		Acquired from contaminated water sources (inhalation not ingestion) NOTIFY POPULATION & PUBLIC HEALTH.
Leprosy (Hansen's disease) (<i>Mycobacterium leprae</i>)	Chronic disease of skin, nerves, nasopharyngeal mucosa	Routine	Nasal secretions, skin lesions	Direct contact	9 months to 20 years			Transmitted between persons only with very prolonged extensive close personal contact Household contacts should be assessed and may be given prophylaxis NOTIFY POPULATION & PUBLIC HEALTH.
Leptospirosis (<i>Leptospira sp.</i>)	Fever, jaundice, aseptic meningitis	Routine			2-30 days	Direct person to person transmission is rare		Acquired from contact with animals NOTIFY POPULATION & PUBLIC HEALTH.
Lice (pediculosis) Head, Body, Pubic (crab) (<i>Pediculus capitis, Pediculus corporis, Pediculus humanus, Phthirus pubis</i>)	Scalp or body itch, itchy rash	Contact Client to wear a hair net	Louse	Head and body lice: direct and indirect contact Pubic lice: usually sexual contact	6-10 days	Until effective treatment to kill lice and ova	Until 24-48 hours after application of appropriate pediculicide; applied as directed	Apply pediculicides as directed on label. If live lice found after therapy, repeat Head lice: wash headgear, combs, pillowcases, towels with hot water or dry clean or seal in plastic bag and store for 10 days. Body lice: as above, for all exposed clothing and bedding
Listeriosis (<i>Listeria monocytogenes</i>)	Fever, meningitis Congenital or neonatal infection	Routine		Foodborne; Vertical mother to child in utero or at birth	mean 21 days; 3-70 days following a single exposure to an implicated food product			Pregnant women and immunocompromised persons should avoid cheese made with unpasteurized milk, cold cuts and uncooked meat products, including hot dogs Listeria grows well at low temperatures and is able to multiply in refrigerated foods that are contaminated Nosocomial outbreaks reported in newborn nurseries due to contaminated equipment or materials NOTIFY POPULATION & PUBLIC HEALTH.
Lyme disease (<i>Borrelia burgdorferi</i>)	Fever, arthritis, rash, meningitis	Routine		Tickborne	To initial rash: 3-32 days; mean 7-10 days	Not person to person		NOTIFY POPULATION & PUBLIC HEALTH.
Lymphocytic choriomeningitis virus	Aseptic meningitis	Routine	Urine of rodents		6-21 days	Not person to person		Acquired from contact with rodents

Microorganisms/ Clinical Presentation	Clinical Presentation/ Potential Pathogens	Precautions	Infective Material	Route of Transmission	Incubation Period	Period of Communicability	Duration of Precautions	Comments
Lymphogranuloma venereum (<i>C. trachomatis</i> serovars L1, L2, L3)	Genital ulcers, inguinal adenopathy	Routine		Sexually transmitted	Range of 3–30 days for a primary lesion			NOTIFY POPULATION & PUBLIC HEALTH
Malaria (<i>Plasmodium</i> sp.)	Fever	Routine	Blood	Mosquito-borne; rarely transplacental from mother to fetus; blood transfusion	Variable; 9–14 days for <i>P. falciparum</i>	Not normally person to person		Can be transmitted via blood transfusion NOTIFY POPULATION & PUBLIC HEALTH.
Marburg virus See Viral hemorrhagic fever								
Measles (Rubeola)	Fever, cough, coryza, conjunctivitis, maculopapular skin rash	Airborne	Respiratory secretions	Airborne	7–18 days to onset of fever; rarely as long as 21 days	5 days before onset of rash (1–2 days before onset of initial symptoms) until 4 days after onset of rash (longer in immuno- compromised clients)	4 days after start of rash; duration of symptoms in immuno-compromised clients	Only immune HCWs, caretakers and visitors should enter the room Respirator needed for non-immune persons who must enter Precautions should be taken with neonates born to mothers with measles infection at delivery Immunoprophylaxis is indicated for susceptible contacts Refer to Canadian Immunization Guide 7th Ed., 2006 for specific information available at: http://www.phac- aspc.gc.ca/publicat/cig-gci/index-eng.php NOTIFY POPULATION & PUBLIC HEALTH.
	Susceptible contact	Airborne	Respiratory secretions	Airborne		Potentially communicable during last 2 days of incubation period	From 5 days after first exposure through 21 days after last exposure regardless of postexposure prophylaxis	Only immune HCWs, caretakers and visitors should enter the room Respirator needed for non-immune persons who must enter Precautions should be taken with neonates born to mothers with measles infection at delivery Immunoprophylaxis is indicated for susceptible contacts NOTIFY POPULATION & PUBLIC HEALTH.
