

## A-Z Infection Prevention & Control Management of Infectious Diseases

### Vulnerable Patient Wards

Note: In this document reference is made to vulnerable patient wards.

These include:

- Paediatric wards and CAAU
- ICU
- NICU
- CHOC
- BMTU
- Ward 26
- Ward 25 (respiratory viruses and TB)
- Burwood Spinal Unit (BSU)
- Care of the Elderly wards

Disease	Mode of Transmission	Recommended Precautions	Precaution Duration
<b>Acquired Immunodeficiency Syndrome (AIDS)</b> (see also <a href="#">HIV</a> )	Blood & body fluids	Standard	
<b>Adenovirus</b>			
<ul style="list-style-type: none"> <li>• Respiratory</li> </ul>	Respiratory secretions/ infections	Standard with Respiratory Hygiene Contact and Droplet for <a href="#">vulnerable patient wards</a>	Duration of illness. Viral shedding may be prolonged in immunosuppressed patients.
<ul style="list-style-type: none"> <li>• Keratoconjunctivitis</li> </ul>	Purulent exudate	Contact	Duration of illness
<ul style="list-style-type: none"> <li>• Gastroenteritis (see <a href="#">Gastroenteritis viral</a>)</li> </ul>	Faeces	Contact for <a href="#">vulnerable patient wards</a>	Duration of illness

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Disease	Mode of Transmission	Recommended Precautions	Precaution Duration
<b>Aeromonas species</b> (see <a href="#">Gastroenteritis bacterial</a> )	Faeces	Dedicated toilet for all patients Contact for incontinent patients or <a href="#">vulnerable patient wards</a>	Duration of symptoms
<b>Amebiasis</b> ( <a href="#">Dysentery</a> )	Faeces	Standard	
<b>Anthrax</b>			
• Cutaneous	Pus	Standard	
• Pulmonary	Environmental/soil	Standard	
<b>Arthropod borne Viral Fevers</b> (see Dengue Fever, Yellow Fever, Ross River Virus)	Blood	Standard	
<b>Aspergillosis</b>	Airborne dust particles in the environmental	Standard	
<b>Astrovirus</b> (see <a href="#">Gastroenteritis viral</a> )	Faeces	Contact with dedicated toilet/commode	Until 48 hours following last loose bowel
<b>Bocavirus</b>			
• Gastroenteritis (see <a href="#">Gastroenteritis viral</a> )	Faeces	<b>Standard</b> & dedicated toilet/commode <b>Contact</b> for incontinent patients or those in <a href="#">vulnerable patient wards</a>	Until 48 hours following last loose bowel
• Respiratory	Respiratory Secretions	Standard with Respiratory Hygiene Contact and Droplet for <a href="#">vulnerable patient wards</a>	Duration of illness
<b>Botulism</b> ( <i>Clostridium botulinum</i> )	Food	Standard	
<b>Bronchiolitis</b>			
• <a href="#">Respiratory Syncytial Virus (RSV)</a>	Respiratory Secretions	Standard with Respiratory Hygiene Contact for <a href="#">vulnerable patient wards</a>	Duration of illness
• Human metapneumonovirus			
<b>Brucellosis</b> (undulant, Malta, Mediterranean fever)	Body fluid	Standard	

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<b>Campylobacter</b> (see <a href="#">Gastroenteritis bacterial</a> )		<b>Standard</b> & dedicated toilet/commode <b>Contact</b> for incontinent patients or those in <a href="#">vulnerable patient wards</a>	
<b>Candidiasis</b> , all forms including mucocutaneous e.g. thrush	Skin and mucous membrane	Standard	
<b>Cellulitis</b>			
<ul style="list-style-type: none"> <li>Uncontrolled drainage</li> </ul>	Serous ooze	Contact	Until drainage contained
<ul style="list-style-type: none"> <li>Controlled drainage</li> </ul>	Serous ooze	Standard	
<b>Chancroid</b> (soft chancre)	Pus	Standard	
<b>Chickenpox</b> (Varicella)	Respiratory and direct contact with lesion.	Airborne and Contact if non immune staff.  Susceptible HCW's should not enter room if immune caregivers are available.	Maintain precautions until all lesions are crusted.  If immunoglobulin required for susceptible exposed individuals, e.g. Neonates, discuss with Microbiology or Infectious Diseases staff.
<b>Chlamydia trachomatis</b>			
<ul style="list-style-type: none"> <li>Conjunctivitis</li> </ul>	Pus	Standard	
<ul style="list-style-type: none"> <li>Genital</li> </ul>	Genital Discharge	Standard	
<ul style="list-style-type: none"> <li>Pneumonia (infants &lt; 3 months of age)</li> </ul>	Respiratory secretions	Standard	
<b>Cholera</b> (see <a href="#">Gastroenteritis bacterial</a> )	Faeces	Standard with dedicated toilet  Contact Precautions for incontinent or <a href="#">vulnerable patient wards</a> .	Duration of clinical symptoms.
<b>Clostridium botulinum</b>	Foodborne	Standard	

