

## Appendix A:

Available from: <https://www.cdc.gov/infectioncontrol/guidelines/isolation/>

**Preamble** The mode(s) and risk of transmission for each specific disease agent included in Appendix A were reviewed. Principle sources consulted for the development of disease-specific recommendations for Appendix A included infectious disease manuals and textbooks [833, 1043, 1044]. The published literature was searched for evidence of person-to-person transmission in healthcare and non-healthcare settings with a focus on reported outbreaks that would assist in developing recommendations for all settings where healthcare is delivered. Criteria used to assign Transmission-Based Precautions categories follow:

- A Transmission-Based Precautions category was assigned if there was strong evidence for person-to-person transmission via droplet, contact, or airborne routes in healthcare or non-healthcare settings and/or if patient factors (e.g., diapered infants, diarrhea, draining wounds) increased the risk of transmission
- Transmission-Based Precautions category assignments reflect the predominant mode(s) of transmission
- If there was no evidence for person-to-person transmission by droplet, contact or airborne routes, Standard Precautions were assigned
- If there was a low risk for person-to-person transmission and no evidence of healthcare-associated transmission, Standard Precautions were assigned
- Standard Precautions were assigned for bloodborne pathogens (e.g., hepatitis B and C viruses, human immunodeficiency virus) as per CDC recommendations for Universal Precautions issued in 1988 [780]. Subsequent experience has confirmed the efficacy of Standard Precautions to prevent exposure to infected blood and body fluid [778, 779, 866].

Additional information relevant to use of precautions was added in the comments column to assist the caregiver in decision-making. Citations were added as needed to support a change in or provide additional evidence for recommendations for a specific disease and for new infectious agents (e.g., SARS-CoV, avian influenza) that have been added to Appendix A. The reader may refer to more detailed discussion concerning modes of transmission and emerging pathogens in the background text and for MDRO control in Appendix B (Management of [Multidrug-Resistant Organisms in Healthcare Settings](https://www.cdc.gov/infectioncontrol/guidelines/mdro/) (https://www.cdc.gov/infectioncontrol/guidelines/mdro/ accessed May 2016)).

## Type and Duration of Precautions Recommended for Selected Infections and Conditions<sup>1</sup>

### Appendix A Updates [September 2018]


**Changes:** Updates and clarifications made to the table in Appendix A: Type and Duration of Precautions Recommended for Selected Infections and Conditions.

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Abscess Draining, major	Contact + Standard	Duration of illness	Until drainage stops or can be contained by dressing
Abscess Draining, minor or limited	Standard		If dressing covers and contains drainage
Acquired human immunodeficiency syndrome (HIV)	Standard		Postexposure chemoprophylaxis for some blood exposures [866].



Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Actinomycosis	Standard		Not transmitted from person to person.
Adenovirus infection (see agent-specific guidance under Gastroenteritis, Conjunctivitis, Pneumonia)			
Amebiasis	Standard		Person-to-person transmission is rare. Transmission in settings for the mentally challenged and in a family group has been reported [1045]. Use care when handling diapered infants and mentally challenged persons [1046].
Anthrax	Standard		Infected patients do not generally pose a transmission risk.
Anthrax Cutaneous	Standard		Transmission through non-intact skin contact with draining lesions possible, therefore use Contact Precautions if large amount of uncontained drainage. Handwashing with soap and water preferable to use of waterless alcohol-based antiseptics since alcohol does not have sporicidal activity [983].
Anthrax Pulmonary	Standard		Not transmitted from person to person.
Anthrax Environmental: aerosolizable spore-containing powder or other substance		Until environment completely decontaminated	Until decontamination of environment complete [203]. Wear respirator (N95 mask or PAPRs), protective clothing; decontaminate persons with powder on them ( <a href="#">Notice to Readers: Occupational Health Guidelines for Remediation Workers at Bacillus anthracis-Contaminated Sites — United States, 2001–2002</a> ( <a href="https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5135a3.htm">https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5135a3.htm</a> accessed September 2018).)  Hand hygiene: Handwashing for 30-60 seconds with soap and water or 2% chlorhexidine gluconate after spore contact (alcohol handrubs inactive against spores [983].)  Postexposure prophylaxis following environmental exposure: 60 days of antimicrobials (either doxycycline, ciprofloxacin, or levofloxacin) and Postexposure vaccine under IND.
Antibiotic-associated colitis (see <i>Clostridium difficile</i> )			
Arthropod-borne • viral encephalitides (eastern, western, Venezuelan equine encephalomyelitis; St Louis, California encephalitis; West Nile Virus) and • viral fevers (dengue, yellow fever, Colorado tick fever)	Standard		Not transmitted from person to person except rarely by transfusion, and for West Nile virus by organ transplant, breastmilk or transplacentally [530, 1047]. Install screens in windows and doors in endemic areas.  Use DEET-containing mosquito repellants and clothing to cover extremities.
Ascariasis	Standard		Not transmitted from person to person.
Aspergillosis	Standard		Contact Precautions and Airborne if massive soft tissue infection with copious drainage and repeated irrigations required [154].
Avian influenza (see Influenza, Avian below)			

<b>Infection/Condition</b>	<b>Type of Precaution</b>	<b>Duration of Precaution</b>	<b>Precautions/Comments</b>
Babesiosis	Standard		Not transmitted from person to person, except rarely by transfusion.
Blastomycosis, North American, cutaneous or pulmonary	Standard		Not transmitted from person to person.
Botulism	Standard		Not transmitted from person to person.
Bronchiolitis (see Respiratory Infections in infants and young children)	Contact + Standard	Duration of illness	Use mask according to Standard Precautions.
Brucellosis (undulant, Malta, Mediterranean fever)	Standard		Not transmitted from person to person, except rarely via banked spermatozoa and sexual contact [1048, 1049]. Provide antimicrobial prophylaxis following laboratory exposure [1050].
<i>Campylobacter</i> gastroenteritis (see Gastroenteritis)			
Candidiasis, all forms including mucocutaneous	Standard		
Cat-scratch fever (benign inoculation lymphoreticulosis)	Standard		Not transmitted from person to person.
Cellulitis	Standard		
Chancroid (soft chancre) ( <i>H. ducreyi</i> )	Standard		Transmitted sexually from person to person.
Chickenpox (see Varicella)			
<i>Chlamydia trachomatis</i> Conjunctivitis	Standard		
<i>Chlamydia trachomatis</i> Genital (lymphogranuloma venereum)	Standard		
<i>Chlamydia trachomatis</i> Pneumonia (infants ≤3 mos. of age)	Standard		
<i>Chlamydia pneumoniae</i>	Standard		Outbreaks in institutionalized populations reported, rarely [1051, 1052].
Cholera (see Gastroenteritis)			
Closed-cavity infection Open drain in place; limited or minor drainage	Standard		Contact Precautions if there is copious uncontained drainage.
Closed-cavity infection No drain or closed drainage system in place	Standard		
<i>Clostridium botulinum</i>	Standard		Not transmitted from person to person.
<i>Clostridium difficile</i> (see Gastroenteritis, <i>C. difficile</i> )	Contact + Standard	Duration of illness	
<i>Clostridium perfringens</i> Food poisoning	Standard		Not transmitted from person to person.
<i>Clostridium perfringens</i> Gas gangrene	Standard		Transmission from person to person rare; 1 outbreak in a surgical setting reported [1053]. Use Contact Precautions if wound drainage is extensive.