Melioidosis (<i>Pseudomonas</i> <i>pseudomallei</i>)	Pneumonia, fever	Routine	Contaminated soil		Variable			Organism in soil in Southeast Asia Person-to-person has not been proven

Microorganisms/ Clinical Presentation	Clinical Presentation/ Potential Pathogens	Precautions	Infective Material	Route of Transmission	Incubation Period	Period of Communicability	Duration of Precautions	Comments
Meningitis	Bacterial: <i>Neisseria meningitidis</i> , <i>H. influenzae</i> type B possible in non-immune infant <2 years of age, <i>Streptococcus pneumoniae</i> , Group B <i>Streptococcus</i> , <i>Listeria monocytogenes</i> , <i>E. coli</i> and other Gram-negative rods	ADULT: Droplet until <i>Neisseria meningitidis</i> ruled out, otherwise routine PAEDIATRIC: Droplet and contact*	Respiratory secretions	Large droplet, direct contact			Until 24 hours of appropriate antimicrobial therapy received	*Pediatrics: precautions for both bacterial and viral until etiology established. Droplet if viral etiology established Contact precautions apply to children who are incontinent or unable to comply with hygiene NOTIFY POPULATION & PUBLIC HEALTH.
	<i>Mycobacterium tuberculosis</i> See <i>Mycobacterium tuberculosis</i> Nonpulmonary meningitis	Routine*						*Rule out associated respiratory TB
	Viral: enterovirus, arboviruses	ADULT: Routine* PAEDIATRIC: Contact*	Feces, respiratory secretions	Direct or indirect contact			Until enterovirus ruled out	*May be associated with measles, mumps, varicella, HSV. If identified, take appropriate precautions for associated disease
	Fungus	Routine						
Meningococcus (<i>Neisseria meningitidis</i>)	Rash (petechial/purpuric) with fever Meningococemia meningitis, pneumonia	Droplet	Respiratory secretions	Large droplet, direct contact	Usually 2–10 days		Until 24 hours of effective antimicrobial therapy has been received	Close contacts may need chemoprophylaxis as per most recent NACI recommendations available at: http://www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php and http://www.phac-aspc.gc.ca/publicat/cig-gci/p04-meni-eng.php NOTIFY POPULATION & PUBLIC HEALTH
Metapneumovirus See Human metapneumovirus								
Methicillin-resistant Staphylococcus aureus (MRSA) See ARO (Antimicrobial resistant organisms)								
Molluscum contagiosum	Umbilicated papules	Routine	Contents of papules	Direct contact	2 weeks to 6 months	Unknown		Close direct personal contact needed for transmission
Monkeypox	Resembles smallpox; lymphadenopathy is a more predominant feature	Contact*, droplet and airborne	Lesions and respiratory secretions	Contact with infected animals; possible airborne transmission from animals to humans			*Contact: until all lesions crusted	Transmission in hospital settings is unlikely. See http://www.cdc.gov/ncidod/monkeypox for current recommendations

Microorganisms/ Clinical Presentation	Clinical Presentation/ Potential Pathogens	Precautions	Infective Material	Route of Transmission	Incubation Period	Period of Communicability	Duration of Precautions	Comments
Mucormycosis (<i>phycomycosis</i> ; <i>zygomycosis</i>) (<i>Mucor</i> , <i>Zygomycetes</i>)	Skin, wound, rhinocerebral, pulmonary, gastrointestinal, disseminated infection*	Routine	Fungal spores in dust and soil	Inhalation or ingestion of fungal spores	Unknown	Not person to person		Acquired from spores in dust, soil *Infections in immunocompromised clients
Mumps	Swelling of salivary glands, orchitis, meningitis	Droplet	Saliva	Large droplets, direct contact	Usually 16–18 days; range 14–25 days	Viral excretion highest 2 days before to 5 days after onset or parotitis	Until 5 days after onset of parotitis	Droplet precautions for exposed susceptible clients/HCWs should begin 10 days after first contact and continue through 26 days after last exposure For outbreaks, see: http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/10pdf/36s1-eng.pdf NOTIFY POPULATION & PUBLIC HEALTH.