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<b>Clostridium. Difficile Infection</b>	Faeces	Contact – with dedicated toilet/commode.	Until 48 hours asymptomatic. Note: No further specimens required to determine clearance once asymptomatic
<i>Clostridium perfringens</i>	Food (food poisoning) Soil (Gas gangrene)	Standard	
<b>Conjunctivitis</b>			
Acute bacterial	Purulent exudate	Standard	
Chlamydia	Purulent exudate	Standard	
Gonococcal	Purulent exudate	Standard	
Viral (e.g. <a href="#">Adenovirus</a> )	Purulent exudate	Contact	Duration of illness
<b>Coronavirus OC43, NL63,229E, HKU1</b>	Respiratory and contact	Contact Precautions in <a href="#">vulnerable patient wards</a>	Duration of illness
<b>Coxsackievirus disease –</b> See <a href="#">Hand, Foot &amp; Mouth Disease</a> See <a href="#">Enteroviral infections</a>			
<b>Creutzfeldt-Jakob disease</b> (see <a href="#">CJD guidelines on IP&amp;C intranet</a> for further information)	CNS or neurological tissue	Standard Use disposable instruments or special sterilisation/disinfection for surfaces, objects contaminated with neural tissue if CJD or vCJD suspected.	Duration of illness
<b>Croup</b>	Respiratory secretions Presumed by inhalation.	Contact and Droplet	Duration of clinical illness
<b>Cryptococcosis</b>		Standard	
<b>Cryptosporidiosis (<a href="#">Gastroenteritis bacterial</a>)</b>		<b>Standard</b> & dedicated toilet/commode	

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<i>Cryptosporidium species</i>		<b>Contact</b> for incontinent patients or those in <a href="#">vulnerable patient wards</a>	
<b>Cytomegalovirus</b> infection, neonatal or immunosuppressed	Mucosal contact with infectious tissue, secretions (urine) and excretions	Standard	
<b>Dengue Fever</b>	Blood via bite from infected mosquito.	Standard	
<b>Diarrhoea acute or suspected infectious</b> – see Gastroenteritis	Faeces	Contact Precautions until infective cause ruled out	
<b>Diphtheria</b>			Until two cultures taken at least 24 hours apart are negative.
<ul style="list-style-type: none"> <li>• Cutaneous</li> <li>• Pharyngeal</li> </ul>	Lesions Respiratory secretions	Contact Droplet	
<b>Dysentery</b>	Faeces	Standard	
<b>Ebola Viral Disease</b> (see EVD IPC Guidelines)	Contact and ? Droplet	As per EVD Guidelines	
<b>E.Coli O157:H7 Enterohemorrhagic</b> (see <a href="#">Gastroenteritis bacterial</a> )	Faeces	<b>Standard</b> & dedicated toilet/commode <b>Contact</b> for incontinent patients or those in <a href="#">vulnerable patient wards</a>	
<b>Encephalitis or encephalomyelitis</b> (see specific etiologic agents)			
<b>Endometritis</b> (see also Group A Streptococcus)	Vaginal Discharge	Standard	
<b>Enterobiasis</b> (pinworm disease, oxyuriasis)	Faecal/oral	Standard	
<b>Enterovirus</b>			

