

**TYPE AND DURATION OF TRANSMISSION-BASED PRECAUTIONS RECOMMENDED
FOR SELECTED INFECTIONS AND CONDITIONS (JUNE 4, 2015)**

Infection/Condition	Precautions Type *	Duration †	Comments
Abscess			
Draining, major	C	DI	No dressing or containment of drainage; until drainage stops or can be contained by dressing
Draining, minor or limited	S		Dressing covers and contains drainage
<i>Acinetobacter baumannii</i> (multiple drug resistant)	C	DH	Contact Infection Prevention
Acquired human immunodeficiency syndrome (AIDS)/HIV infection	S		
Actinomycosis	S		Not transmitted person-to-person.
Adenovirus infection, in infants and young children (also, see gastroenteritis, adenovirus)	D, C	DI	
Amebiasis	S		Person-to-person transmission is rare.
Anthrax			
Cutaneous	S		Transmission through non-intact skin contact with draining lesions possible therefore use Contact Precautions if large amount of uncontained drainage. Hand hygiene with soap and water preferable. Alcohol gel/foams have no sporicidal activity.
Pulmonary	S		Not transmissible person-to-person.
Aerosolizable spore-containing powder or other substance	A, C	DE	Until decontamination of environment complete. Wear N-95 respirator, protective clothing; decontaminate persons with powder on them. Hand hygiene: Hand washing for 30-60 seconds with soap and water or 2% chlorhexidine gluconate (CHG) after spore contact. Alcohol gel hand rubs are ineffective. Post-exposure prophylaxis following exposure: 60 days of antimicrobials (either doxycycline, ciprofloxacin, or levofloxacin) and post-exposure vaccine.
<i>Antibiotic-associated colitis (see Clostridium difficile)</i>			
Arthropod-borne viral encephalitides (eastern, western, Venezuelan equine encephalomyelitis; St Louis, California encephalitis; West Nile Virus)	S		Not transmitted from person-to-person except rarely by transfusion, and for West Nile virus by organ transplant, breast milk or transplacentally.
Arthropod-borne viral fevers (dengue, yellow fever, Colorado tick fever)	S		Not transmitted from person-to-person except by transfusion (rare)
Ascariasis	S		Not transmitted from person-to-person

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Aspergillosis	S		Contact Precautions and Airborne Precautions if massive soft tissue infection with copious drainage and repeated irrigations required
Avian influenza (see influenza, avian below)	A, D, C	7 days after onset of symptoms	
Babesiosis	S		Not transmitted from person-to-person except rarely by transfusion,
Blastomycosis, cutaneous or pulmonary	S		Not transmitted from person-to-person
Botulism	S		Not transmitted from person-to-person
Bronchiolitis (see Respiratory infections in infants and young children)	C	DI	Use mask according to Standard Precautions
Brucellosis	S		Not transmitted from person-to-person except rarely via banked spermatozoa and sexual contact. Provide antimicrobial prophylaxis during lab exposure. Notify Infection Prevention. Notify laboratory personnel before sending specimens if disease is suspected.
<i>Campylobacter gastroenteritis (see Gastroenteritis)</i>			
Candidiasis, all forms	S		
Cat-scratch fever	S		Not transmitted from person-to-person
Cellulitis	S		
Chancroid (soft chancre)	S		
Chickenpox (see varicella)			
<i>Chlamydia trachomatis</i>			
Conjunctivitis	S		
Genital	S		
Pneumonia (infants ≤3 mos of age)	S		
<i>Chlamydia pneumoniae</i>	S		
Cholera (see gastroenteritis)			
Closed-cavity infection			
Open drain in place; limited or minor drainage	S		Contact Precautions if there is copious uncontained drainage
No drain or closed drainage system in place	S		
<i>Clostridium</i>			
<i>C. botulinum</i>	S		Not transmitted from person-to-person

