

## APPENDIX A<sup>1</sup>

### TYPE AND DURATION OF PRECAUTIONS RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Infection/Condition		Precautions	
Infection/Condition	Type <sup>*</sup>	Duration <sup>†</sup>	Comments
			with powder on them ( <a href="http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5135a3.htm">http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5135a3.htm</a> ) <b>Hand hygiene:</b> Handwashing for 30-60 seconds with soap and water or 2% chlorhexidine gluconate after spore contact (alcohol handrubs inactive against spores <sup>983</sup> . <b>Post-exposure prophylaxis following environmental exposure:</b> 60 days of antimicrobials (either doxycycline, ciprofloxacin, or levofloxacin) and post-exposure 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)	S		Not transmitted from person to person except rarely by transfusion, and for West Nile virus by organ transplant, breastmilk or transplacentally <sup>530, 1047</sup> . Install screens in windows and doors in endemic areas Use DEET-containing mosquito repellants and clothing to cover extremities
Ascariasis	S		Not transmitted from person to person
Aspergillosis	S		Contact Precautions and Airborne Precautions if massive soft tissue infection with copious drainage and repeated irrigations required <sup>154</sup> .
Avian influenza (see influenza, avian below)			
Babesiosis	S		Not transmitted from person to person except rarely by transfusion,
Blastomycosis, North American, 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 (undulant, Malta, Mediterranean fever)	S		Not transmitted from person to person except rarely via banked spermatozoa and sexual contact <sup>1048, 1049</sup> . Provide antimicrobial prophylaxis following laboratory exposure <sup>1050</sup> .
<i>Campylobacter</i> gastroenteritis (see gastroenteritis)			
Candidiasis, all forms including mucocutaneous	S		
Cat-scratch fever (benign inoculation lymphoreticulosis)	S		Not transmitted from person to person
Cellulitis	S		

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Chancroid (soft chancre) ( <i>H. ducreyi</i> )	S		Transmitted sexually from person to person
Chickenpox (see varicella)			
<i>Chlamydia trachomatis</i>			
Conjunctivitis	S		
Genital (lymphogranuloma venereum)	S		
Pneumonia (infants < 3 mos. of age)	S		
<i>Chlamydia pneumoniae</i>	S		Outbreaks in institutionalized populations reported, rarely <sup>1051, 1052</sup>
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
<i>C. difficile</i> (see Gastroenteritis, <i>C. difficile</i> )	C	DI	
<i>C. perfringens</i>			
Food poisoning	S		Not transmitted from person to person
Gas gangrene	S		Transmission from person to person rare; one outbreak in a surgical setting reported <sup>1053</sup> . Use Contact Precautions if wound drainage is extensive.
Coccidioidomycosis (valley fever)			
Draining lesions	S		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 <sup>1054</sup> .
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 immitis</i> is not produced in humans <sup>1054, 1055</sup> .
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

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Conjunctivitis				
Acute bacterial	S			
<i>Chlamydia</i>	S			
Gonococcal	S			
Acute viral (acute hemorrhagic)	C	DI	Adenovirus most common; enterovirus 70 <sup>1056</sup> , Coxsackie virus A24 <sup>1057</sup> ) 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. <sup>460, 814, 1058, 1059 461, 1060</sup>	
Corona virus associated with SARS (SARS-CoV) (see severe acute respiratory syndrome)				
Coxsackie virus disease (see enteroviral infection)				
Creutzfeldt-Jakob disease CJD, vCJD	S		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 <sup>1061</sup>	
Croup (see respiratory infections in infants and young children)				
Crimean-Congo Fever (see Viral Hemorrhagic Fever)	S			
Cryptococcosis	S		Not transmitted from person to person, except rarely via tissue and corneal transplant <sup>1062, 1063</sup>	
Cryptosporidiosis (see gastroenteritis)				
Cysticercosis	S		Not transmitted from person to person	
Cytomegalovirus infection, including in neonates and immunosuppressed patients	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				