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<ul style="list-style-type: none"> <li>Respiratory</li> <li>Parechovirus (see <a href="#">Gastroenteritis viral</a>)</li> <li>Echo viruses (see <a href="#">Gastroenteritis viral</a>)</li> <li>Group A and B Coxsackieviruses (see also <a href="#">Hand, Foot &amp; Mouth Disease</a>)</li> <li></li> </ul> (Excludes polio virus)	Respiratory secretions Faeces	Standard with Respiratory Hygiene Contact and Droplet for <a href="#">vulnerable patient wards</a>  <b>Standard</b> & dedicated toilet/commode <b>Contact</b> for incontinent patients or those in <a href="#">vulnerable patient wards</a>	Duration of clinical illness
<b>Epiglottitis</b> , due to Haemophilus influenza, Type B	Respiratory secretions	Droplet	24hrs after start of effective treatment
<b>Epstein-Barr virus</b> infection, including infectious mononucleosis ( <a href="#">Glandular Fever</a> )	Respiratory secretions including saliva	Standard	
<b>Erythema infectiosum</b> (See Parvovirus B19)			
<b>Food poisoning</b>			
Botulism <i>Clostridium botulinum</i>	Food	Standard	
<i>Clostridium perfringens</i>	Food	Standard	
Staphylococcal	Food	Standard	
<b>Furunculosis</b> – Staphylococcal (adults)	Contact with lesions	Contact	Duration of illness
Infants and young children	Contact with lesions	Contact	Duration of illness
<b>Gastroenteritis – bacterial (excludes <i>Clostridium difficile</i> infection)</b>			
<ul style="list-style-type: none"> <li><i>Aeromonas</i></li> </ul>	Faeces		Duration of clinical symptoms

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<ul style="list-style-type: none"> <li>• <i>Campylobacter species</i></li> <li>• Cholera</li> <li>• <i>Cryptosporidium species</i></li> <li>• Enterohemorrhagic <i>E.coli</i> O157:H7</li> <li>• <i>Giardia lamblia</i></li> <li>• <i>Salmonella species</i></li> <li>• <i>Shigella species</i></li> <li>• <i>Vibrio parahaemolyticus</i></li> <li>• <i>Yersinia enterocolitica</i></li> </ul>		Contact Precautions until bacterial cause confirmed or ruled out -then <b>Standard</b> & dedicated toilet/commode <b>Contact</b> for incontinent patients or those in <a href="#">vulnerable patient wards</a>	Community & Public Health brochures: <ul style="list-style-type: none"> <li>- <a href="#">Campylobacter</a></li> <li>- <a href="#">Cryptosporidium</a></li> <li>- <a href="#">E.coli 0157</a></li> <li>- <a href="#">Giardia</a></li> <li>- <a href="#">Salmonella</a></li> <li>- <a href="#">Shigella</a></li> <li>- <a href="#">Yersinia</a></li> </ul>
<b>Gastroenteritis – viral</b>			
<ul style="list-style-type: none"> <li>• <i>Adenovirus</i></li> <li>• <i>Astrovirus</i></li> <li>• <i>Bocavirus</i></li> <li>• <i>Enterovirus</i></li> <li>• <i>Norovirus</i> (see <a href="#">Norovirus Guidelines on IP&amp;C Intranet</a> for further information)</li> <li>• <i>Rotavirus</i></li> <li>• <i>Sapovirus</i></li> <li>• Viral (if not covered elsewhere)</li> </ul>	Faeces Faeces Faeces Faeces Faeces/Vomit Faeces/Vomit Faeces Faeces	<b>Standard</b> & dedicated toilet/commode <b>Contact</b> for incontinent patients or those in <a href="#">vulnerable patient wards</a> Contact and Droplet (if vomiting) with dedicated toilet/commode Contact and Droplet with dedicated toilet/commode <b>Standard</b> & dedicated toilet/commode <b>Contact</b> for incontinent patients or those in <a href="#">vulnerable patient wards</a> <b>Standard</b> & dedicated toilet/commode <b>Contact</b> for incontinent patients or those in <a href="#">vulnerable patient wards</a>	Duration of clinical symptoms Duration of clinical symptoms and until asymptomatic for at least 48-72 hours. Prolonged shedding may occur in immunocompromised children and the elderly Duration of clinical symptoms and until asymptomatic for at least 48 hours. Prolonged shedding may occur in immune-compromised children and the elderly. Duration of clinical symptoms and until asymptomatic for at least 48 hours Duration of clinical symptoms.
<b>German measles</b> (see Rubella)			