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<i>C. difficile</i> (see Gastroenteritis, <i>C. difficile</i>)	C	See IP website	
<i>C. perfringens</i>			
Food poisoning	S		Not transmitted from person-to-person
Gas gangrene	S		Not transmitted from person-to-person
Coccidioidomycosis (valley fever)			
Draining lesions	S		Not transmitted from person-to-person except under extraordinary circumstances because the infectious arthroconidial form of <i>Coccidioides immitus</i> is not produced in humans. Notify laboratory personnel prior to specimen submission if disease is suspected.
Pneumonia	S		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 immitus</i> is not produced in humans.
Colorado tick fever	S		Not transmitted from person-to-person
Congenital rubella	C	Until 1 yr. of age	Standard Precautions if nasopharyngeal and urine cultures repeatedly neg. after 3 mos. of age
Conjunctivitis			
Acute bacterial	S		
<i>Chlamydia</i>	S		
Gonococcal	S		
Acute viral (acute hemorrhagic)	C	DI	Adenovirus most common; enterovirus 70, Coxsackie virus A24 also associated with outbreaks in eye clinics, pediatric and neonatal settings, institutional settings reported. Eye clinics follow Standard Precautions when handling patients with conjunctivitis. Routine use of infection control measures when handling instruments and equipment prevents occurrence of outbreaks in this and other settings.
Coronavirus associated w/ SARS or MERS (see Severe Acute Respiratory Syndrome or Middle Eastern Respiratory Syndrome)			
Coxsackie virus disease (see enteroviral infection)			
Creutzfeldt-Jakob disease (including variant CJD) CJD, vCJD	S		Use disposable instruments or special sterilization/disinfection for surfaces, objects contaminated with neural tissue if CJD or vCJD suspected and has

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			not been R/O; No special burial procedures.
Croup (see respiratory infections in infants and young children)			
Crimean-Congo Fever (see Viral Hemorrhagic Fever)			
Cryptococcosis	S		Not transmitted from person-to-person, except rarely via tissue and corneal transplant.
Cryptosporidiosis (see gastroenteritis)			
Cysticercosis	S		Not transmitted from person-to-person
Cytomegalovirus infection, neonatal or immunosuppressed	S		No additional precautions for pregnant HCWs
Decubitus ulcer (see Pressure ulcer)			
Dengue fever	S		Not transmitted from person-to-person
Diarrhea, acute-infective etiology suspected (see gastroenteritis)			
Diphtheria			
Cutaneous	C	CN	Until 2 cultures taken 24 hrs. apart negative
Pharyngeal	D	CN	Until 2 cultures taken 24 hrs. apart negative
Ebola virus (see viral hemorrhagic fevers)			
Echinococcosis (hydatidosis)	S		Not transmitted from person-to-person
Echovirus (see enteroviral infection)			
Encephalitis or encephalomyelitis (see specific etiologic agents)			
Endometritis (endomyometritis)	S		
Enterobiasis (pinworm disease, oxyuriasis)	S		
Enterococcus species (see multidrug-resistant organisms if epidemiologically significant or vancomycin resistant)			
Enterocolitis, <i>C. difficile</i> (see <i>C. difficile</i>, gastroenteritis)			
Enteroviral infections	S		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	D	U 24 hrs	See specific disease agents for epiglottitis due to other etiologies
Epstein-Barr virus infection, including infectious mononucleosis	S		
Erythema infectiosum (also see Parvovirus B19)	S		
<i>Escherichia coli</i> gastroenteritis (see gastroenteritis)			
Food poisoning			
Botulism	S		Not transmitted from person-to-person

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<i>C. perfringens</i> or <i>welchii</i>	S		Not transmitted from person-to-person
Staphylococcal	S		Not transmitted from person-to-person
Furunculosis, staphylococcal	S		Contact if drainage not controlled or MRSA
Infants and young children	C	DI	
Gangrene (gas gangrene)	S		Not transmitted from person-to-person
Gastroenteritis	S		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
Adenovirus	S		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks
<i>Campylobacter</i> species	S		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks
Cholera	S		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks
<i>C. difficile</i> (suspected or confirmed)	C	DI	Do not share electronic thermometers; ensure consistent environmental cleaning and disinfection. Bleach solutions is required for cleaning. Hand hygiene with soap and water preferred because of the absence of sporicidal activity of alcohol in waterless antiseptic hand rubs.
<i>Cryptosporidium</i> species	S		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks
<i>E. coli</i>			
Enteropathogenic O157:H7 and other shiga toxin-producing Strains	S		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks
Other species	S		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks
<i>Giardia lamblia</i>	S		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks
Noroviruses	S		Use Contact Precautions for diapered or incontinent persons for the duration of illness 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 vomitus and feces; ensure