<b>Infection/Condition</b>	<b>Type of Precaution</b>	<b>Duration of Precaution</b>	<b>Precautions/Comments</b>
Coccidioidomycosis (valley fever) Draining lesions	Standard		Not transmitted from person to person except under extraordinary circumstances, because the infectious arthroconidial form of <i>Coccidioides immitis</i> is not produced in humans [1054].
Coccidioidomycosis (valley fever) Pneumonia	Standard		Not transmitted from person to person except under extraordinary circumstances, (e.g., inhalation of aerosolized tissue phase endospores during necropsy, transplantation of infected lung) because the infectious arthroconidial form of <i>Coccidioides immitis</i> is not produced in humans [1054, 1055].
Colorado tick fever	Standard		Not transmitted from person to person.
Congenital rubella	Contact + Standard	Until 1 yr of age	Standard Precautions if nasopharyngeal and urine cultures repeatedly negative after 3 mos. of age.
Conjunctivitis Acute bacterial	Standard		
Conjunctivitis Acute bacterial <i>Chlamydia</i>	Standard		
Conjunctivitis Acute bacterial Gonococcal	Standard		
Conjunctivitis Acute viral (acute hemorrhagic)	Contact + Standard	Duration of illness	Adenovirus most common; enterovirus 70 [1056], Coxsackie virus A24 [1057] also associated with community outbreaks. Highly contagious; outbreaks in eye clinics, pediatric and neonatal settings, institutional settings reported. Eye clinics should follow Standard Precautions when handling patients with conjunctivitis. Routine use of infection control measures in the handling of instruments and equipment will prevent the occurrence of outbreaks in this and other settings. [460, 461, 814, 1058-1060].
Corona virus associated with SARS (SARS-CoV) (see Severe Acute Respiratory Syndrome)			
Coxsackie virus disease (see enteroviral infection)			
Creutzfeldt-Jakob disease (CJD, vCJD)	Standard		Use disposable instruments or special sterilization/disinfection for surfaces, objects contaminated with neural tissue if CJD or vCJD suspected and has not been R/O; No special burial procedures. [1061]
Croup (see Respiratory Infections in infants and young children)			
Crimean-Congo Fever (see Viral Hemorrhagic Fever)	Standard		
Cryptococcosis	Standard		Not transmitted from person to person, except rarely via tissue and corneal transplant. [1062, 1063]
Cryptosporidiosis (see Gastroenteritis)			
Cysticercosis	Standard		Not transmitted from person to person.

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Cytomegalovirus infection, including in neonates and immunosuppressed patients	Standard		No additional precautions for pregnant HCWs.
Decubitus ulcer (see Pressure Ulcer)			
Dengue fever	Standard		Not transmitted from person to person.
Diarrhea, acute-infective etiology suspected (see Gastroenteritis)			
Diphtheria Cutaneous	Contact + Standard	Until off antimicrobial treatment and culture-negative	Until 2 cultures taken 24 hours apart negative.
Diphtheria Pharyngeal	Droplet + Standard	Until off antimicrobial treatment and culture-negative	Until 2 cultures taken 24 hours apart negative.
Ebola virus (see Viral Hemorrhagic Fevers)			 <b>Ebola Virus Disease for Healthcare Workers [2014]:</b> Updated recommendations for healthcare workers can be found at <a href="https://www.cdc.gov/vhf/ebola/clinicians/index.html">Ebola: for Clinicians</a> (https://www.cdc.gov/vhf/ebola/clinicians/index.html accessed September 2018).
Echinococcosis (hydatidosis)	Standard		Not transmitted from person to person.
Echovirus (see Enteroviral Infection)			
Encephalitis or encephalomyelitis (see specific etiologic agents)			
Endometritis (endomyometritis)	Standard		
Enterobiasis (pinworm disease, oxyuriasis)	Standard		
<i>Enterococcus</i> species (see Multidrug-Resistant Organisms if epidemiologically significant or vancomycin-resistant)			
Enterocolitis, <i>C. difficile</i> (see Gastroenteritis, <i>C. difficile</i> )			
Enteroviral infections (i.e., Group A and B Coxsackie viruses and Echo viruses) (excludes polio virus)	Standard		Use Contact Precautions for diapered or incontinent children for duration of illness and to control institutional outbreaks.
Epiglottitis, due to <i>Haemophilus influenzae</i> type b	Droplet + Standard	Until 24 hours after initiation of effective therapy	See specific disease agents for epiglottitis due to other etiologies.
Epstein-Barr virus infection, including infectious mononucleosis	Standard		
Erythema infectiosum (also see Parvovirus B19)			