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<b>Giardia</b> ( <i>see Gastroenteritis bacterial</i> )	Faeces		Duration of clinical symptoms
<b>Glandular Fever</b> (infectious mononucleosis)	Respiratory secretions including saliva	Standard	
<b>Gonococcal ophthalmia neonatorum</b> (gonorrhoeal ophthalmia, acute conjunctivitis of newborn)	Mucous membranes & pus	Standard	
<b>Gonorrhoea</b>	Mucous membranes/sexual contact	Standard	
<b>Guillain-Barré syndrome</b>	Respiratory secretions/faeces	Standard	
<b>Haemorrhagic fevers</b> (eg. Ebola, Lassa Fever, Marburg) Refer also <a href="#">IPC Ebola policies and procedures</a>	Blood and body fluid and respiratory secretions.	Contact and Airborne including protective eyewear. Negative air pressure room during infectious period. Advanced PPE	Duration of illness
<b>Hand, Foot and Mouth disease</b> Commonly caused by Group A Coxsackieviruses	Nasal discharge Saliva Blister fluid Faeces	Contact Precautions for children and infants	Duration of symptoms Most infectious during 1 <sup>st</sup> week of illness <a href="#">Community &amp; Public Health brochure</a>
<b>Hantavirus pulmonary syndrome</b>	Rodents/ blood	Standard	Duration of illness
<b>Helicobacter pylori</b>	Faecal/oral	Standard	Duration of illness
<b>Hepatitis, viral</b> • Type A	Faeces	<b>Standard</b> & dedicated toilet/commode <b>Contact</b> for incontinent patients or those in <a href="#">vulnerable patient wards</a>	For one week of jaundice. Maintain precautions – In infants & children <3 yrs of age for duration of hospitalisation.



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			<ul style="list-style-type: none"> <li>- In children 3-14yrs, until 2 weeks after onset of symptoms</li> <li>- In others until one week after onset of symptoms.</li> </ul>
<ul style="list-style-type: none"> <li>• Type B (HBsAG Positive)</li> <li>• Type C and other non-specified (non-A, non-B)</li> <li>• Type D (co infection with Type B)</li> <li>• Type E – see Type A</li> <li>• Type G</li> </ul>	<p>Blood/body fluids</p> <p>Blood/body fluids</p> <p>Blood/body fluids</p> <p>Faeces</p>	<p>Standard</p> <p>Standard</p> <p>Standard</p> <p>Standard – with dedicated toilet/commode</p> <p>Standard</p>	<p><a href="#">Community &amp; Public Health brochure</a></p>
<p><b>Herpes simplex</b> (<i>cold sore</i>)</p> <p>Encephalitis</p> <p>Neonatal Exposure</p> <p>Mucotaneous, disseminated or primary severe</p> <p>Mucotaneous, recurrent (skin, oral, genital)</p>	<p>Lesions &amp; mucous membranes</p> <p>Lesion secretions</p> <p>Lesion secretions</p> <p>Lesion secretions</p>	<p>Standard</p> <p>Standard</p> <p>Contact</p> <p>Contact</p> <p>Standard</p>	<p>For asymptomatic, exposed infants delivered vaginally or by C-section to mother with active infection and membranes which have been ruptured for more than 4 to 6 hours, monitor closely for signs of infection.</p> <p>For symptomatic infants contact precautions until lesions dry.</p> <p>Until all lesions crusted</p>
<p><b>Herpes zoster</b> (varicella-zoster/shingles)</p> <ul style="list-style-type: none"> <li>• Disseminated (wide spread) usually in compromised patients</li> </ul>	<p>Lesion secretions</p>	<p>Contact and Airborne</p>	<p>Until all lesions crusted.</p> <p>Avoid contact unless immune to chickenpox</p>