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			consistent environmental cleaning and disinfection. Bleach solutions may be required when continued transmission. Alcohol less active, but there is not evidence that alcohol antiseptic hand rubs are not effective for hand decontamination. Cohorting of affected patients to private rooms may interrupt transmission.
Rotavirus	C	DI	Ensure consistent environmental cleaning and disinfection; prolonged shedding may occur in the immunocompromised
<i>Salmonella</i> species (including <i>S. typhi</i>)	S		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks
<i>Shigella</i> species	S		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks
<i>Vibrio parahaemolyticus</i>	S		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks
Viral (if not covered elsewhere)	S		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks
<i>Yersinia enterocolitica</i>	S		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)	S		
Gonorrhea	S		
Granuloma inguinale (Donovanosis, granuloma venereum)	S		
Guillain-Barré' syndrome	S		
Hand, foot, and mouth disease (see enteroviral infection)			
Hansen's Disease (see Leprosy)			
Hantavirus pulmonary syndrome	S		Not transmitted from person-to-person
<i>Helicobacter pylori</i>	S		
Hepatitis, viral			
Type A	S		Provide hepatitis A vaccine post exposure as recommended
Diapered or incontinent patients	C		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

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			onset of symptoms; >14 yrs. of age for 1 week after onset of symptoms.
Type B-HbsAg positive; acute or chronic	S		Specific recommendations for care of patients in hemodialysis centers
Type C and other unspecified non-A, non-B	S		Specific recommendations for care of patients in hemodialysis centers
Type D (seen only with hepatitis B)	S		
Type E	S		Use Contact Precautions for diapered or incontinent persons for the duration of illness
Type G	S		
Herpangina (see enteroviral infection)			
Herpes simplex (<i>Herpesvirus hominis</i>)			
Encephalitis	S		
Mucocutaneous, disseminated or primary, severe	C	Until lesions dry and crusted	
Mucocutaneous, recurrent (skin, oral, genital)	S		
Neonatal	C	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 hrs. of age negative after 48 hours incubation
Herpes zoster (varicella-zoster, shingles)			
Disseminated disease in any patient Localized disease in immunocompromised patient	A,C	DI	Susceptible HCWs are reassigned if immune caregivers are available
Localized in patient with intact immune system with lesions that can be contained/covered	S	DI	Susceptible HCWs are reassigned if immune caregivers are available.
Histoplasmosis	S		Not transmitted from person-to-person
Human immunodeficiency virus (HIV)	S		
Human metapneumovirus	C	DI	Assumed to be Contact transmission as for RSV since the viruses are closely related and have similar clinical manifestations and epidemiology.
Impetigo	C	U 24 hrs	
Infectious mononucleosis	S		
Influenza			

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Human (seasonal influenza)	D	7 days except DI in immuno compromised persons	Private room when available or cohort; avoid placement with high-risk patients; mask patient when transported out of room; chemoprophylaxis/vaccine to control/prevent outbreaks. Use gown and gloves according to Standard Precautions especially in Pediatric settings. Duration of precautions for immunocompromised patients cannot be defined; prolonged duration of viral shedding (i.e. for several weeks) has been reported. Use N95 respirator when performing aerosol-generating procedures.
Avian (e.g., H5N1, H7, H9 strains) Consult Infection Prevention			
Pandemic Influenza Consult Infection Prevention	D	7 days from onset of symptoms	See (www.pandemicflu.gov) for current pandemic influenza guidance
Kawasaki syndrome	S		Not an infectious condition
Lassa fever (see viral hemorrhagic fevers)			
Legionnaires' disease	S		Not transmitted person-to-person
Leprosy	S		
Leptospirosis	S		
Lice			See http://www.cdc.gov/parasites/lice/index.html
Head (pediculosis)	C	U 24 hrs	
Body	S		Transmitted person-to-person through infested clothing. Wear gown and gloves when removing clothing; bag and wash clothes according to CDC guidance above.
Pubic	S		Transmitted person-to-person through sexual contact
Listeriosis	S		Person-to-person transmission rare; Cross transmission in neonatal settings reported
Lyme disease	S		Not transmitted from person-to-person
Lymphocytic choriomeningitis	S		Not transmitted from person-to-person
Lymphogranuloma venereum	S		
Malaria	S		Not transmitted from person-to-person except through transfusion rarely and through failure to follow Standard Precautions during patient care
Marburg virus disease (see viral hemorrhagic fevers)			