<b>Infection/Condition</b>	<b>Type of Precaution</b>	<b>Duration of Precaution</b>	<b>Precautions/Comments</b>
<i>Escherichia coli</i> gastroenteritis (see gastroenteritis)			
Food poisoning Botulism	Standard		Not transmitted from person to person.
Food poisoning <i>C. perfringens</i> or <i>welchii</i>	Standard		Not transmitted from person to person.
Food poisoning Staphylococcal	Standard		Not transmitted from person to person.
Furunculosis, staphylococcal	Standard		Contact if drainage not controlled. Follow institutional policies if MRSA.
Furunculosis, staphylococcal Infants and young children	Contact + Standard	Duration of illness (with wound lesions, until wounds stop draining)	
Gangrene (gas gangrene)	Standard		Not transmitted from person to person.
Gastroenteritis	Standard		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks for gastroenteritis caused by all of the agents below.
Gastroenteritis Adenovirus	Standard		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks.
Gastroenteritis <i>Campylobacter</i> species	Standard		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks.
Gastroenteritis Cholera ( <i>Vibrio cholerae</i> )	Standard		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks.
Gastroenteritis <i>C. difficile</i>	Contact + Standard	Duration of illness	Discontinue antibiotics if appropriate. Do not share electronic thermometers; [853, 854] ensure consistent environmental cleaning and disinfection. Hypochlorite solutions may be required for cleaning if transmission continues [847]. Handwashing with soap and water preferred because of the absence of sporicidal activity of alcohol in waterless antiseptic handrubs [983].
Gastroenteritis <i>Cryptosporidium</i> species	Standard		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks.
Gastroenteritis <i>E. coli</i> Enteropathogenic O157:H7 and other Shiga toxin-producing strains	Standard		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks.
Gastroenteritis <i>E. coli</i> Other species	Standard		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks.
Gastroenteritis <i>Giardia lamblia</i>	Standard		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks.

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Gastroenteritis Noroviruses	 <b>Update</b> Contact + Standard		Use Contact Precautions for a minimum of 48 hours after the resolution of symptoms or to control institutional outbreaks.  Persons who clean areas heavily contaminated with feces or vomitus may benefit from wearing masks since virus can be aerosolized from these body substances [142, 147 148]; ensure consistent environmental cleaning and disinfection with focus on restrooms even when apparently unsoiled [273, 1064]. Hypochlorite solutions may be required when there is continued transmission [290-292]. Alcohol is less active, but there is no evidence that alcohol antiseptic handrubs are not effective for hand decontamination [294].  Cohorting of affected patients to separate airspaces and toilet facilities may help interrupt transmission during outbreaks.   <b>Gastroenteritis, Noroviruses Precaution Update [May 2019]:</b> The Type of Precaution was updated from “Standard” to “Contact + Standard” to align with <a href="#">Guideline for the Prevention and Control of Norovirus Gastroenteritis Outbreaks in Healthcare Settings (2011)</a>
Gastroenteritis Rotavirus	Contact + Standard	Duration of illness	Ensure consistent environmental cleaning and disinfection and frequent removal of soiled diapers. Prolonged shedding may occur in both immunocompetent and immunocompromised children and the elderly [932, 933].
Gastroenteritis <i>Salmonella</i> species (including <i>S. typhi</i> )	Standard		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks.
Gastroenteritis <i>Shigella</i> species (Bacillary dysentery)	Standard		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks.
Gastroenteritis <i>Vibrio parahaemolyticus</i>	Standard		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks.
Gastroenteritis Viral (if not covered elsewhere)	Standard		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks.
Gastroenteritis <i>Yersinia enterocolitica</i>	Standard		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks.
German measles (see Rubella; see Congenital Rubella)			
Giardiasis (see Gastroenteritis)			
Gonococcal ophthalmia neonatorum (gonorrheal ophthalmia, acute conjunctivitis of newborn)	Standard		
Gonorrhea	Standard		
Granuloma inguinale (Donovanosis, granuloma venereum)	Standard		
Guillain-Barré syndrome	Standard		Not an infectious condition.
<i>Haemophilus influenzae</i> (see disease-specific recommendations)			


<b>Infection/Condition</b>	<b>Type of Precaution</b>	<b>Duration of Precaution</b>	<b>Precautions/Comments</b>
Hand, foot, and mouth disease (see Enteroviral Infection)			
Hansen's Disease (see Leprosy)			
Hantavirus pulmonary syndrome	Standard		Not transmitted from person to person.
<i>Helicobacter pylori</i>	Standard		
Hepatitis, viral Type A	Standard		Provide hepatitis A vaccine postexposure as recommended. [1065]
Hepatitis, viral Type A-Diapered or incontinent patients	Contact + Standard		Maintain Contact Precautions in infants and children <3 years of age for duration of hospitalization; for children 3-14 yrs. of age for 2 weeks after onset of symptoms; >14 yrs. of age for 1 week after onset of symptoms [833, 1066, 1067].
Hepatitis, viral Type B-HBsAg positive; acute or chronic	Standard		See specific recommendations for care of patients in hemodialysis centers. [778]
Hepatitis, viral Type C and other unspecified non-A, non-B	Standard		See specific recommendations for care of patients in hemodialysis centers. [778]
Hepatitis, viral Type D (seen only with hepatitis B)	Standard		
Hepatitis, viral Type E	Standard		Use Contact Precautions for diapered or incontinent individuals for the duration of illness. [1068]
Hepatitis, viral Type G	Standard		
Herpangina (see Enteroviral Infection)			
Hookworm	Standard		
Herpes simplex ( <i>Herpesvirus hominis</i> ) Encephalitis	Standard		
Herpes simplex ( <i>Herpesvirus hominis</i> ) Mucocutaneous, disseminated or primary, severe	Contact + Standard	Until lesions dry and crusted	
Herpes simplex ( <i>Herpesvirus hominis</i> ) Mucocutaneous, recurrent (skin, oral, genital)	Standard		
Herpes simplex ( <i>Herpesvirus hominis</i> ) Neonatal	Contact + Standard	Until lesions dry and crusted	Also, for asymptomatic, exposed infants delivered vaginally or by C-section and if mother has active infection and membranes have been ruptured for more than 4 to 6 hours until infant surface cultures obtained at 24-36 hours of age negative after 48 hours incubation. [1069, 1070]




Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Herpes zoster (varicella-zoster) (shingles) Disseminated disease in any patient Localized disease in immunocompromised patient until disseminated infection ruled out	Airborne + Contact + Standard	Duration of illness	Susceptible HCWs should not enter room if immune caregivers are available; no recommendation for protection of immune HCWs; no recommendation for type of protection (i.e. surgical mask or respirator) for susceptible HCWs.
Herpes zoster (varicella-zoster) (shingles) Localized in patient with intact immune system with lesions that can be contained/covered	Standard	Until lesions dry and crusted	Susceptible HCWs should not provide direct patient care when other immune caregivers are available.
Histoplasmosis	Standard		Not transmitted from person to person.
Human immunodeficiency virus (HIV)	Standard		Postexposure chemoprophylaxis for some blood exposures [866].
Human metapneumovirus	Contact + Standard	Duration of illness	HAI reported [1071], but route of transmission not established [823]. Assumed to be Contact transmission as for RSV since the viruses are closely related and have similar clinical manifestations and epidemiology. Wear masks according to Standard Precautions.
Impetigo	Contact + Standard	Until 24 hours after initiation of effective therapy	
Infectious mononucleosis	Standard		
Influenza Human (seasonal influenza)			See <a href="https://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm">Prevention Strategies for Seasonal Influenza in Healthcare Settings</a> ( <a href="https://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm">https://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm</a> accessed September 2018). [Current version of this document may differ from original.] for current seasonal influenza guidance.
Influenza Avian (e.g., H5N1, H7, H9 strains)			See [This link is no longer active: <a href="http://www.cdc.gov/flu/avian/professional/infect-control.htm">www.cdc.gov/flu/avian/professional/infect-control.htm</a> . Similar information may be found at <a href="https://www.cdc.gov/flu/avianflu/novel-flu-infection-control.htm">Interim Guidance for Infection Control Within Healthcare Settings When Caring for Confirmed Cases, Probable Cases, and Cases Under Investigation for Infection with Novel Influenza A Viruses Associated with Severe Disease</a> ( <a href="https://www.cdc.gov/flu/avianflu/novel-flu-infection-control.htm">https://www.cdc.gov/flu/avianflu/novel-flu-infection-control.htm</a> accessed September 2018)] for current avian influenza guidance.
Influenza Pandemic Influenza (also a human influenza virus)	Droplet + Standard		See [This link is no longer active: <a href="http://www.pandemicflu.gov">http://www.pandemicflu.gov</a> . Similar information may be found at <a href="https://www.cdc.gov/flu/avianflu/novel-flu-infection-control.htm">Interim Guidance for Infection Control Within Healthcare Settings When Caring for Confirmed Cases, Probable Cases, and Cases Under Investigation for Infection with Novel Influenza A Viruses Associated with Severe Disease</a> ( <a href="https://www.cdc.gov/flu/avianflu/novel-flu-infection-control.htm">https://www.cdc.gov/flu/avianflu/novel-flu-infection-control.htm</a> accessed September 2018)] for current pandemic influenza guidance.
Kawasaki syndrome	Standard		Not an infectious condition.
Lassa fever (see Viral Hemorrhagic Fevers)			

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Legionnaires' disease	Standard		Not transmitted from person to person.
Leprosy	Standard		
Leptospirosis	Standard		Not transmitted from person to person.
Lice Head (pediculosis)	Contact + Standard	Until 24 hours after initiation of effective therapy	See [This link is no longer active: <a href="https://www.cdc.gov/ncidod/dpd/parasites/lice/default.htm">https://www.cdc.gov/ncidod/dpd/parasites/lice/default.htm</a> . Similar information may be found at CDC's <a href="https://www.cdc.gov/parasites/lice/index.html">Parasites – Lice</a> ( <a href="https://www.cdc.gov/parasites/lice/index.html">https://www.cdc.gov/parasites/lice/index.html</a> accessed September 2018).]
Lice Body	Standard		Transmitted person-to-person through infested clothing. Wear gown and gloves when removing clothing; bag and wash clothes according to CDC guidance <a href="https://www.cdc.gov/parasites/lice/index.html">Parasites – Lice</a> ( <a href="https://www.cdc.gov/parasites/lice/index.html">https://www.cdc.gov/parasites/lice/index.html</a> accessed September 2018).
Lice Pubic	Standard		Transmitted person-to-person through sexual contact. See CDC's <a href="https://www.cdc.gov/parasites/lice/index.html">Parasites – Lice</a> ( <a href="https://www.cdc.gov/parasites/lice/index.html">https://www.cdc.gov/parasites/lice/index.html</a> accessed September 2018).
Listeriosis ( <i>Listeria monocytogenes</i> )	Standard		Person-to-person transmission rare; cross-transmission in neonatal settings reported. [1072-1075]
Lyme disease	Standard		Not transmitted from person to person.
Lymphocytic choriomeningitis	Standard		Not transmitted from person to person.
Lymphogranuloma venereum	Standard		
Malaria	Standard		Not transmitted from person to person, except through transfusion rarely and through a failure to follow Standard Precautions during patient care. [1076-1079] Install screens in windows and doors in endemic areas. Use DEET-containing mosquito repellants and clothing to cover extremities.
Marburg virus disease (see Viral Hemorrhagic Fevers)			
Measles (rubeola)	Airborne + Standard	4 days after onset of rash; duration of illness in immune compromised	 <b>Measles Update [April 2019]:</b> This update aligns with and clarifies the ACIP 2011 Immunization of Healthcare Personnel Recommendations.  Susceptible healthcare personnel (HCP) should not enter room if immune care providers are available; regardless of presumptive evidence of immunity, HCP should use respiratory protection that is at least as protective as a fit-tested, NIOSH-certified N95 respirator upon entry into the patient's room or care area. For exposed susceptibles, postexposure vaccine within 72 hours or immune globulin within 6 days when available [17, 1032, 1034]. Place exposed susceptible patients on Airborne Precautions and exclude susceptible healthcare personnel. See <a href="https://www.cdc.gov/mmwr/pdf/rr/rr6007.pdf">Immunization of Healthcare Personnel: Recommendations of the ACIP</a> ( <a href="https://www.cdc.gov/mmwr/pdf/rr/rr6007.pdf">https://www.cdc.gov/mmwr/pdf/rr/rr6007.pdf</a> accessed September 2018).
Melioidosis, all forms	Standard		Not transmitted from person to person.
Meningitis Aseptic (nonbacterial or viral; also see enteroviral infections)	Standard		Contact for infants and young children.