Mycobacterium non-TB (atypical)	Lymphadenitis; pneumonia; disseminated disease in immunocompromised host	Routine			Unknown	Not person to person		Acquired from soil, water, animal, reservoirs
Mycobacterium tuberculosis including <i>M. tuberculosis</i> subsp. <i>canetti</i> , <i>M. bovis</i> , <i>M. bovis</i> BCG, <i>M. africanum</i> , <i>M. caprae</i> , <i>M. microti</i> and <i>M. pinnipedii</i>	Confirmed or suspected respiratory (including pleural, laryngeal)	Airborne*	Respiratory secretions	Airborne	Weeks to years	While organisms is viable in sputum	Until deemed no longer infectious by TB Prevention and Control.	TB in young children is not as transmissible; due to lack of cavitory disease and weak cough. However, if strongly suspicious of adult-type pulmonary tuberculosis - airborne isolation with special high filtration tight-fitting mask (i.e., N95, etc.). Consult TB Prevention and Control for further guidance and notify IP&C. Assess visiting family members for cough Canadian Tuberculosis Standards, http://www.phac-aspc.gc.ca/tbpc-latb/pubs/tbstand07-eng.php *AGMP, see PHAC, RPAP (2012), strategies to reduce aerosol generation Part B, Section IV, subsection iii, 1b LTC - transfer to acute care facility with negative pressure rooms NOTIFY & CONSULT TB PREVENTION & CONTROL
	Nonpulmonary: meningitis, bone or joint infection with no drainage	Routine						Most clients with nonpulmonary disease alone are noncontagious; it is important to assess for concurrent pulmonary TB. CONSULT TB PREVENTION & CONTROL
	Nonpulmonary: skin or soft tissue draining lesions	Routine, Airborne*	Aerosolized wound drainage				While viable micro organisms are in drainage	*Airborne precautions if procedures that may aerosolize drainage are being performed CONSULT TB PREVENTION & CONTROL
	PPD skin test positive with no evidence of current pulmonary disease	Routine			Non communicable			CONSULT TB PREVENTION & CONTROL

Microorganisms/ Clinical Presentation	Clinical Presentation/ Potential Pathogens	Precautions	Infective Material	Route of Transmission	Incubation Period	Period of Communicability	Duration of Precautions	Comments
Mycoplasma pneumoniae	Pneumonia	Droplet	Respiratory secretions	Large droplets	1-4 weeks	Unknown	Duration of symptoms	
Necrotizing enterocolitis	Unknown, probably many organisms	Routine*					Duration of symptoms	*Unknown if transmissible Take precautions if outbreak suspected
Necrotizing fasciitis See Streptococcus, Group A								
Neisseria gonorrhoeae	Urethritis, cervicitis, pelvic inflammatory disease, arthritis, ophthalmia neonatorum, conjunctivitis	Routine		Sexual transmission Mother to child at birth Rarely: direct/indirect contact	2-7 days	May extend for months if untreated		NOTIFY POPULATION & PUBLIC HEALTH.
Neisseria meningitidis See Meningococcus								
Nocardiosis (<i>Nocardia</i> sp.)	Fever, pulmonary or CNS infection or disseminated disease	Routine			Unknown	Not person to person		Acquired from organisms in dust, soil
Noroviruses (Norwalk-like agents, caliciviruses)	Nausea, vomiting, diarrhea	Contact	Feces	Direct and indirect contact (fecal/oral)	Usually 24-48 hours; range of 10-50 hours	Duration of viral shedding; usual 48 hours after diarrhea resolves	48 hours after resolution of illness	During outbreaks, special attention should be made to cleaning. See PHAC, RPAP (2012), Appendix VI 3. Viral Gastroenteritis
Orf (poxvirus)	Skin lesions	Routine			Generally 3-6 days	Not person to person		Acquired from infected animals.