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<ul style="list-style-type: none"> <li>Area cannot be contained by an occlusive dressing</li> </ul>	Lesion secretions	Contact	Until all lesions crusted. Avoid contact unless immune to chickenpox
<ul style="list-style-type: none"> <li>Localised in normal patient and area covered by occlusive dressing</li> </ul>	Lesion secretions	Standard	Avoid contact unless immune to chickenpox
<b>HIV</b> (Human immunodeficiency virus)	Blood borne virus – direct contact with blood or body substances	Standard	
<b>Human Metapneumovirus</b>	Respiratory secretions	Standard with Respiratory Hygiene Contact those in <a href="#">vulnerable patient wards</a>	Duration of illness. Similar to RSV
<b>Impetigo</b>	Lesions	Contact	Until 24hrs after effective treatment
<b>Infectious mononucleosis</b> (see <a href="#">Glandular Fever</a> )	Respiratory secretions and saliva	Standard	
<b>Influenza</b> (see <a href="#">Influenza Guidelines on IP&amp;C intranet</a> for further information)	Respiratory secretions	Droplet	5 days from onset of illness without chemoprophylaxis. Duration of clinical illness in immunocompromised persons 72 hours if treated with Tamiflu
<b>Kawasaki syndrome</b>	No known person-to-person spread	Standard	
<b>Lassa Fever</b>	Blood and body fluids	Contact – refer Ebola Viral Diseases Guidelines	
<b>Legionnaires' disease</b>	Contaminated water from environment, aspirated/inhaled. Not person to person transmission	Standard	
<b>Leprosy</b>	Long term close contact	Standard	
<b>Leptospirosis</b>	Not person to person transmission	Standard	

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<b>Lice</b> (Pediculosis) – head lice pubic lice body lice	Head to head Sexual/intimate contact Clothing	Standard Standard Standard	Person not infectious to close contacts 24 hours after effective treatment <a href="http://www.cph.co.nz/files/MED0030.pdf">http://www.cph.co.nz/files/MED0030.pdf</a> (Community & Public Health brochure)
<b>Listeriosis</b>	Contaminated foods	Standard	
<b>Lyme Disease</b>	Ticks	Standard	
<b>Malaria</b>	Mosquito	Standard	
<b>Marburg Haemorrhagic Fever</b>	Blood and body fluids	Contact & Droplet – refer Ebola Viral Diseases Guidelines	
<b>Measles</b> (Rubeola, Morbilli)	Airborne spread	Airborne	4 days after onset of rash. Duration of clinical illness for immune compromised. Avoid contact unless immune.
<b>Meningitis</b>  • Aseptic nonbacterial or viral meningitis (also see enteroviral infections)  • Bacterial, gram-negative enteric, in neonates  • Fungal  • Haemophilus 11xanthema, known or suspected  • Listeria monocytogenes  • Neisseria (meningococcal) known or suspected	Faeces/oral    Inhalation from environmental after aerosolation  Respiratory secretions  Food or faecal/oral  Respiratory secretions	Standard  Standard  Standard  Droplet  Standard  Droplet	Until 24hrs after initiation of effective treatment See meningococcal disease below      Until 24 hrs after initiation of effective treatment

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<ul style="list-style-type: none"> <li>M.Tuberculosis</li> <li>Other diagnosed bacterial</li> </ul>	Respiratory secretions Depends on organism	Standard Standard	Patient should be examined for evidence of current (active) pulmonary tuberculosis. If evidence exists, see Tuberculosis
<b>Meningococcal pneumonia or sepsis (Meningococemia)</b>	Blood/Respiratory secretions	Droplet	Until 24hrs after initiation of effective therapy
<b>MERS-CoV - Middle East Respiratory Syndrome</b>	Respiratory secretions. Contaminated surfaces	Contact & Airborne	<a href="#">Refer to latest Ministry of Health Guidelines</a>
<i>Molluscum contagiosum</i>	Close contact/lesions	Standard	Viral disease causing skin lesions
<b>Multidrug-resistant organisms</b> , infection or colonisation (e.g. MRSA, VRE, VISA/VRSA, ESBL's, resistant <i>S. pneumoniae</i> )	As per site identified.	Refer IPC Policy for MDRO	On advice from IP&C team/Infectious Diseases
<b>Mumps</b> (infectious parotitis)	Saliva	Droplet	For 9 days after onset of swelling. Avoid contact unless immune.
<b>Mycobacterium Tuberculosis</b> (see Tuberculosis)	Airborne particles	Airborne	
<b>Mycobacteria</b> , nontuberculosis (atypical)	Not person to person transmission		
Pulmonary	Respiratory secretions	Standard	
Wound	Drainage	Standard	
<b>Mycoplasma pneumonia</b>	Respiratory secretions	Droplet and Contact	Duration of illness
<b>Necrotizing enterocolitis</b>	Faeces	Standard	Contact Precautions when cases temporarily clustered.
<b>Norovirus Type 1 &amp; 2</b> (see <a href="#">Gastroenteritis viral</a> )			
<b>Parainfluenza (types 1-4)</b>	Respiratory secretions	Contact	Duration of illness