<b>Infection/Condition</b>	<b>Type of Precaution</b>	<b>Duration of Precaution</b>	<b>Precautions/Comments</b>
Meningitis Bacterial, gram-negative enteric, in neonates	Standard		
Meningitis Fungal	Standard		
Meningitis <i>Haemophilus influenzae</i> , type b known or suspected	Droplet + Standard	Until 24 hours after initiation of effective therapy	
Meningitis <i>Listeria monocytogenes</i> (See Listeriosis)	Standard		
Meningitis <i>Neisseria meningitidis</i> (meningococcal) known or suspected	Droplet + Standard	Until 24 hours after initiation of effective therapy	See Meningococcal Disease below.
Meningitis <i>Streptococcus pneumoniae</i>	Standard		
Meningitis <i>M. tuberculosis</i>	Standard		Concurrent, active pulmonary disease or draining cutaneous lesions may necessitate addition of Contact and/or Airborne. For children, Airborne Precautions until active tuberculosis ruled out in visiting family members (see Tuberculosis below). [42]
Meningitis Other diagnosed bacterial	Standard		
Meningococcal disease: sepsis, pneumonia, Meningitis	Droplet + Standard	Until 24 hours after initiation of effective therapy	Postexposure chemoprophylaxis for household contacts, HCWs exposed to respiratory secretions; postexposure vaccine only to control outbreaks. [15, 17]
<i>Molluscum contagiosum</i>	Standard		
Monkeypox	Airborne + Contact + Standard	Airborne - Until monkeypox confirmed and smallpox excluded Contact - Until lesions crusted	See CDC's <a href="https://www.cdc.gov/poxvirus/monkeypox/">Monkeypox</a> website (https://www.cdc.gov/poxvirus/monkeypox/ accessed September 2018). [Current version of this document may differ from original.] for most current recommendations. Transmission in hospital settings unlikely [269]. Pre- and postexposure smallpox vaccine recommended for exposed HCWs.
Mucormycosis	Standard		
Multidrug-resistant organisms (MDROs), infection or colonization (e.g., MRSA, VRE, VISA/VRSA, ESBLs, resistant <i>S. pneumoniae</i> )	Contact + Standard		MDROs judged by the infection control program, based on local, state, regional, or national recommendations, to be of clinical and epidemiologic significance. Contact Precautions recommended in settings with evidence of ongoing transmission, acute care settings with increased risk for transmission or wounds that cannot be contained by dressings. See recommendations for management options in Management of Multidrug-Resistant Organisms In Healthcare Settings, 2006 [870]. Contact state health department for guidance regarding new or emerging MDRO.

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Mumps (infectious parotitis)	Droplet + Standard	Until 5 days after the onset of swelling	 <b>Mumps Update [October 2017]:</b> The Healthcare Infection Control Practices Advisory Committee (HICPAC) voted to change the recommendation of isolation for persons with mumps from 9 days to 5 days based on a 2008 MMWR report: <a href="https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5740a3.htm">Updated Recommendations for Isolation of Persons with Mumps</a> . (https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5740a3.htm accessed September 2018). After onset of swelling; susceptible HCWs should not provide care if immune caregivers are available. The below note has been superseded by the above recommendation update Note: (Recent assessment of outbreaks in healthy 18-24 year olds has indicated that salivary viral shedding occurred early in the course of illness and that 5 days of isolation after onset of parotitis may be appropriate in community settings; however the implications for healthcare personnel and high-risk patient populations remain to be clarified.)
Mycobacteria, nontuberculosis (atypical)			Not transmitted person-to-person.
Mycobacteria, nontuberculosis (atypical) Pulmonary	Standard		
Mycobacteria, nontuberculosis (atypical) Wound	Standard		
<i>Mycoplasma pneumonia</i>	Droplet + Standard	Duration of Illness	
Necrotizing enterocolitis	Standard		Contact Precautions when cases clustered temporally [1080-1083].
Nocardiosis, draining lesions, or other presentations	Standard		Not transmitted person-to-person.
Norovirus (see Gastroenteritis)			
Norwalk agent Gastroenteritis (see Gastroenteritis)			
Orf	Standard		
Parainfluenza virus infection, respiratory in infants and young children	Contact + Standard	Duration of illness	Viral shedding may be prolonged in immunosuppressed patients [1009, 1010]. Reliability of antigen testing to determine when to remove patients with prolonged hospitalizations from Contact Precautions uncertain.
Parvovirus B19 (Erythema infectiosum)	Droplet + Standard		Maintain precautions for duration of hospitalization when chronic disease occurs in an immunocompromised patient. For patients with transient aplastic crisis or red-cell crisis, maintain precautions for 7 days. Duration of precautions for immunosuppressed patients with persistently positive PCR not defined, but transmission has occurred [929].
Pediculosis (lice)	Contact + Standard	Until 24 hours after initiation of effective therapy after treatment	

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Pertussis (whooping cough)	Droplet + Standard	Until 5 days after initiation of effective antibiotic therapy	Single patient room preferred. Cohorting an option. Postexposure chemoprophylaxis for household contacts and HCWs with prolonged exposure to respiratory secretions [863]. Recommendations for Tdap vaccine in adults under development.   <b>Tdap Vaccine Recommendations Update [2018]:</b> Current recommendations can be found at <a href="https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/dtap.html">Tdap / Td ACIP Vaccine Recommendations</a> (https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/dtap.html accessed September 2018).
Pinworm infection (Enterobiasis)	Standard		
Plague ( <i>Yersinia pestis</i> ) Bubonic	Standard		
Plague ( <i>Yersinia pestis</i> ) Pneumonic	Droplet + Standard	Until 48 hours after initiation of effective antibiotic therapy	Antimicrobial prophylaxis for exposed HCW [207].
Pneumonia Adenovirus	Droplet + Contact + Standard	Duration of illness	Outbreaks in pediatric and institutional settings reported [376, 1084 -1086]. In immunocompromised hosts, extend duration of Droplet and Contact Precautions due to prolonged shedding of virus. [931]
Pneumonia Bacterial not listed elsewhere (including gram-negative bacterial)	Standard		
Pneumonia <i>B. cepacia</i> in patients with CF, including respiratory tract colonization	Contact + Standard	Unknown	Avoid exposure to other persons with CF; private room preferred. Criteria for D/C precautions not established. See CF Foundation guideline. [20]
Pneumonia <i>B. cepacia</i> in patients without CF (see Multidrug-Resistant Organisms)			
Pneumonia <i>Chlamydia</i>	Standard		
Pneumonia Fungal	Standard		
Pneumonia <i>Haemophilus influenzae</i> , type b Adults	Standard		
Pneumonia <i>Haemophilus influenzae</i> , type b Infants and children	Droplet + Standard	Until 24 hours after initiation of effective therapy	
Pneumonia <i>Legionella spp.</i>	Standard		
Pneumonia Meningococcal	Droplet + Standard	Until 24 hours after initiation of effective therapy	See Meningococcal Disease above.