Osteomyelitis	<i>H. influenzae</i> type B possible in non-immune infant <2 years of age, <i>S. aureus</i> , other bacteria	ADULT: Routine PAEDIATRIC: Droplet if <i>H. influenzae</i> type B possible; otherwise routine					Until 24 hours of effective antimicrobial therapy or until <i>H. influenzae</i> type B ruled out	
Otitis, draining See draining wound								
Parainfluenza virus	Respiratory tract infection	Droplet and contact	Respiratory secretions	Large droplets, direct and indirect contact	2-6 days	1-3 weeks	Duration of symptoms	May cohort if infected with same virus client should not share room with high-risk roommates (Immunocompromised clients, children with chronic cardiac or lung disease, neonates)

Microorganisms/ Clinical Presentation	Clinical Presentation/ Potential Pathogens	Precautions	Infective Material	Route of Transmission	Incubation Period	Period of Communicability	Duration of Precautions	Comments
Paroxysmal cough, suspected pertussis	<i>*Bordetella pertussis,</i> <i>Bordetella parapertussis</i>	Droplet	Respiratory secretions	Large droplets			Until pertussis ruled out or 3 weeks after onset of paroxysms if not treated or until 5 days of antimicrobial therapy received	Close contacts (household and HCWs) may need chemoprophylaxis and/or immunization If HCWs immunization not up to date, refer to OHS and/or delegate Refer to Canadian Immunization Guide 7th Ed., 2006 for specific information available at: http://www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php *NOTIFY POPULATION & PUBLIC HEALTH
Parvovirus B-19 Human parvovirus	Erythema infectiosum (fifth disease), aplastic or erythrocytic crisis	Routine: fifth disease Droplet: aplastic crisis or chronic infection in immuno- compromised client	Respiratory secretions	Large droplets, direct contact Vertical mother to fetus	4-21 days to onset of rash	Fifth disease: no longer infectious by the time the rash appears Aplastic crisis: up to 1 week after onset of crisis Immuno- compromised with chronic infection: months to years	Aplastic or erythrocytic crisis: 7 days Chronic infection in immuno- compromised client: duration of hospitalization	NOTIFY POPULATION & PUBLIC HEALTH.
Pediculosis See Lice								
Pertussis (<i>Bordetella pertussis,</i> <i>Bordetella</i> <i>parapertussis</i>)	Whooping cough, non- specific respiratory tract infection in infants, adolescents and adults	Droplet	Respiratory secretions	Large droplets	Average 9-10 days; range 6-20 days	To 3 weeks after onset of paroxysms if not treated	To 3 weeks after onset of paroxysms if not treated; or until 5 days of appropriate antimicrobial therapy received	Close contacts (household and HCWs) may need chemoprophylaxis and/or immunization If HCWs immunization not up to date, refer to OHS and/or delegate Refer to Canadian Immunization Guide 7th Ed., 2006 for specific information available at: http://www.phac- aspc.gc.ca/publicat/cig-gci/index-eng.php NOTIFY POPULATION & PUBLIC HEALTH.
Pharyngitis	<i>Group A Streptococcus,</i> <i>viral, Corynebacterium</i> <i>diphtheriae</i>	Droplet and contact	Respiratory secretions	Direct and indirect contact; large droplets			Duration of symptoms; if Group A Streptococcus until 24 hours of antimicrobial therapy received	If diphtheria suspected
Pinworms See Enterobius								
Plague (<i>Yersinia pestis</i>)	Bubonic (lymphadenitis)	Routine	Rodents and their fleas		1-7 days			NOTIFY POPULATION & PUBLIC HEALTH.
	Pneumonic (cough, fever, hemoptysis)	Droplet	Respiratory secretions	Large droplets	1-4 days	Until 48 hours of appropriate antimicrobial therapy received	Until 48 hours of appropriate antimicrobial therapy received	Close contacts and exposed HCWs may need prophylaxis NOTIFY POPULATION & PUBLIC HEALTH.

Microorganisms/ Clinical Presentation	Clinical Presentation/ Potential Pathogens	Precautions	Infective Material	Route of Transmission	Incubation Period	Period of Communicability	Duration of Precautions	Comments
Pleurodynia	Enterovirus	ADULT: Routine PAEDIATRIC: Contact	Feces, respiratory secretions	Direct and indirect contact (fecal/oral)			Duration of symptoms	Contact precautions apply to children who are incontinent or unable to comply with hygiene
Pneumocystis jiroveci (carinii)	Pneumonia in immuno- compromised host	Routine		Unknown	Unknown			Ensure roommates are not immunocompromised
Pneumonia	Viruses, **pertussis, Mycoplasma, Streptococcus pneumoniae, H. influenzae type B, S. aureus, group A Streptococcus, Gram- negative enteric rods, **Chlamydia, Legionella, Pneumocystis, other fungi; other agents	ADULT: Routine* PAEDIATRIC: Droplet and contact	Respiratory secretions	Large droplets, direct and indirect contact			Until etiology established, then as for specific organism; no special precautions for pneumonia unless ARO, then use Contact	*Routine for adults unless clinical, epidemiologic or microbiologic data to necessitate contact and droplet precautions (i.e., on contact and droplet for viral etiologies) Minimize exposure of immunocompromised clients, clients with chronic cardiac or lung disease, neonates ** & INVASIVE DISEASE: NOTIFY POPULATION & PUBLIC HEALTH.