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Disease	Mode of Transmission	Recommended Precautions	Precaution Duration
			Viral shedding may be prolonged in immunosuppressed patients.
<b>Parechovirus</b> <ul style="list-style-type: none"> <li>Respiratory</li> </ul>	Respiratory secretions		
<b>Parvovirus B19 (erythema infectiosum)</b>	Respiratory secretions	Droplet Pregnant staff should avoid caring for these patients.	Maintain precautions for duration of hospitalisation when chronic disease occurs in an immunocompromised patient. For patients with transient aplastic crisis or red cell crisis, maintain precautions for 7 days <a href="http://www.cph.co.nz/files/MED0078.pdf">http://www.cph.co.nz/files/MED0078.pdf</a>
<b>Pertussis</b> (whooping cough)	Respiratory secretions	Droplet	Until 5 days after effective treatment. Considered non-infectious if >2 weeks since onset of cough
<b>Pharyngitis</b>	Respiratory secretions	Contact and Droplet until aetiology known	Until aetiology known
<b>Pinworm infection</b> (See Enterobiosis)			
<b>Plague</b> <ul style="list-style-type: none"> <li>Bubonic</li> <li>Pneumonic</li> </ul>	Pus  Respiratory infections	Standard  Droplet	Until 48 hours after initiation of effective treatment
<b>Pneumonia</b> <ul style="list-style-type: none"> <li>Adenovirus</li> <li>Bacterial not listed elsewhere (including gram negative bacteria)</li> <li><i>Burkholderia cepacia</i> in cystic fibrosis (CF) pts including respiratory tract colonisation</li> </ul>	Respiratory secretions  Respiratory secretions  Respiratory secretions	Droplet and Contact  Standard  Contact Avoid exposure to other CF patient. Persons with CF who visit or provide care and are not infected or colonised	Duration of illness

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		with <i>B.cepacia</i> may elect to wear a mask when within a metre of a colonised or infected patient.	
• Chlamydia	Respiratory secretions	Standard	
• Fungal	Respiratory secretions	Standard	
• Haemophilus xanthema Type B	Respiratory secretions	Standard	
Adults			
Infants & children any age	Respiratory secretions	Droplet	Until 24hrs after initiation of effective therapy.
• Legionella (See Legionnaires' Disease)			
• Meningococcal	Respiratory secretions	Droplet	Until 24hrs after initiation of effective therapy.
• Multi-drug resistant bacteria (see Multidrug resistant organism)			
• <i>Mycoplasma pneumoniae</i>	Respiratory secretions	Droplet	Duration of illness
• <i>Pneumococcal pneumonia</i>		Standard	
• <i>Pneumocystis carinii</i>	Respiratory secretions	Standard Do not place in room with immunocompromised patient.	
• <i>Staphylococcus aureus</i>	Respiratory secretions	Standard	
• <i>Streptococcus</i> , Group A	Respiratory secretions	Droplet	
Adults	Respiratory secretions	Droplet	24 hours after start of effective therapy
Infants & young children			
• Viral	Respiratory secretions	Standard	