<b>Infection/Condition</b>	<b>Type of Precaution</b>	<b>Duration of Precaution</b>	<b>Precautions/Comments</b>
Pneumonia Multidrug-resistant bacterial (see Multidrug-Resistant Organisms)			
Pneumonia <i>Mycoplasma</i> (primary atypical Pneumonia)	Droplet + Standard	Duration of illness	
Pneumonia Pneumococcal pneumonia	Standard		Use Droplet Precautions if evidence of transmission within a patient care unit or facility. [196-198, 1087]
Pneumonia <i>Pneumocystis jiroveci</i> ( <i>Pneumocystis carinii</i> )	Standard		Avoid placement in the same room with an immunocompromised patient.
Pneumonia <i>Staphylococcus aureus</i>	Standard		For MRSA, see MDROs.
Pneumonia <i>Streptococcus</i> , group A Adults	Droplet + Standard	Until 24 hours after initiation of effective therapy	See Streptococcal Disease (group A <i>Streptococcus</i> ) below Contact Precautions if skin lesions present.
Pneumonia <i>Streptococcus</i> , group A Infants and young children	Droplet + Standard	Until 24 hours after initiation of effective therapy	Contact Precautions if skin lesions present.
Pneumonia Varicella-Zoster (See Varicella-Zoster)			
Pneumonia Viral Adults	Standard		
Pneumonia Viral Infants and young children (see Respiratory Infectious Disease, acute, or specific viral agent)			
Poliomyelitis	Contact + Standard	Duration of illness	
Pressure ulcer (decubitus ulcer, pressure sore) infected Major	Contact + Standard	Duration of illness	Until drainage stops or can be contained by dressing.
Pressure ulcer (decubitus ulcer, pressure sore) infected Minor or limited	Standard		If dressing covers and contains drainage.
Prion disease (See Creutzfeld-Jacob Disease)			
Psittacosis (ornithosis) ( <i>Chlamydia psittaci</i> )	Standard		Not transmitted from person to person.
Q fever	Standard		
Rabies	Standard		Person to person transmission rare; transmission via corneal, tissue and organ transplants has been reported [539, 1088]. If patient has bitten another individual or saliva has contaminated an open wound or mucous membrane, wash exposed area thoroughly and administer postexposure prophylaxis. [1089]

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Rat-bite fever ( <i>Streptobacillus moniliformis</i> disease, <i>Spirillum minus</i> disease)	Standard		Not transmitted from person to person.
Relapsing fever	Standard		Not transmitted from person to person.
Resistant bacterial infection or colonization (see Multidrug-Resistant Organisms)			
Respiratory infectious disease, acute (if not covered elsewhere) Adults	Standard		
Respiratory infectious disease, acute (if not covered elsewhere) Infants and young children	Contact + Standard	Duration of illness	Also see syndromes or conditions listed in Table 2.
Respiratory syncytial virus infection, in infants, young children and immunocompromised adults	Contact + Standard	Duration of illness	Wear mask according to Standard Precautions [24] CB [116, 117]. In immunocompromised patients, extend the duration of Contact Precautions due to prolonged shedding [928]. Reliability of antigen testing to determine when to remove patients with prolonged hospitalizations from Contact Precautions uncertain.
Reye's syndrome	Standard		Not an infectious condition.
Rheumatic fever	Standard		Not an infectious condition.
Rhinovirus	Droplet + Standard	Duration of illness	Droplet most important route of transmission [104 1090]. Outbreaks have occurred in NICUs and LTCFs [413, 1091, 1092]. Add Contact Precautions if copious moist secretions and close contact likely to occur (e.g., young infants) [111, 833].
Rickettsial fevers, tickborne (Rocky Mountain spotted fever, tickborne Typhus fever)	Standard		Not transmitted from person to person except through transfusion, rarely.
Rickettsialpox (vesicular rickettsiosis)	Standard		Not transmitted from person to person.
Ringworm (dermatophytosis, dermatomycosis, tinea)	Standard		Rarely, outbreaks have occurred in healthcare settings, (e.g., NICU [1093], rehabilitation hospital [1094]. Use Contact Precautions for outbreak.
Rocky Mountain spotted fever	Standard		Not transmitted from person to person except through transfusion, rarely.
Roseola infantum (exanthem subitum; caused by HHV-6)	Standard		
Rotavirus infection (see Gastroenteritis)			
Rubella (German measles) (also see Congenital Rubella)	Droplet + Standard	Until 7 days after onset of rash	Susceptible HCWs should not enter room if immune caregivers are available. No recommendation for wearing face protection (e.g., a surgical mask) if immune. Pregnant women who are not immune should not care for these patients [17, 33]. Administer vaccine within 3 days of exposure to non-pregnant susceptible individuals.  Place exposed susceptible patients on Droplet Precautions; exclude susceptible healthcare personnel from duty from day 5 after first exposure to day 21 after last exposure, regardless of postexposure vaccine.
Rubeola (see Measles)			


