

RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER

Infection Prevention and Control

**SUBJECT: ISOLATION GUIDELINES:
INDICATIONS FOR ISOLATION**

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Indications

Since the use of isolation precautions are, at times, necessary for the safety of both patients and personnel, specific guidelines are included in this manual. It is the basic philosophy of the Infection Prevention and Control program to use isolation only when necessary and to work closely with all departments so that the rehabilitation programs for these patients can be continued. However, the safety of both patients and personnel is our major concern and if great risk of acquiring infections is involved, stringent Infection Prevention and Control measures will be enforced.

Rancho Los Amigos National Rehabilitation Center implemented the CDC's Standard and transmission based isolation precautions system (Contact, Droplet, and Airborne Precautions) to replace the old numeric category system (Category I-IV).

Type of Isolation Precautions

Contact Precautions

In addition to Standard Precautions, contact precautions require two items (gloves and gown) when in contact with patient, contaminated articles or the patient's environment.

Droplet Precautions

In addition to Standard Precautions, droplet precautions require three items (gloves, gown and mask) before entering the room.

Airborne

In addition to Standard Precautions, Airborne precautions require a NIOSH-approved N-95 respirator before entering the room.

The following table is a list of diseases with the necessary types of precautions used to prevent transmission to other patients or personnel. Licensed personnel may institute isolation precautions without a written order; however, the primary physician and the Infection Preventionist(s) should be notified. Once the physician has been notified, a written order should be obtained.

The use of *reverse isolation* has been deleted as recommended by the Center for Disease Control in 1981. It is however, recommended that severely compromised patients with polymorphonuclear leukocyte count (PMNs < 500) be placed in a private room with strict

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adherence to adequate hand hygiene by all personnel (visitors/family) prior to any contact with the patient. Notify Infection Prevention and Control when patient is severely compromised so that a strict hand hygiene sign can be posted at the patient's door or over the patient's bed.

Personal Protective Equipments (PPEs) Necessary for Each Isolation Precautions:

- Contact (gloves and gown)
- Droplet (Gloves, Gown and Mask)
- Airborne (NIOSH-approved N-95 respirator)

Type and Duration of Precautions for Selected Infections and Conditions as Recommended by CDC in 2007:

Siegel JD, Rhinehart E, Jackson M, Chiarello L, and the Healthcare Infection Control Practices Advisory Committee, 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings

<http://www.cdc.gov/ncidod/dhqp/pdf/isolation2007.pdf>

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
Acquired human immunodeficiency syndrome (HIV)	S		Post-exposure chemoprophylaxis for some blood exposures.
Actinomycosis	S		Not transmitted from person to person
Adenovirus infection (see agent-specific guidance under gastroenteritis, conjunctivitis, pneumonia)			
Amebiasis	S		Person to person transmission is rare.

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Infection/Condition	Precautions		
	Type	Duration	Comments
			Transmission in settings for the mentally challenged and in a family group has been reported. Use care when handling diapered infants and mentally challenged persons.
Anthrax	S		Infected patients do not generally pose a transmission risk.
Cutaneous	S		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
Pulmonary	S		Not transmitted from person to person
Environmental: aerosolizable spore-containing powder or other substance		DE	Until decontamination of environment complete. Wear respirator (N95 mask or PAPRs), protective clothing; decontaminate persons with powder on them (http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5135a3.htm) Hand hygiene: Handwashing for 30-60 seconds with soap and water or 2% chlorhexidene gluconate after spore contact (alcohol handrubs inactive against spores). Post-exposure prophylaxis following environmental exposure: 60 days of antimicrobials (either doxycycline, ciprofloxacin, or levofloxacin) and post-exposure vaccine under IND
Antibiotic-associated colitis (see <i>Clostridium</i>)			

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Infection/Condition	Precautions		
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<i>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. Install screens in windows and doors in endemic areas Use DEET-containing mosquito repellants and clothing to cover extremities
Ascariasis	S		
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)			
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. Provide antimicrobial prophylaxis following laboratory exposure.
<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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Infection/Condition	Precautions		
	Type	Duration	Comments
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
Cholera (see gastroenteritis)			
Closed-cavity infection			
Open drain in place; limited or minor drainage	S		
No drain or closed drainage system in place	S		Contact Precautions if there is copious uncontained drainage
<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. Use Contact Precautions if wound drainage is extensive.
Coccidioidomycosis (valley fever)			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 .
Draining lesions	S		Not transmitted from person to person except under extraordinary

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			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.
Pneumonia	S		Not transmitted from person to person
Colorado tick fever	S		
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 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 Prevention and Control measures in the handling of instruments and equipment will prevent the occurrence of outbreaks in this and other settings.
Corona virus associated with SARS (SARS-CoV) (see severe acute respiratory syndrome)			
Coxsackie virus disease (see enteroviral infection)			
Creutzfeldt-Jakob disease	S		Use disposable instruments or special