Pseudomembranous colitis	<i>C. difficile</i>	Contact	Feces	Direct and indirect contact (fecal/oral)			From 5 days after first exposure through 21 days after last exposure regardless of postexposure prophylaxis	Until 72 hours after stool is normal
Poliomyelitis Infantile paralysis	Fever, aseptic meningitis, flaccid paralysis	Contact	Feces, respiratory secretions	Direct and indirect contact	3-35 days	Virus in the throat for approximately 1 week and in feces for 3-6 weeks	Until 6 weeks from onset of symptoms or until feces viral culture negative	Most infectious during the days before and after onset of symptoms Close contacts who are not immune should receive immunoprophylaxis NOTIFY POPULATION & PUBLIC HEALTH.
Prion disease See Creutzfeldt-Jakob disease								
Psittacosis See Chlamydia psittaci								
Q fever (<i>Coxiella burnetii</i>)	Pneumonia, fever	Routine	Infected animals, milk	Direct contact with infected animals; raw milk Airborne from aerosolized contaminated dust	14-39 days	Not person to person		Acquired from contact with infected animals or from ingestion of raw milk NOTIFY POPULATION & PUBLIC HEALTH.

Microorganisms/ Clinical Presentation	Clinical Presentation/ Potential Pathogens	Precautions	Infective Material	Route of Transmission	Incubation Period	Period of Communicability	Duration of Precautions	Comments
Rabies	Acute encephalomyelitis	Routine	Saliva	Mucosal or percutaneous exposure to saliva; corneal, tissue and organ transplantation	Usually 3–8 weeks, rarely as short as 9 days or as long as 7 years	Person-to-person transmission is theoretically possible, but rare and not well documented		Acquired from contact with infected animals Postexposure prophylaxis is recommended for percutaneous or mucosal exposure to saliva of rabid animal or client NOTIFY POPULATION & PUBLIC HEALTH.
Rash compatible with scabies	Sarcoptes scabiei	Contact	Mites	Direct and indirect contact			If confirmed, until 24 hours after initiation of appropriate therapy	For typical scabies, routine (use gloves and gown for direct client contact only) See scabies
Rash (maculopapular) with fever and one of coryza, conjunctivitis or cough	Measles	Airborne	Respiratory secretions	Airborne			If confirmed, until 4 days after onset of rash	See measles
Rash (petechial/purpuric) with fever	<i>*Neisseria meningitidis</i>	Droplet if <i>N. meningitidis</i> suspected, otherwise routine	Respiratory secretions	Large droplets, direct contact			Discontinue if <i>Neisseria meningitidis</i> ruled out If <i>N. meningitidis</i> confirmed, until 24 hours of appropriate antimicrobial therapy received	NOTIFY POPULATION & PUBLIC HEALTH
Rash (vesicular) with fever	Varicella	Airborne and contact	Respiratory secretions, skin lesion drainage	Airborne, direct and indirect contact			If confirmed, until all lesions are dry	See varicella
Rash, vesicular/pustular in appropriate epidemiologic context until smallpox, disseminated vaccinia and monkeypox ruled out	Smallpox, disseminated vaccinia, monkeypox	Contact, droplet and airborne	Lesions and respiratory secretions (monkeypox) Skin lesion exudate, oropharyngeal secretions (smallpox, disseminated vaccinia)					
Rat bite fever Actinobacillus (formerly <i>Streptobacillus moniliformis</i>) Spirillum minus	Fever, arthralgia	Routine	Saliva of infected rodents; contaminated milk	Rodent bite, ingestion of contaminated milk	<i>A. moniliformis</i> days 3–10 days, rarely longer; <i>S. minus</i> 1–3 weeks	Not person to person		<i>A. moniliformis</i> : rats and other animals, contaminated milk <i>S. minus</i> : rats, mice only

Microorganisms/ Clinical Presentation	Clinical Presentation/ Potential Pathogens	Precautions	Infective Material	Route of Transmission	Incubation Period	Period of Communicability	Duration of Precautions	Comments
Rubella, acquired	Fever, maculopapular rash	Droplet	Respiratory secretions	Large droplets, direct contact	14–21 days	For about 1 week before and after onset of rash.	Until 7 days after onset of rash	Only immune HCWs, caretakers and visitors should enter the room Pregnant HCWs should not care for rubella clients, regardless of their immune status If it is essential for a non-immune person to enter the room, facial protection should be worn Droplet precautions should be maintained for exposed susceptible clients from 7 days after first contact through to 21 days after last contact Administer vaccine to exposed susceptible non-pregnant persons within 3 days of exposure Refer to Canadian Immunization Guide 7th Ed., 2006 for specific information available at: http://www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php Exclude susceptible HCWs from duty from day 7 after first exposure to day 21 after last exposure, regardless of postexposure vaccination NOTIFY POPULATION & PUBLIC HEALTH.