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S		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks	
C	DI	Discontinue antibiotics if appropriate. Do not share electronic thermometers <sup>853, 854</sup> ; ensure consistent environmental cleaning and disinfection. Hypochlorite solutions may be required for cleaning if transmission continues <sup>847</sup> . Handwashing with soap and water preferred because of the absence of sporicidal activity of alcohol in waterless antiseptic handrubs <sup>983</sup>	
S		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks	
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S		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks	
C	DI	Ensure consistent environmental cleaning and disinfection and frequent removal of soiled diapers. Prolonged shedding may occur in both immunocompetent and immunocompromised children and the	

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			elderly <sup>932, 933</sup>
<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 (Bacillary dysentery)	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		Not an infectious condition
<i>Haemophilus influenzae</i> (see disease-specific recommendations)			
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 <sup>1065</sup>
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 onset of symptoms; >14 yrs. of age for 1 week after onset of symptoms <sup>833, 1066, 1067</sup>
Type B-HBsAg positive; acute or chronic	S		See specific recommendations for care of patients in hemodialysis centers <sup>778</sup>

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Type C and other unspecified non-A, non-B	S		See specific recommendations for care of patients in hemodialysis centers <sup>778</sup>	
Type D (seen only with hepatitis B)	S			
Type E	S		Use Contact Precautions <sup>1068</sup> for diapered or incontinent individuals for the duration of illness	
Type G	S			
Herpangina (see enteroviral infection)				
Hookworm	S			
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 hrs until infant surface cultures obtained at 24-36 hrs. of age negative after 48 hrs incubation <sup>1069, 1070</sup>	
Herpes zoster (varicella-zoster) (shingles)				
Disseminated disease in any patient				
Localized disease in immunocompromised patient until disseminated infection ruled out	A,C	DI	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.	
Localized in patient with intact immune system with lesions that can be contained/covered	S	DI	Susceptible HCWs should not provide direct patient care when other immune caregivers are available.	
Histoplasmosis	S		Not transmitted from person to person	
Human immunodeficiency virus (HIV)	S		Post-exposure chemoprophylaxis for some blood exposures <sup>866</sup>	
			HAI reported <sup>1071</sup> , but route of transmission not established <sup>823</sup>	
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. Wear masks according to Standard Precautions..	
Impetigo	C	U 24 hrs		

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S			
D	5 days except DI in immuno compromised persons	Single patient room when available or cohort; avoid placement with high-risk patients; mask patient when transported out of room; chemoprophylaxis/vaccine to control/prevent outbreaks <sup>611</sup> . Use gown and gloves according to Standard Precautions may be especially important in pediatric settings. Duration of precautions for immunocompromised patients cannot be defined; prolonged duration of viral shedding (i.e. for several weeks) has been observed; implications for transmission are unknown <sup>930</sup> .	
		See <a href="http://www.cdc.gov/flu/avian/professional/infect-control.htm">www.cdc.gov/flu/avian/professional/infect-control.htm</a> for current avian influenza guidance.	
D	5 days from onset of symptoms	See <a href="http://www.pandemicflu.gov">http://www.pandemicflu.gov</a> for current pandemic influenza guidance.	
S		Not an infectious condition	
S		Not transmitted from person to person	
S			
S		Not transmitted from person to person	
		<a href="http://www.cdc.gov/ncidod/dpd/parasites/lice/default.htm">http://www.cdc.gov/ncidod/dpd/parasites/lice/default.htm</a>	
C	U 4 hrs		
S		Transmitted person to person through infested clothing. Wear gown and gloves when removing clothing; bag and wash clothes according to CDC guidance above	
S		Transmitted person to person through sexual contact	
S		Person-to-person transmission rare; cross-transmission in neonatal settings reported <sup>1072, 1073 1074, 1075</sup>	
S		Not transmitted from person to person	
S		Not transmitted from person to person	