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Measles (rubeola)	A	4 days after onset of rash; DI in immune compromised	Susceptible HCWs are reassigned if immune care providers are available; For exposed susceptible persons, post-exposure vaccine within 72 hrs. or immune globulin within 6 days when available. Place exposed susceptible patients on Airborne precautions and exclude susceptible HCW from duty from day 5 after first exposure to day 21 after last exposure regardless of post exposure vaccine.
Melioidosis, all forms	S		Not transmitted from person-to-person
Meningitis			
Aseptic (nonbacterial or viral; also see enteroviral infections)	S		Contact for infants and young children
Bacterial, gram-negative enteric, in neonates	S		
Fungal	S		
<i>Haemophilus influenzae</i> , type b known or suspected	D	U 24 hrs	
<i>Listeria monocytogenes</i>	S		Not transmitted from person-to-person
<i>Neisseria meningitidis</i> (meningococcal) known or suspected	D	U 24 hrs	See meningococcal disease below
<i>Streptococcus pneumoniae</i>	S		
<i>M. tuberculosis</i>	S		Concurrent, active pulmonary disease or draining cutaneous lesions necessitate addition of Airborne Precautions For children, Airborne Precautions until active pulmonary tuberculosis in visiting family members can be ruled out
Other diagnosed bacterial	S		
Meningococcal disease: sepsis, pneumonia, meningitis	D	U 24 hrs	Post exposure chemoprophylaxis for household contacts, HCWs exposed to respiratory secretions. Contact Infection Prevention ; post exposure vaccine only if outbreak
Middle Eastern Respiratory Syndrome (MERS) Coronavirus (MERS-CoV)	A, D, C	DI plus 10 days after resolution of fever, provided respiratory sxs are absent or improving	Enhanced precautions with N95 or higher respiratory protection; surgical mask if N95 unavailable; eye protection (goggles, face shield); gowns and gloves; aerosol-generating procedures and “supershedders” highest risk for transmission via small droplet nuclei and large droplets. Vigilant environmental disinfection. Contact Infection Prevention.

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<i>Molluscum contagiosum</i>	S		
Monkeypox	A,C	Until monkeypox confirmed and smallpox excluded, lesions crusted	See www.cdc.gov/ncidod/monkeypox for most current recommendations. Transmission in hospital settings unlikely Pre- and post-exposure smallpox vaccine recommended for exposed HCWs
Mucormycosis	S		
Multidrug-resistant organisms (MDROs), infection or colonization (e.g., MRSA, VRE, VISA/VRSA, Resistant <i>Acinetobacter baumannii</i> , ESBLs)	S/C		MDROs – see Isolation Policy for specific MDROs and Isolation type
Mumps (infectious parotitis)	D	U 5 days after parotitis onset	After onset of swelling; susceptible HCWs are reassigned if immune caregivers are available. Contact Infection Prevention for advice on infected HCW or immunocompromised patients.
Mycobacteria, nontuberculosis (atypical)			Not transmitted person-to-person
Pulmonary	S		
Wound	S		
<i>Mycoplasma pneumoniae</i>	D	DI	
Necrotizing enterocolitis	S		Contact Precautions when cases temporally clustered
Nocardiosis, draining lesions, or other presentations	S		
Norovirus (see gastroenteritis)			
Norwalk agent gastroenteritis (see gastroenteritis)			
Orf	S		
Parainfluenza virus infection, respiratory	C	DI	Viral shedding may be prolonged in immunosuppressed patients. Reliability of antigen testing to determine when to remove patients with prolonged hospitalizations from Contact Precautions is uncertain. Consult Infection Prevention.
Parvovirus B19	D		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.
Pediculosis (lice)	C	U 24 hrs of tx	

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Pertussis (whooping cough)	D	U 5 days	Post-exposure chemoprophylaxis for household contacts and HCWs with prolonged exposure to respiratory secretions.
Pinworm infection	S		
Plague (<i>Yersinia pestis</i>)			
Bubonic	S		
Pneumonic	D	U 48 hrs	Antimicrobial prophylaxis for exposed HCW.
Pneumonia			
Adenovirus	D, C	DI	For immunocompromised patients, extend duration of isolation due to prolonged viral shedding.
Bacterial not listed elsewhere (including gram-negative bacterial)	S		
<i>B. cepacia</i> in patients with CF, including respiratory tract colonization	C	While hospitalized	Avoid exposure to other persons with CF; private room preferred. Criteria for D/C precautions not established. See CF foundation guideline
<i>B. cepacia</i> in patients without CF(see Multidrug-resistant organisms)			
<i>Chlamydia</i>	S		
Fungal	S		
<i>Haemophilus influenzae</i> , type b			
Adults	S		
Infants and children	D	U 24 hrs	
<i>Legionella spp.</i>	S		
Meningococcal	D	U 24 hrs	See meningococcal disease above
Multidrug-resistant bacterial (see multidrug-resistant organisms)			
<i>Mycoplasma</i> (primary atypical pneumonia)	D	DI	
Pneumococcal pneumonia	S		
<i>Pneumocystis jiroveci</i> (<i>Pneumocystis carinii</i>)	S		Avoid placement in the same room with an immunocompromised patient
<i>Staphylococcus aureus</i>	S		For MRSA, see MDRO section.
<i>Streptococcus</i> , group A			
Adults	D	U 24 hrs	See streptococcal disease (group A streptococcus) below Contact precautions if skin lesions present
Infants and young children	D	U 24 hrs	Contact Precautions if skin lesions present
Varicella-zoster (See Varicella-Zoster)			