Rubella, congenital	Congenital rubella syndrome	Droplet and contact	Respiratory secretions, urine	Direct and indirect contact; large droplets		Prolonged shedding in respiratory tract and urine; can be up to one year	Until one year of age, unless nasopharyngeal and urine cultures done after 3 months of age are negative	NOTIFY POPULATION & PUBLIC HEALTH.
Rubeola See Measles								
Salmonella (including Salmonella Typhi)	Diarrhea, enteric fever, typhoid fever, food poisoning	ADULT: Routine* PAEDIATRIC: Contact	Feces	Direct and indirect contact (fecal/oral); foodborne	6–72 hours	Variable	Duration of symptoms	*Consider contact precautions for incontinent adults if stool cannot be contained or for adults with poor hygiene who contaminate their environment Contact precautions apply to children who are incontinent or unable to comply with hygiene NOTIFY POPULATION & PUBLIC HEALTH.
Scabies (Sarcoptes scabiei)	Itchy skin rash	Contact	Mite	Direct and indirect contact	Without previous exposure, 2–6 weeks; 1–4 days after re-exposure	Until mites and eggs are destroyed by treatment, usually after 1 or occasionally 2 courses of treatment, 1 week apart	Until 24 hours after initiation of appropriate therapy	Apply scabicide as directed on label. Wash clothes and bedding in hot water, dry clean or seal in a plastic bag, and store for 1 week Household contacts should be treated
Scalded skin syndrome (Ritter's Disease)		Routine Major: Use aseptic technique						

Microorganisms/ Clinical Presentation	Clinical Presentation/ Potential Pathogens	Precautions	Infective Material	Route of Transmission	Incubation Period	Period of Communicability	Duration of Precautions	Comments
Smallpox (variola virus) Generalized vaccinia, eczema vaccinatum See Vaccinia for management of vaccinated persons	Fever, vesicular/pustular in appropriate epidemiologic context	Droplet, contact and airborne	Skin lesion exudate, oropharyngeal secretions	Airborne, direct and Indirect contact	7–10 days	Onset of mucosal lesions, until all skin lesions have crusted	Until all scabs have crusted and separated (3–4 weeks)	Immunization of HCWs was stopped in 1977 Refer to Canadian Immunization Guide 7th Ed., 2006 for information regarding vaccine, http://www.phac- aspc.gc.ca/publicat/cig-gci/index-eng.php NACI Statement on Smallpox Vaccination, <a href="http://www.phac-aspc.gc.ca/publicat/ccdr-
rmtc/02vol28/28sup/acs1.html">http://www.phac-aspc.gc.ca/publicat/ccdr- rmtc/02vol28/28sup/acs1.html Care preferably should be provided by immune HCWs; non-vaccinated HCWs should not provide care if immune HCWs are available Respirator for all regardless of vaccination status NOTIFY POPULATION & PUBLIC HEALTH.
Sporotrichosis (<i>Sporothrix schenckii</i>)	Skin lesions, disseminated	Routine			Variable	Rare person to person		Acquired from spores in soil, on vegetation
Staphylococcus aureus (if methicillin-resistant, see also ARO)	Skin (furuncles, impetigo) wound or burn infection; abscess; scalded skin syndrome, osteomyelitis	MINOR: Routine MAJOR: Contact*	Drainage, pus	Direct and indirect contact	Variable	As long as organism is in the exudates or drainage	Until drainage resolved or contained by dressings	*MAJOR: drainage not contained by dressings INVASIVE: NOTIFY POPULATION & PUBLIC HEALTH.
	Endometritis	Routine						
	Food poisoning	Routine		Foodborne				NOTIFY POPULATION & PUBLIC HEALTH.
	Pneumonia	ADULT: Routine PAEDIATRIC: Droplet	Respiratory secretions	Large droplets, direct contact	Variable		Until 24 hours of appropriate antimicrobial therapy received	
	Toxic shock syndrome	Routine						NOTIFY POPULATION & PUBLIC HEALTH.