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Lymphogranuloma venereum	S			Not transmitted from person to person except through transfusion rarely and through a failure to follow Standard Precautions during patient care <sup>1076-1079</sup> . Install screens in windows and doors in endemic areas. Use DEET-containing mosquito repellants and clothing to cover extremities
Malaria	S			
Marburg virus disease (see viral hemorrhagic fevers)				
Measles (rubeola)	A	4 days after onset of rash; DI in immune compromised		Susceptible HCWs should not enter room if immune care providers are available; no recommendation for face protection for immune HCW; no recommendation for type of face protection for susceptible HCWs, i.e., mask or respirator <sup>1027, 1028</sup> . For exposed susceptibles, post-exposure vaccine within 72 hrs. or immune globulin within 6 days when available <sup>17, 1032, 1034</sup> . Place exposed susceptible patients on Airborne Precautions and exclude susceptible healthcare personnel from duty from day 5 after first exposure to day 21 after last exposure, regardless of post-exposure vaccine <sup>17</sup> .
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> (See Listeriosis)	S			
<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 may necessitate addition of Contact and/or Airborne Precautions; For children, airborne precautions until active tuberculosis ruled out in visiting family members (see tuberculosis below) <sup>42</sup>
Other diagnosed bacterial	S			
Meningococcal disease: sepsis, pneumonia, meningitis	D	U 24 hrs		Postexposure chemoprophylaxis for household contacts, HCWs

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<i>Molluscum contagiosum</i>	S		exposed to respiratory secretions; postexposure vaccine only to control outbreaks <sup>15,17</sup>
Monkeypox	A,C	A-Until monkeypox confirmed and smallpox excluded C-Until lesions crusted	Use See <a href="http://www.cdc.gov/incidod/monkeypox">www.cdc.gov/incidod/monkeypox</a> for most current recommendations. Transmission in hospital settings unlikely <sup>269</sup> . Pre- and post-exposure smallpox vaccine recommended for exposed HCWs
Mucormycosis	S		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 <sup>870</sup> . Contact state health department for guidance regarding new or emerging MDRO.
Multidrug-resistant organisms (MDROs), infection or colonization (e.g., MRSA, VRE, VISA/VRSA, ESBLs, resistant <i>S. pneumoniae</i> )	S/C		
Mumps (infectious parotitis)	D	U 9 days	After onset of swelling; susceptible HCWs should not provide care if immune caregivers are available. 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
Pulmonary	S		
Wound	S		
<i>Mycoplasma pneumoniae</i>	D	DI	

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Necrotizing enterocolitis	S		Contact Precautions when cases clustered temporarily <sup>1080-1083</sup>	
Nocardiosis, draining lesions, or other presentations	S		Not transmitted person-to-person	
Norovirus (see gastroenteritis)				
Norwalk agent gastroenteritis (see gastroenteritis)				
Orf	S			
Parainfluenza virus infection, respiratory in infants and young children	C	DI	Viral shedding may be prolonged in immunosuppressed patients <sup>1010</sup> . Reliability of antigen testing to determine when to remove patients with prolonged hospitalizations from Contact Precautions uncertain. <sup>1009</sup>	
Parvovirus B19 (Erythema infectiosum)	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 <sup>929</sup> .	
Pediculosis (lice)	C	U 24 hrs after treatment		
Pertussis (whooping cough)	D	U 5 days	Single patient room preferred. Cohorting an option. Post-exposure chemoprophylaxis for household contacts and HCWs with prolonged exposure to respiratory secretions <sup>863</sup> . Recommendations for Tdap vaccine in adults under development.	
Pinworm infection (Enterobiasis)	S			
Plague ( <i>Yersinia pestis</i> )				
Bubonic	S			
Pneumonic	D	U 48 hrs	Antimicrobial prophylaxis for exposed HCW <sup>207</sup>	
Pneumonia				
Adenovirus	D, C	DI	Outbreaks in pediatric and institutional settings reported <sup>376, 1084-1086</sup> . In immunocompromised hosts, extend duration of Droplet and Contact Precautions due to prolonged shedding of virus <sup>931</sup>	
Bacterial not listed elsewhere (including gram-negative bacterial)	S			
<i>B. cepacia</i> in patients with CF, including respiratory tract colonization	C	Unknown	Avoid exposure to other persons with CF; private room preferred. Criteria for D/C precautions not established. See CF Foundation	