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Infection/Condition	Precautions		
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CJD, vCJD			sterilization/disinfection for surfaces, objects contaminated with neural tissue if CJD or vCJD suspected and has not been R/O; No special burial procedures.
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
Cryptosporidiosis (see gastroenteritis)			
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			
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		
<i>Enterococcus</i> species (see multidrug-resistant organisms if			

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Infection/Condition	Precautions		
	Type	Duration	Comments
epidemiologically significant or vancomycin resistant)			
Enterocolitis, <i>C. difficile</i> (see <i>C. difficile</i> , gastroenteritis)			
Enteroviral infections (i.e., Group A and B Coxsackie viruses and Echo viruses) (excludes polio virus) 21	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)			
<i>Escherichia coli</i> gastroenteritis (see gastroenteritis)			
Food poisoning			
Botulism	S		Not transmitted from person to person
<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. Follow institutional policies if 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

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Infection/Condition	Precautions		
	Type	Duration	Comments
			incontinent persons for the duration of illness or to control institutional outbreaks
Cholera (<i>Vibrio cholerae</i>)	S		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks
<i>C. difficile</i>	C	DI	Discontinue antibiotics if appropriate. Do not share electronic thermometers; ensure consistent environmental cleaning and disinfection. Hypochlorite solutions may be required for cleaning if transmission continues.
<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 these body substances; ensure consistent environmental cleaning and disinfection with focus on restrooms even when apparently unsoiled). Hypochlorite solutions may be required when there is continued transmission. Alcohol is less

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Infection/Condition	Precautions		
	Type	Duration	Comments
			active, but there is no evidence that alcohol antiseptic handrubs are not effective for hand decontamination. Cohorting of affected patients to separate airspaces and toilet facilities may help interrupt transmission during outbreaks.
Rotavirus	C	DI	Ensure consistent environmental cleaning and disinfection and frequent removal of soiled diapers. Prolonged shedding may occur in
<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 (gonorrhoeal ophthalmia, acute conjunctivitis of newborn)	S		
Gonorrhoea	S		
Granuloma inguinale (Donovanosis, granuloma venereum)	S		

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	Type	Duration	Comments
Guillain-Barré' syndrome	S		
<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
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
Type B-HBsAg positive; acute or chronic	S		See specific recommendations for care of patients in hemodialysis centers
Type C and other unspecified non-A, non-B	S		See 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 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,	S		

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	Type	Duration	Comments
genital) 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
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.
Human metapneumovirus	C	DI	HAI reported, but route of transmission not established. 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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Infection/Condition	Precautions		
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Infectious mononucleosis	S		
Influenza			
Human (seasonal influenza)	D	5 days except DI in immunocompromised 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. 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.
Avian (e.g., H5N1, H7, H9 strains)			See www.cdc.gov/flu/avian/professional/infect-control.htm for current avian influenza guidance.
Pandemic influenza (also a human influenza virus)	D	5 days from onset of symptoms	See http://www.pandemicflu.gov for current pandemic influenza guidance.
Kawasaki syndrome	S		Not an infectious condition
Legionnaires' disease	S		Not transmitted from person to person
Leprosy	S		
Leptospirosis	S		Not transmitted from person to person
Lice			http://www.cdc.gov/ncidod/dpd/parasites/lice/default.htm
Head (pediculosis)	C	U 24 hrs	
Body	S		Transmitted person to person through infested clothing. Wear gown and gloves

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Infection/Condition	Precautions		
	Type	Duration	Comments
			when removing clothing; bag and wash clothes according to CDC guidance above
Pubic	S		Transmitted person to person through sexual contact
Listeriosis (<i>listeria monocytogenes</i>)	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 a failure to follow Standard Precautions during patient. 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)	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. For exposed susceptibles, post-exposure vaccine within 72 hrs. or immune globulin within 6 days when available. Place exposed susceptible patients on Airborne Precautions and exclude from duty from day 5 after first exposure to day 21 after last exposure, regardless of post-exposure vaccine

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Infection/Condition	Precautions		
	Type	Duration	Comments
			susceptible healthcare personnel
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)
Other diagnosed bacterial	S		
Meningococcal disease: sepsis, pneumonia, meningitis	D	U 24 hrs	Postexposure chemoprophylaxis for household contacts, HCWs exposed to respiratory secretions; postexposure vaccine only to control outbreaks.
<i>Molluscum contagiosum</i>	S		
Monkeypox	A,C	A-Until monkeypox confirmed and smallpox excluded	Use 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