Streptobacillus moniliformis disease See Rat-bite fever								
Streptococcus, Group A (<i>Streptococcus pyogenes</i>)	Skin (e.g., erysipelas, impetigo), wound or burn infection	MINOR: Routine MAJOR: Contact*	Drainage, pus	Direct and indirect contact	1–3 days, rarely longer	As long as organism is in the exudates or drainage	Until 24 hours of appropriate antimicrobial therapy received	*MAJOR: drainage not contained by dressings
	Scarlet fever, pharyngitis, in children	ADULT: Routine PAEDIATRIC: Contact and droplet	Respiratory secretions	Large droplets	2–5 days	10–21 days if not treated	Until 24 hours of appropriate antimicrobial therapy received	
	Group A Streptococcus endometritis (puerperal fever)	Routine						

Microorganisms/ Clinical Presentation	Clinical Presentation/ Potential Pathogens	Precautions	Infective Material	Route of Transmission	Incubation Period	Period of Communicability	Duration of Precautions	Comments
	Group A Streptococcus toxic shock, invasive disease (including necrotizing fasciitis, myositis, meningitis, pneumonia)	Droplet and contact	Respiratory secretions, wound drainage	Large droplets, direct or indirect contact			Until 24 hours of appropriate antimicrobial therapy received	Chemoprophylaxis may be indicated for close contacts of clients with invasive disease or toxic shock syndrome For further information see: http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/06pdf/32s2_e.pdf INVASIVE: NOTIFY POPULATION & PUBLIC HEALTH.
Streptococcus, Group B (Streptococcus agalactiae)	Group B Streptococcus newborn sepsis, pneumonia, meningitis	Routine		Mother to child at birth	Early onset: 1-7 days of age; late onset: 7 days to 3 months of age			Normal flora NEONATAL: NOTIFY POPULATION & PUBLIC HEALTH.
Streptococcus pneumoniae	Pneumonia, meningitis and other	Routine			Variable			Normal flora
Strongyloides (Strongyloides stercoralis)	Usually asymptomatic	Routine	Larvae in feces		Unknown	Rarely transmitted person to person		Infective larvae in soil May cause disseminated disease in immunocompromised client
Syphilis (Treponema pallidum)	Genital, skin or mucosal lesions, disseminated disease, neurological or cardiac disease; latent infection	Routine Gloves for direct contact with skin lesions	Genital secretions, lesion exudates	Direct contact with infectious exudates or lesions Sexual transmission, Intrauterine or intrapartum from mother to child	10-90 days; usually 3 weeks	When moist mucocutaneous lesions of primary and secondary syphilis are present		NOTIFY POPULATION & PUBLIC HEALTH
Tapeworm (Taenia saginata, Taenia solium, Diphylobothrium latum)	Usually asymptomatic	Routine	Larvae in food	Foodborne	Variable	Not transmissible person to person		Consumption of larvae in raw or undercooked beef or pork or raw fish; larvae develop into adult tapeworms in gastrointestinal tract Individuals with T. solium adult tapeworms may transmit cysticercosis to others
Tapeworm (Hymenolepis nana)	Usually asymptomatic	Routine	Ova in rodent or human feces	Direct contact (fecal/oral)	2-4 weeks	While ova in feces		
Tetanus (Clostridium tetani)	Tetanus	Routine			1 day to several months	Not person to person		Acquired from spores in soil which germinate in wounds, devitalized tissue NOTIFY POPULATION & PUBLIC HEALTH.
Tinea (Dermatophytosis) (Trichophyton sp., Microsporom sp., Epidermophyton sp., Malassezia furur)	Ringworm (skin, beard, scalp, groin, perineal region); athlete's foot; pityriasis versicolor	Routine	Organism in skin or hair	Direct skin-to-skin contact	Variable; 4-14 days	While lesion present		May be acquired from animals, shared combs, brushes, clothing, hats, sheets, shower stalls

Microorganisms/ Clinical Presentation	Clinical Presentation/ Potential Pathogens	Precautions	Infective Material	Route of Transmission	Incubation Period	Period of Communicability	Duration of Precautions	Comments
Toxic shock syndrome See <i>S. aureus</i> , Group A <i>Streptococcus</i>	<i>S. aureus</i> , Group A <i>Streptococcus</i>	Droplet* Routine						*Droplet for first 24 hours of antimicrobial therapy if invasive group A streptococcal infection suspected See draining wound if drainage or pus
Toxocariasis (<i>Toxocara canis</i> , <i>Toxocara cati</i>)	Fever, wheeze, rash, eosinophilia	Routine	Ova in dog/cat feces		Unknown	Not person to person		Acquired from contact with dogs, cats
Toxoplasmosis (<i>Toxoplasma gondii</i>)	Asymptomatic, fever, lymphadenopathy; retinitis, encephalitis in immuno- compromised host; congenital infection	Routine		Intrauterine transmission from mother to foetus; transplantation of stem cells or organs	5–23 days			Acquired by contact with infected felines or soil contaminated by felines, consumption of raw meat, contaminated raw vegetables or contaminated water NOTIFY POPULATION & PUBLIC HEALTH.