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			guideline <sup>20</sup>
<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</i> spp.	S		
Meningococcal			
Multidrug-resistant bacterial (see multidrug-resistant organisms)	D	U 24 hrs	See meningococcal disease above
<i>Mycoplasma</i> (primary atypical pneumonia)			
Pneumococcal pneumonia	D	DI	
	S		Use Droplet Precautions if evidence of transmission within a patient care unit or facility <sup>196-198, 1087</sup>
<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 MDROs
<i>Streptococcus</i> , group A			
Adults	D	U 24 hrs	See streptococcal disease (group A streptococcus) below
Infants and young children			Contact precautions if skin lesions present
Varicella-zoster (See Varicella-Zoster)	D	U 24 hrs	Contact Precautions if skin lesions present
Viral			
Adults	S		
Infants and young children (see respiratory infectious disease, acute, or specific viral agent)			
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

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Prion disease (See Creutzfeldt-Jacob Disease)				
Psittacosis (ornithosis) ( <i>Chlamydia psittaci</i> )	S		Not transmitted from person to person	
Q fever	S		Person to person transmission rare; transmission via corneal, tissue and organ transplants has been reported <sup>539, 1088</sup> . If patient has bitten another individual or saliva has contaminated an open wound or mucous membrane, wash exposed area thoroughly and administer postexposure prophylaxis. <sup>1089</sup>	
Rabies	S		Not transmitted from person to person	
Rat-bite fever ( <i>Streptobacillus moniliformis</i> disease, <i>Spirillum minus</i> disease)	S		Not transmitted from person to person	
Relapsing fever	S		Not transmitted from person to person	
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	Also see syndromes or conditions listed in Table 2	
Respiratory syncytial virus infection, in infants, young children and immunocompromised adults	C	DI	Wear mask according to Standard Precautions <sup>24</sup> CB <sup>116, 117</sup> . In immunocompromised patients, extend the duration of Contact Precautions due to prolonged shedding <sup>928</sup> . Reliability of antigen testing to determine when to remove patients with prolonged hospitalizations from Contact Precautions uncertain.	
Reye's syndrome	S		Not an infectious condition	
Rheumatic fever	S		Not an infectious condition	
Rhinovirus	D	DI	Droplet most important route of transmission <sup>104, 1090</sup> . Outbreaks have occurred in NICUs and LTCFs <sup>413, 1091, 1092</sup> . Add Contact Precautions if copious moist secretions and close contact likely to occur (e.g., young infants) <sup>111, 833</sup> .	
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 from person to person	
Ringworm (dermatophytosis, dermatomycosis, tinea)	S		Rarely, outbreaks have occurred in healthcare settings, (e.g., NICU)	

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Ritter's disease (staphylococcal scalded skin syndrome)	C	DI	<sup>1093</sup> , rehabilitation hospital <sup>1094</sup> . Use Contact Precautions for outbreak.	
Rocky Mountain spotted fever	S		See staphylococcal disease, scalded skin syndrome below	
Roseola infantum (exanthem subitum; caused by HHV-6)	S		Not transmitted from person to person except through transfusion, rarely	
Rotavirus infection (see gastroenteritis)				
Rubella (German measles) ( also see congenital rubella)	D	U 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 <sup>17, 33</sup> . Administer vaccine within three 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 post-exposure vaccine.	
Rubeola (see measles)				
Salmonellosis (see gastroenteritis)				
Scabies	C	U 24		
Scalded skin syndrome, staphylococcal	C	DI		See staphylococcal disease, scalded skin syndrome below)
Schistosomiasis (bilharziasis)	S			
Severe acute respiratory syndrome (SARS)	A, D,C	DI plus 10 days after resolution of fever, provided respiratory symptoms are absent or improving	Airborne Precautions preferred; D if AIIR unavailable. N95 or higher (goggles, face shield); aerosol-generating procedures and "supershedders" highest risk for transmission via small droplet nuclei and large droplets <sup>93, 94, 96</sup> . Vigilant environmental disinfection ( see www.cdc.gov/ncidod/sars)	
Shigellosis (see gastroenteritis)				
Smallpox (variola; see vaccination for management of vaccinated persons)	A,C	DI	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	