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Viral			
Adults	S		
Infants and young children (see respiratory infectious disease, acute)			
Poliomyelitis	C	DI	
Pressure ulcer (decubitus ulcer, pressure sore) infected			
Major	C	DI	If no dressing or containment of drainage; until drainage stops or can be contained by dressing.
Minor or limited	S		If dressing covers and contains drainage
Prion disease (See Creutzfeldt-Jacob Disease)			
Psittacosis (ornithosis)	S		Not transmitted from person-to-person
Q fever	S		
Rabies	S	DI	Person-to-person transmission is rare; transmission via corneal, tissue, and organ transplants has occurred. If patient has bitten another individual or saliva has contaminated an open wound or mucous membrane, wash exposed area thoroughly and administer post exposure prophylaxis.
Rat-bite fever (<i>Streptobacillus moniliformis</i> disease, <i>Spirillum minus</i> disease)	S		
Relapsing fever	S		
Resistant bacterial infection or colonization (see multidrug-resistant organisms)			
Respiratory infectious disease, acute (if not covered elsewhere)			
Adults	S		
Infants and young children	C	DI	
Respiratory syncytial virus infection, in infants, young children and immunocompromised adults	C	DI	In immunocompromised patients, extend the duration of Contact Precautions due to prolonged shedding. Reliability of antigen testing to determine when to remove patients with prolonged hospitalization from Contact Precautions is uncertain. Contact Infection Prevention.
Reye's syndrome	S		Not an infectious condition
Rheumatic fever	S		Not an infectious condition
Rhinovirus	D	DI	Add Contact Precautions if copious moist secretions and close contact likely to occur (e.g., young infants.)

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Rickettsial fevers, tickborne (Rocky Mountain spotted fever, tickborne typhus fever)	S		Not transmitted from person-to-person except through transfusion, rarely
Rickettsialpox (vesicular rickettsiosis)	S		Not transmitted person-to-person
Ringworm (dermatophytosis, dermatomycosis, tinea)	S		Rarely outbreaks have occurred in healthcare settings, (e.g., NICU, rehab hospitals). Use Contact Precautions for outbreaks.
Ritter's disease (staphylococcal scalded skin syndrome)	C	DI	See staphylococcal disease, scalded skin syndrome below
Rocky Mountain spotted fever	S		Not transmitted from person-to-person except through transfusion, rarely
Roseola infantum (exanthem subitum; caused by HHV-6)	S		
Rotavirus infection (see gastroenteritis)			
Rubella (German measles, also see congenital rubella)	D	U 7 days after onset of rash	Susceptible HCWs are reassigned if immune caregivers are available. Pregnant women who are not immune are not assigned to these patients. Administer vaccine within 3 days of exposure to non-pregnant susceptible persons. Place exposed susceptible patients on Droplet Precautions; exclude exposed susceptible HCW from duty from day 5 after first exposure to day 21 after last exposure, regardless of post-exposure vaccine.
Rubeola (see measles)			
Severe acute respiratory syndrome (SARS) coronavirus (SARS-CoV)	A, D,C	DI plus 10 days after resolution of fever, provided respiratory symptoms are absent or improving	Enhanced precautions with N95 or higher respiratory protection; surgical mask if N95 unavailable; eye protection (goggles, face shield); gowns and gloves; aerosol-generating procedures and “supershedders” highest risk for transmission via small droplet nuclei and large droplets. Vigilant environmental disinfection. See http://www.cdc.gov/sars/index.html
Salmonellosis (see gastroenteritis)			
Scabies	C	U 24	
Scalded skin syndrome, staphylococcal	C	DI	See staphylococcal disease, scalded skin syndrome below)
Schistosomiasis (bilharziasis)	S		
Shigellosis (see gastroenteritis)			
Smallpox (variola; see vaccinia for management of vaccinated persons)	A,C	DI	Until all scabs have crusted and separated (3-4 weeks). Non-vaccinated HCWs do not provide care when immune HCWs are available; N95 or higher