Trachoma See Chlamydia trachomatis								
Transmissible spongiform encephalopathy See Creutzfeld-Jacob disease								
Trench fever (<i>Bartonella quintana</i>)	Relapsing fevers, rash	Routine	Feces of human body lice	Louse-borne	7–30 days	Not person to person in the absence of lice		
Trichinosis (<i>Trichinella spiralis</i>)	Fever, rash, diarrhea	Routine	Infected meat	Food-borne	5–45 days	Not person to person		Acquired from consumption of infected meat NOTIFY POPULATION & PUBLIC HEALTH.
Trichomoniasis (<i>Trichomonas vaginalis</i>)	Vaginitis	Routine		Sexually transmitted	4–20 days	Duration of infection		
Trichuriasis (whipworm) (<i>Trichuris trichiura</i>)	Abdominal pain, diarrhea	Routine			Unknown	Not person to person		Ova must hatch in soil to be infective
Tuberculosis See <i>Mycobacterium</i> tuberculosis								
Tularemia (<i>Francisella tularensis</i>)	Fever, lymphadenopathy, pneumonia	Routine			1–14 days	Not person to person		Acquired from contact with infected animals <i>F. tularensis</i> is hazardous to laboratory workers; notify laboratory if diagnosis is suspected NOTIFY POPULATION & PUBLIC HEALTH.
Typhoid/ paratyphoid fever See <i>Salmonella</i>								
Typhus fever (<i>Rickettsia typhi</i>) Endemic flea-borne typhus	Fever, rash	Routine	Rat fleas	Flea borne	From 1–2 weeks, commonly 12 days	Not transmitted person to person		

Microorganisms/ Clinical Presentation	Clinical Presentation/ Potential Pathogens	Precautions	Infective Material	Route of Transmission	Incubation Period	Period of Communicability	Duration of Precautions	Comments
Urinary tract infection	Many	Routine*						*Contact if ARO
Vaccinia	Range of adverse reactions to the smallpox vaccine (e.g., eczema vaccinatum, generalized or progressive vaccinia, other)	Contact	Skin exudates	Direct and indirect contact	3-5 days	Until all skin lesions resolved and scabs separated	Until all skin lesions dry and crusted and scabs separated	Vaccinia may be spread by touching a vaccination site before it has healed or by touching bandages or clothing that may have been contaminated with live virus from the smallpox vaccination site. Immunization of HCWs was stopped in 1977. Refer to Canadian Immunization Guide 7th Ed., 2006 for information regarding vaccine, http://www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php NACI Statement on Smallpox Vaccination, http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/02vol28/28sup/acs1.html
Vancomycin-resistant enterococci (VRE)	Infection or colonization of any body site	Contact	Infected or colonized secretions, excretions	Direct and indirect contact	Variable	Duration of colonization	As directed by ICP	Enterococci persist in the environment; pay special attention to cleaning See PHAC, RPAP (2012), Appendix VI, 2. ARO *NOTIFY POPULATION & PUBLIC HEALTH
Vancomycin-resistant S. aureus (VRSA)	Infection or colonization of any body site	Contact See Antimicrobial-resistant organisms (AROs)	Infected or colonized secretions, excretions	Direct and indirect contact	Variable	Duration of colonization	As directed by ICP	Local public health authorities should be notified immediately See PHAC, RPAP (2012), Appendix VI, 2. ARO. *NOTIFY POPULATION & PUBLIC HEALTH
Vancomycin Intermediate Staphylococcus aureus (VISA)	Infection or colonization of any site	Droplet and Contact Precautions	Infected or colonized secretions, excretions	Direct and indirect contact	Variable	Duration of colonization	As directed by Infection Prevention & Control Professionals	Local Public Health authorities or regional officer of health and National Microbiology Lab should be notified immediately. *NOTIFY POPULATION & PUBLIC HEALTH
Varicella zoster virus Varicella (chickenpox)	Fever with vesicular rash	Airborne and contact	Skin lesion drainage, respiratory secretions	Airborne, direct and indirect contact	10-21 days	1-2 days before rash and until skin lesions have crusted May be prolonged in immuno-compromised clients	Until all lesions have crusted and dried	HCWs, roommates and caregivers should be immune to chickenpox No additional precautions for pregnant HCWs Respirators for non-immune persons that must enter Susceptible high-risk contacts should receive varicella zoster immunoglobulin as soon as possible, latest within 96 hours of exposure Varicella zoster immunoglobulin may extend the incubation period to 28 days Refer to Canadian Immunization for specific information, available at: http://www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php NOTIFY POPULATION & PUBLIC HEALTH.