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Strongyloidiasis	S		
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		Rare episodes of person-to-person transmission
Toxoplasmosis	S		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)	S		Droplet Precautions for the first 24 hours after implementation of antibiotic therapy if Group A streptococcus is a likely etiology
Trachoma, acute	S		
Transmissible spongiform encephalopathy (see Creutzfeldt-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 <sup>1025, 1026</sup> . 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 <sup>42</sup>



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### TYPE AND DURATION OF PRECAUTIONS RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Infection/Condition		Precautions		
Infection/Condition	Type *	Duration †	Comments	
Pulmonary or laryngeal disease, confirmed	A		Discontinue precautions only when patient on effective therapy is improving clinically and has three consecutive sputum smears negative for acid-fast bacilli collected on separate days(MMWR 2005; 54: RR-17 <a href="http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm?s_cid=rr5417a1_e">http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm?s_cid=rr5417a1_e</a> ) <sup>12</sup> .	
Pulmonary or laryngeal disease, suspected	A		Discontinue precautions only when the likelihood of infectious TB disease is deemed negligible, and either 1) there is another diagnosis that explains the clinical syndrome or 2) the results of three sputum smears for AFB are negative. Each of the three sputum specimens should be collected 8-24 hours apart, and at least one should be an early morning specimen	
Skin-test positive with no evidence of current active disease	S			
Tularemia				
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				
<i>Rickettsia prowazekii</i> (Epidemic or Louse-borne typhus)	S		Transmitted from 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 vaccinia 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 <sup>205, 221, 225</sup> .	
Eczema vaccinatum	C	Until lesions dry	For contact with virus-containing lesions and exudative material	

## APPENDIX A<sup>1</sup>

### TYPE AND DURATION OF PRECAUTIONS RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Infection/Condition	Precautions		
	Type <sup>*</sup>	Duration <sup>†</sup>	Comments
Fetal vaccinia	C	and crusted, scabs separated	
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
Varicella Zoster	A,C	Until lesions dry and crusted	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. 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 vaccine is contraindicated (immunocompromised persons, pregnant women, newborns whose mother's varicella onset is ≤5days before delivery or within 48 hrs after delivery) provide VZIG, when available, within 96 hours; if unavailable, use IVIG, Use Airborne Precautions 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 VZIG, regardless of postexposure vaccination. <sup>1036</sup>
Variola (see smallpox)			
<i>Vibrio parahaemolyticus</i> (see gastroenteritis)			
Vincent's angina (trench mouth)	S		
Viral hemorrhagic fevers due to Lassa, Ebola, Marburg, Crimean-Congo fever viruses	S, D, C	DI	Single-patient room preferred. Emphasize: 1) use of sharps safety devices and safe work practices, 2) hand hygiene; 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,

## APPENDIX A<sup>1</sup>

### TYPE AND DURATION OF PRECAUTIONS RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Infection/Condition	Precautions		
	Type <sup>*</sup>	Duration <sup>†</sup>	Comments
Viral respiratory diseases (not covered elsewhere)			goggles or face shields); and 4) appropriate waste handling. 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 <sup>212, 314, 740, 772</sup> . Also see Table 3 for Ebola as a bioterrorism agent
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
<i>Yersinia enterocolitica</i> gastroenteritis (see gastroenteritis)			
Zoster (varicella-zoster) (see herpes zoster)			
Zygomycosis (phycomycosis, mucormycosis)	S		Not transmitted person-to-person