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	Type	Duration	Comments
		C-Until lesions crusted	
Mucormycosis	S		
Multidrug-resistant organisms (MDROs), infection or colonization (e.g., MRSA, VRE, VISA/VRSA, ESBLs, resistant <i>S. pneumoniae</i>)	S/C		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. Contact state health department for guidance regarding new or emerging MDRO.
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		

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	Type	Duration	Comments
<i>Mycoplasma pneumoniae</i>	D		DI
Necrotizing enterocolitis	S		Contact Precautions when cases clustered temporally
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. Reliability of antigen testing to determine when to remove patients with prolonged hospitalizations from Contact Precautions uncertain.
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.
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. Recommendations for Tdap vaccine in adults under

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Infection/Condition	Precautions		
	Type	Duration	Comments
			development.
Pinworm infection (Enterobiasis)	S		
Plague (<i>Yersinia pestis</i>)			
Bubonic	S		
Pneumonic	D	U 48 hrs	Antimicrobial prophylaxis for exposed HCW.
Pneumonia			
Adenovirus	D, C	DI	Outbreaks in pediatric and institutional settings reported. In immunocompromised hosts, extend duration of Droplet and Contact Precautions due to prolonged shedding of virus.
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 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		Use Droplet Precautions if evidence of

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Infection/Condition	Precautions		
	Type	Duration	Comments
			transmission within a patient care unit or facility
<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, group A</i>			
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)			
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	
Prion disease (See Creutzfeld-Jacob Disease)	S		If dressing covers and contains drainage
Psittacosis (ornithosis) (<i>Chlamydia psittaci</i>)	S		
Q fever	S		Not transmitted from person to person

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Infection/Condition	Precautions		
	Type	Duration	Comments
Rabies	S		Person to person transmission rare; transmission via corneal, tissue and organ transplants has been reported. If patient has bitten another individual or saliva has contaminated an open wound or mucous membrane, wash exposed area thoroughly and administer postexposure prophylaxis.
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	
Respiratory syncytial virus infection, in infants, young children and immunocompromised adults	C	DI	Wear mask according to Standard Precautions. 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 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. Outbreaks have occurred in NICUs and LTCFs. Add Contact Precautions if copious moist secretions and close contact likely to

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Infection/Condition	Precautions		
	Type	Duration	Comments
			occur (e.g., young infants)
Rubella (German measles) (also see congenital rubella)	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, rehabilitation hospital). Use Contact Precautions for outbreak.
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)			
	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. 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	

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Infection/Condition	Precautions		
	Type	Duration	Comments
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 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 . Vigilant environmental disinfection (see www.cdc.gov/ncidod/sars)
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 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.
Sporotrichosis	S		
<i>Spirillum minor</i> disease (rat-bite fever)	S		Not transmitted from person to person
Staphylococcal disease (<i>S aureus</i>)			
Skin, wound, or burn			
Major	C	DI	No dressing or dressing does not contain drainage adequately
Minor or limited	S		Dressing covers and contains drainage adequately
Enterocolitis	S		Use Contact Precautions for diapered or incontinent children for duration of illness

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Infection/Condition	Precautions		
	Type	Duration	Comments
Multidrug-resistant (see multidrug-resistant organisms)			
Pneumonia			
Scalded skin syndrome	C	DI	Consider healthcare personnel as potential source of nursery, NICU outbreak.
Toxic shock syndrome	S		
<i>Streptobacillus moniliformis</i> disease (rat-bite fever)	S		Not transmitted from
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			

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Infection/Condition	Precautions		
	Type	Duration	Comments
organisms)			
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		
Toxic shock syndrome (staphylococcal disease, streptococcal disease)	S		
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,	S		Examine for evidence of pulmonary

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	Type	Duration	Comments
meningitis			tuberculosis. For infants and children, use Airborne Precautions until active pulmonary tuberculosis in visiting family members ruled out.
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 http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm?s_cid=rr5417a1_e).
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		
Pulmonary	S		
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

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Infection/Condition	Precautions		
	Type	Duration	Comments
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.
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		
Postvaccinia encephalitis			
Blepharitis or conjunctivitis	S/C		
Iritis or keratitis			
Vaccinia-associated erythema multiforme (Stevens Johnson Syndrome)	S		

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Infection/Condition	Precautions		
	Type	Duration	Comments
Secondary bacterial infection (e.g., S. aureus, group A beta hemolytic streptococcus)	S/C		
Varicella Zoster	A,C	Until lesions dry and crusted	
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	
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		
Minor or limited	S		
Zygomycosis (phycomycosis, mucormycosis)			

Source: CDC. (2007). *Guideline for isolation precautions: Preventing transmission of infectious agents in healthcare settings 2007.*

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