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**TYPE AND DURATION OF TRANSMISSION-BASED PRECAUTIONS RECOMMENDED
FOR SELECTED INFECTIONS AND CONDITIONS (JUNE 4, 2015)**

Infection/Condition	Precautions Type *	Duration †	Comments
			respiratory protection required for susceptible and successfully vaccinated individuals; postexposure vaccine within 4 days of exposure protective
Sporotrichosis	S		
<i>Spirillum minus</i> disease (rat-bite fever)	S		
Staphylococcal disease (<i>S aureus</i>)			
Skin, wound, or burn			
Major ^a	C	DI	No dressing or dressing does not contain drainage adequately
Minor or limited ^b	S		Dressing covers and contains drainage adequately
Enterocolitis	S		Use Contact Precautions for diapered or incontinent children for duration of illness
Multidrug-resistant (see multidrug-resistant organisms)			
Pneumonia	S		
Scalded skin syndrome	C	DI	Consider healthcare personnel as source of nursery, NICU outbreak
Toxic shock syndrome	S		
<i>Streptobacillus moniliformis</i> disease (rat-bite fever)	S		Not transmitted from person-to-person
Streptococcal disease (group A streptococcus)			
Skin, wound, or burn			
Major	C,D	U 24 hrs	No dressing or dressing does not contain drainage adequately
Minor or limited	S		Dressing covers and contains drainage adequately
Endometritis (puerperal sepsis)	S		
Pharyngitis in infants and young children	D	U 24 hrs	
Pneumonia	D	U 24 hrs	
Scarlet fever in infants and young children	D	U 24 hrs	
Serious invasive disease	D	U24 hrs	Outbreaks of serious invasive disease have occurred secondary to transmission among patients and healthcare personnel Contact Precautions for draining wound as above; follow rec. for antimicrobial prophylaxis in selected conditions
Streptococcal disease (group B streptococcus), neonatal	S		
Streptococcal disease (not group A or B) unless covered elsewhere	S		
Multidrug-resistant (see multidrug-resistant organisms)			
Strongyloidiasis	S		

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**TYPE AND DURATION OF TRANSMISSION-BASED PRECAUTIONS RECOMMENDED
FOR SELECTED INFECTIONS AND CONDITIONS (JUNE 4, 2015)**

Infection/Condition	Precautions Type *	Duration †	Comments
Syphilis			
Latent (tertiary) and seropositivity without lesions	S		
Skin and mucous membrane, including congenital, primary, Secondary	S		
Tapeworm disease			
<i>Hymenolepis nana</i>	S		Not transmitted from person-to-person
<i>Taenia solium</i> (pork)	S		
Other	S		
Tetanus	S		Not transmitted from person-to-person
Tinea (e.g., dermatophytosis, dermatomycosis, ringworm)	S		
Toxoplasmosis	S		Vertical transmission from mother to child and through transplant organs and blood transfusions.
Toxic shock syndrome (staphylococcal disease, streptococcal disease)	S		Droplet Precautions for first 24 hours after implementation of antibiotic therapy if Group A streptococcus is likely.
Trachoma, acute	S		
Transmissible spongiform encephalopathy (see Creutzfeld-Jacob disease, CJD, vCJD)			
Trench mouth (Vincent's angina)	S		
Trichinosis	S		
Trichomoniasis	S		
Trichuriasis (whipworm disease)	S		
Tuberculosis (<i>M. tuberculosis</i>)			
Extrapulmonary, draining lesion)	A,C		Discontinue precautions only when patient is improving clinically, and drainage has ceased or there are three consecutive negative cultures of continued drainage. Examine for evidence of active pulmonary tuberculosis.
Extrapulmonary, no draining lesion, meningitis	S		Examine for evidence of pulmonary tuberculosis. For infants and children, use Airborne Precautions until active pulmonary tuberculosis in visiting family members ruled out.
Pulmonary or laryngeal disease, confirmed	A		Consult Infection Prevention to discontinue precautions.
Pulmonary or laryngeal disease, suspected	A		Consult Infection Prevention to discontinue isolation precautions.
Skin-test positive with no evidence of current active disease	S		