<b>Infection/Condition</b>	<b>Type of Precaution</b>	<b>Duration of Precaution</b>	<b>Precautions/Comments</b>
Salmonellosis (see Gastroenteritis)			
Scabies	Contact + Standard	Until 24	
Scalded skin syndrome, staphylococcal	Contact + Standard	Duration of illness	See Staphylococcal Disease, scalded skin syndrome below.
Schistosomiasis (bilharziasis)	Standard		
Severe acute respiratory syndrome (SARS)	Airborne + Droplet + Contact + Standard	Duration of illness plus 10 days after resolution of fever, provided respiratory symptoms are absent or improving	Airborne preferred; Droplet if AIIR unavailable. N95 or higher respiratory protection; surgical mask if N95 unavailable; eye protection (goggles, face shield); aerosol-generating procedures and “supershedders” highest risk for transmission via small droplet nuclei and large droplets [93, 94, 96].  Vigilant environmental disinfection (see [This link is no longer active: <a href="http://www.cdc.gov/ncidod/sars">www.cdc.gov/ncidod/sars</a> ]. Similar information may be found at CDC <a href="https://www.cdc.gov/sars/index.html">Severe Acute Respiratory Syndrome (SARS)</a> ( <a href="https://www.cdc.gov/sars/index.html">https://www.cdc.gov/sars/index.html</a> accessed September 2018).)
Shigellosis (see Gastroenteritis)			
Smallpox (variola; see Vaccinia for management of vaccinated persons)	Airborne + Contact + Standard	Duration of illness	Until all scabs have crusted and separated (3-4 weeks). Non-vaccinated HCWs should not provide care when immune HCWs are available; N95 or higher respiratory protection for susceptible and successfully vaccinated individuals; postexposure vaccine within 4 days of exposure protective [108, 129, 1038-1040].
Sporotrichosis	Standard		
<i>Spirillum minor</i> disease (rat-bite fever)	Standard		Not transmitted from person to person.
Staphylococcal disease ( <i>S. aureus</i> ) Skin, wound, or burn Major	Contact + Standard	Duration of illness	Until drainage stops or can be contained by dressing.
Staphylococcal disease ( <i>S. aureus</i> ) Skin, wound, or burn Minor or limited	Standard		If dressing covers and contains drainage adequately.
Staphylococcal disease ( <i>S. aureus</i> ) Enterocolitis	Standard		Use Contact Precautions for diapered or incontinent children for duration of illness.
Staphylococcal disease ( <i>S. aureus</i> ) Multidrug-resistant (see Multidrug-Resistant Organisms)			
Staphylococcal disease ( <i>S. aureus</i> ) Pneumonia	Standard		
Staphylococcal disease ( <i>S. aureus</i> ) Scalded skin syndrome	Contact + Standard	Duration of illness	Consider healthcare personnel as potential source of nursery, NICU outbreak [1095].
Staphylococcal disease ( <i>S. aureus</i> ) Toxic shock syndrome	Standard		




<b>Infection/Condition</b>	<b>Type of Precaution</b>	<b>Duration of Precaution</b>	<b>Precautions/Comments</b>
<i>Streptobacillus moniliformis</i> disease (rat-bite fever)	Standard		Not transmitted from person to person.
Streptococcal disease (group A <i>Streptococcus</i> ) Skin, wound, or burn Major	Contact + Droplet + Standard	Until 24 hours after initiation of effective therapy	Until drainage stops or can be contained by dressing.
Streptococcal disease (group A <i>Streptococcus</i> ) Skin, wound, or burn Minor or limited	Standard		If dressing covers and contains drainage.
Streptococcal disease (group A <i>Streptococcus</i> ) Endometritis (puerperal sepsis)	Standard		
Streptococcal disease (group A <i>Streptococcus</i> ) Pharyngitis in infants and young children	Droplet + Standard	Until 24 hours after initiation of effective therapy	
Streptococcal disease (group A <i>Streptococcus</i> ) Pneumonia	Droplet + Standard	Until 24 hours after initiation of effective therapy	
Streptococcal disease (group A <i>Streptococcus</i> ) Scarlet fever in infants and young children	Droplet + Standard	Until 24 hours after initiation of effective therapy	
Streptococcal disease (group A <i>Streptococcus</i> ) Serious invasive disease	Droplet + Standard	Until 24 hours after initiation of effective therapy	Outbreaks of serious invasive disease have occurred secondary to transmission among patients and healthcare personnel [162, 972, 1096-1098].  Contact Precautions for draining wound as above; follow recommendations for antimicrobial prophylaxis in selected conditions [160].
Streptococcal disease (group B <i>Streptococcus</i> ), neonatal	Standard		
Streptococcal disease (not group A or B) unless covered elsewhere Multidrug-resistant (see Multidrug-Resistant Organisms)			
Strongyloidiasis	Standard		
Syphilis Latent (tertiary) and seropositivity without lesions	Standard		
Syphilis Skin and mucous membrane, including congenital, primary, Secondary	Standard		
Tapeworm disease <i>Hymenolepis nana</i>	Standard		Not transmitted from person to person.
Tapeworm disease <i>Taenia solium</i> (pork)	Standard		

<b>Infection/Condition</b>	<b>Type of Precaution</b>	<b>Duration of Precaution</b>	<b>Precautions/Comments</b>
Tapeworm disease Other	Standard		
Tetanus	Standard		Not transmitted from person to person.
Tinea (e.g., dermatophytosis, dermatomycosis, ringworm)	Standard		Rare episodes of person-to-person transmission.
Toxoplasmosis	Standard		Transmission from person to person is rare; vertical transmission from mother to child, transmission through organs and blood transfusion rare.
Toxic shock syndrome (staphylococcal disease, streptococcal disease)	Standard		Droplet Precautions for the first 24 hours after implementation of antibiotic therapy if Group A <i>Streptococcus</i> is a likely etiology.
Trachoma, acute	Standard		
Transmissible spongiform encephalopathy (see Creutzfeld-Jacob disease, CJD, vCJD)			
Trench mouth (Vincent's angina)	Standard		
Trichinosis	Standard		
Trichomoniasis	Standard		
Trichuriasis (whipworm disease)	Standard		
Tuberculosis ( <i>M. tuberculosis</i> ) Extrapulmonary, draining lesion	Airborne + Contact + Standard		Discontinue precautions only when patient is improving clinically, and drainage has ceased or there are 3 consecutive negative cultures of continued drainage [1025, 1026]. Examine for evidence of active pulmonary tuberculosis.
Tuberculosis ( <i>M. tuberculosis</i> ) Extrapulmonary, no draining lesion, Meningitis	Standard		Examine for evidence of pulmonary tuberculosis. For infants and children, use Airborne until active pulmonary tuberculosis in visiting family members ruled out. [42]
Tuberculosis ( <i>M. tuberculosis</i> ) Pulmonary or laryngeal disease, confirmed	Airborne + Standard		Discontinue precautions only when patient on effective therapy is improving clinically and has 3 consecutive sputum smears negative for acid-fast bacilli collected on separate days (MMWR 2005; 54: RR-17 <a href="#">Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005</a> (https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm accessed September 2018) [12].
Tuberculosis ( <i>M. tuberculosis</i> ) Pulmonary or laryngeal disease, suspected	Airborne + Standard		Discontinue precautions only when the likelihood of infectious TB disease is deemed negligible, and either  <ol style="list-style-type: none"> <li>there is another diagnosis that explains the clinical syndrome, or</li> <li>the results of 3 sputum smears for AFB are negative.</li> </ol> Each of the 3 sputum specimens should be collected 8-24 hours apart, and at least 1 should be an early morning specimen.
Tuberculosis ( <i>M. tuberculosis</i> ) Skin-test positive with no evidence of current active disease	Standard		