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FOR SELECTED INFECTIONS AND CONDITIONS (JUNE 4, 2015)**

Infection/Condition	Precautions Type *	Duration †	Comments
Tularemia			BSL 2 laboratory only for processing cultures
Draining lesion	S		Not transmitted from person-to-person
Pulmonary	S		Not transmitted from person-to-person
Typhoid (<i>Salmonella typhi</i>) fever (see gastroenteritis)			
Typhus, endemic and epidemic			
<i>Rickettsia prowazekii</i> (Epidemic Louse-borne Typhus)	S		Transmitted person-to-person through close personal or clothing contact.
<i>Rickettsia typhi</i>	S		Not transmitted from person-to-person
Urinary tract infection (including pyelonephritis), with or without urinary catheter	S		
Vaccinia (vaccination site, adverse events following vaccination) *			Only vaccinated HCWs have contact with active vaccination sites and care for persons with adverse vaccination events; if unvaccinated, only HCWs without contraindications to vaccine may provide care.
Vaccination site care (including autoinoculated areas)	S		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
Eczema vaccinatum	C	Until lesions dry and crusted, scabs separated	For contact with virus-containing lesions and exudative material
Fetal vaccinia	C		
Generalized vaccinia	C		
Progressive vaccinia	C		
Postvaccinia encephalitis	S		
Blepharitis or conjunctivitis	S/C		Use Contact Precautions if there is copious drainage
Iritis or keratitis	S		
Vaccinia-associated erythema multiforme (Stevens Johnson Syndrome)	S		Not an infectious condition
Secondary bacterial infection (e.g., <i>S. aureus</i> , group A beta hemolytic streptococcus)	S/C		Follow organism-specific (strep, staph most frequent) recommendations and consider magnitude of drainage

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**TYPE AND DURATION OF TRANSMISSION-BASED PRECAUTIONS RECOMMENDED
FOR SELECTED INFECTIONS AND CONDITIONS (JUNE 4, 2015)**

Infection/Condition	Precautions Type *	Duration †	Comments
Varicella	A,C	Until lesions dry and crusted	In immunocompromised host with varicella pneumonia, prolong duration of precautions for duration of illness. Post-exposure prophylaxis: provide post-exposure vaccine ASAP but within 120 hours; for susceptible exposed persons for whom the vaccine is contraindicated, (immune compromised persons, pregnant women, newborns whose mother's varicella onset is ≤ 5 days before delivery or within 48 hours after delivery) provide VZIG when available, within 96: if unavailable, use IVIG. Use Airborne Precautions for exposed susceptible persons and exclude susceptible exposed HCW beginning 8 days after the first exposure until 21 days after last exposure or 28 days if received VZIG regardless of post-exposure vaccine
Variola (see smallpox)			
Vibrio parahaemolyticus (see gastroenteritis)			
Vincent's angina (trench mouth)	S		
Viral hemorrhagic fevers due to Lassa, Ebola, Marburg, Crimean-Congo fever viruses	S, A, C	DI	Private negative pressure room with anteroom. Emphasize: 1) use of sharps safety devices and safe work practices, 2) hand hygiene; 3) barrier protection against blood and body fluids upon room entry (double gloves and fluid resistant or impervious gown, eye/face protection with masks, goggles, or face shields); appropriate waste handling. Use Powered Air Purifying Respirator (PAPR) when performing aerosol generating procedures. Largest viral load in final stages of illness when hemorrhage may occur; additional PPE, including double gloves, neck, leg, and shoe coverings beneficial when extensive uncontrolled bleeding. Notify Infection Prevention immediately if Ebola is suspected
Viral respiratory diseases (not covered elsewhere)			
Adults	S		
Infants and young children (see respiratory infectious disease, acute)			
Whooping cough (see pertussis)			
Wound infections			
Major	C	DI	No dressing or dressing does not contain drainage adequately
Minor or limited	S		Dressing covers and contains drainage adequately
Yersinia enterocolitica gastroenteritis (see gastroenteritis)			

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Infection/Condition	Precautions Type *	Duration †	Comments
Zoster (varicella-zoster, see herpes zoster)			
Zygomycosis (phycomycosis, mucormycosis)	S		Not transmitted person-to-person

<http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/Isolation2007.pdf>

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