<b>Infection/Condition</b>	<b>Type of Precaution</b>	<b>Duration of Precaution</b>	<b>Precautions/Comments</b>
Tularemia Draining lesion	Standard		Not transmitted from person to person.
Tularemia Pulmonary	Standard		Not transmitted from person to person.
Typhoid ( <i>Salmonella typhi</i> ) fever (see Gastroenteritis)			
Typhus <i>Rickettsia prowazekii</i> (Epidemic or Louse-borne Typhus)	Standard		Transmitted from person to person through close personal or clothing contact.
Typhus <i>Rickettsia typhi</i>	Standard		Not transmitted from person to person.
Urinary tract infection (including pyelonephritis), with or without urinary catheter	Standard		
Vaccinia			Only vaccinated HCWs have contact with active vaccination sites and care for persons with adverse vaccinia events; if unvaccinated, only HCWs without contraindications to vaccine may provide care.
Vaccinia Vaccination site care (including autoinoculated areas)	Standard		Vaccination recommended for vaccinators; for newly vaccinated HCWs: semi-permeable dressing over gauze until scab separates, with dressing change as fluid accumulates, ~3-5 days; gloves, hand hygiene for dressing change; vaccinated HCW or HCW without contraindication to vaccine for dressing changes. [205, 221, 225].
Vaccinia (adverse events following vaccination) Eczema vaccinatum	Contact + Standard	Until lesions dry and crusted, scabs separated	For contact with virus-containing lesions and exudative material.
Vaccinia (adverse events following vaccination) Fetal vaccinia	Contact + Standard	Until lesions dry and crusted, scabs separated	For contact with virus-containing lesions and exudative material.
Vaccinia (adverse events following vaccination) Generalized vaccinia	Contact + Standard	Until lesions dry and crusted, scabs separated	For contact with virus-containing lesions and exudative material.
Vaccinia (adverse events following vaccination) Progressive vaccinia	Contact + Standard	Until lesions dry and crusted, scabs separated	For contact with virus-containing lesions and exudative material.
Vaccinia (adverse events following vaccination) Postvaccinia encephalitis	Standard		
Vaccinia (adverse events following vaccination) Blepharitis or conjunctivitis	Contact + Standard		Use Contact Precautions if there is copious drainage.
Vaccinia (adverse events following vaccination) Iritis or keratitis	Standard		
Vaccinia (adverse events following vaccination) Vaccinia-associated erythema multiforme (Stevens Johnson Syndrome)	Standard		Not an infectious condition.

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Vaccinia (adverse events following vaccination) Secondary bacterial infection (e.g., <i>S. aureus</i> , group A beta hemolytic <i>Streptococcus</i> )	Standard + Contact		Follow organism-specific (strep, staph most frequent) recommendations and consider magnitude of drainage.
Varicella Zoster	Airborne + Contact + Standard	Until lesions dry and crusted	<p>Susceptible HCWs should not enter room if immune caregivers are available; no recommendation for face protection of immune HCWs; no recommendation for type of protection (i.e., surgical mask or respirator) for susceptible HCWs.</p> <p>In immunocompromised host with varicella pneumonia, prolong duration of precautions for duration of illness.</p> <p> <b>Varicella Post-exposure Prophylaxis Update [May 2019]</b>                      Postexposure prophylaxis: provide postexposure vaccine ASAP but within 120 hours; for susceptible exposed persons for whom vaccine is contraindicated (immunocompromised persons, pregnant women, newborns whose mother's varicella onset is &lt;5 days before delivery or within 48 hours after delivery) provide varicella zoster immune globulin as soon as possible after exposure and within 10 days.</p> <p>Use Airborne for exposed susceptible persons and exclude exposed susceptible healthcare workers beginning 8 days after first exposure until 21 days after last exposure or 28 if received varicella zoster immune globulin, regardless of postexposure vaccination. [1036]</p>
Variola (see smallpox)			
<i>Vibrio parahaemolyticus</i> (see Gastroenteritis)			
Vincent's angina (trench mouth)	Standard		

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Viral hemorrhagic fevers due to Lassa, Ebola, Marburg, Crimean-Congo fever viruses	Droplet + Contact + Standard	Duration of illness	 <b>Ebola Virus Disease for Healthcare Workers [2014]:</b> Updated recommendations for healthcare workers can be found at <a href="https://www.cdc.gov/vhf/ebola/clinicians/index.html">Ebola: for Clinicians</a> (https://www.cdc.gov/vhf/ebola/clinicians/index.html accessed September 2018).  Single-patient room preferred. Emphasize: <ol style="list-style-type: none"> <li>1. use of sharps safety devices and safe work practices,</li> <li>2. hand hygiene;</li> <li>3. barrier protection against blood and body fluids upon entry into room (single gloves and fluid-resistant or impermeable gown, face/eye protection with masks, goggles or face shields); and</li> <li>4. appropriate waste handling.</li> </ol> Use N95 or higher respirators when performing aerosol-generating procedures. Largest viral load in final stages of illness when hemorrhage may occur; additional PPE, including double gloves, leg and shoe coverings may be used, especially in resource-limited settings where options for cleaning and laundry are limited. Notify public health officials immediately if Ebola is suspected [212, 314, 740, 772]. Also see Table 3C for Ebola as a bioterrorism agent.
Viral respiratory diseases (not covered elsewhere) Adults	Standard		
Viral respiratory diseases (not covered elsewhere) Infants and young children (see Respiratory infectious disease, acute)			
Whooping cough (see Pertussis)			
Wound infections Major	Contact + Standard	Duration of illness	Until drainage stops or can be contained by dressing.
Wound infections Minor or limited	Standard		If dressing covers and contains drainage
<i>Yersinia enterocolitica</i> Gastroenteritis (see Gastroenteritis)			
Zoster (varicella-zoster) (see Herpes Zoster)			
Zygomycosis (phycomycosis, mucormycosis)	Standard		Not transmitted person-to-person.