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<b>Poliomyelitis</b>	Faeces	Contact	Duration of illness
<b>Psittacosis</b> (ornithosis)	Zoonoses Not transmitted person to person	Standard	
<b>Rabies</b>	Respiratory secretions	Standard for routine care. Contact and Droplet including full face visor for aerosol generating high risk procedures e.g. suction, intubation	Duration of illness. Post exposure prophylaxis available through pharmacy – contact Infectious Diseases and Occupational Health
<b>Respiratory Syncytial Virus (RSV)</b>	Respiratory secretions	<b>Standard</b> and respiratory hygiene <b>Contact</b> for those in <b>vulnerable patient wards</b>	
<b>Rheumatic fever</b> (Group A Streptococcal)	Not person-to-person transmission	Standard	
<b>Rhinovirus</b>	Respiratory secretions	<b>Standard</b> <b>Droplet</b> for those in <b>vulnerable patient wards</b>	
<b>Ringworm</b> (dermatophytosis, dermatomycosis, tinea)	Lesions	Standard	
<b>Roseola infantum</b> xanthema subitum)	Oral secretions	Standard	
<b>Rotavirus</b> (see <a href="#">Gastroenteritis viral</a> )			
<b>Rubella</b>			Until 7 days after onset of rash.
<ul style="list-style-type: none"> <li>German Measles</li> </ul>		Droplet Non immune staff should avoid caring for these patients.	Susceptible case who has known exposure – precautions for 7 days or until rash appears then 7 days after onset of rash.
<ul style="list-style-type: none"> <li>Congenital Rubella</li> </ul>	Respiratory secretions	Droplet	Until 1 yr of age

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Disease	Mode of Transmission	Recommended Precautions	Precaution Duration
			Standard precautions if nasopharyngeal and urine cultures repeatedly negative > 3 months of age
<b>Rubeola</b> (see Measles)			
<b>Salmonella</b> (see <a href="#">Gastroenteritis bacterial</a> )			
<b>Sapovirus</b> (see <a href="#">Gastroenteritis viral</a> )			
<b>Scabies</b>	Skin contact	Contact	Until 24hrs after initiation of effective therapy.
<b>Scalded skin syndrome</b> staphylococcal (Ritters disease)	Lesion drainage	Contact	Duration of clinical symptoms
<b>Scarlet Fever</b> (see <a href="#">Streptococcal Disease</a> )			
<b>Schistosomiasis</b> (bilharziasis)	Environmental (water)	Standard	
<b>Severe Acute Respiratory Syndrome (SARS)</b> Probable or confirmed case	Respiratory Secretions Faecal /Oral Blood/Body Fluids Environmental	Airborne and Contact including protective eyewear	Duration of illness plus 10 days after resolution of fever, provided respiratory symptoms are absent or improving (and discuss with Infectious Diseases Physician).
<b>Shigellosis</b> (see <a href="#">Gastroenteritis bacterial</a> )			
<b>Shingles</b> (see Herpes Zoster)			
<b>Staphylococcal disease</b> ( <i>S.aureus</i> ) Refer separate policy for MRSA			
<ul style="list-style-type: none"> <li>• Skin, wound or burn               <ul style="list-style-type: none"> <li>- Major (No dressing or dressing does not contain drainage adequately)</li> <li>- Minor (dressing covers and contains drainage adequately)</li> </ul> </li> </ul>	Pus/exudate  Pus/exudate	Contact  Standard	Until drainage contained



### CDHB Infection Prevention & Control Service

Disease	Mode of Transmission	Recommended Precautions	Precaution Duration
<ul style="list-style-type: none"> <li>Enterocolitis</li> <li>Pneumonia</li> <li>Scalded Skin Syndrome</li> <li>Toxic Shock Syndrome</li> </ul>	<p>Faeces</p> <p>Respiratory secretions</p> <p>Lesion, drainage</p> <p>Vaginal discharge or pus</p>	<p>Standard Contact Precautions for diapered or incontinent children for duration of illness</p> <p>Standard</p> <p>Contact</p> <p>Standard</p>	<p>Duration of illness</p> <p>Duration of illness</p>
<p><b>Streptococcal disease</b> (Group A Streptococcus)</p> <ul style="list-style-type: none"> <li>Skin, wound or burn               <ul style="list-style-type: none"> <li>Major (No dressing or dressing does not contain drainage adequately)</li> <li>Minor (dressing covers and contains drainage adequately)</li> </ul> </li> <li>Endometritis (puerperal sepsis)</li> <li>Pharyngitis in infants, young children</li> <li>Pneumonia</li> <li>Scarlet fever in infants, young children</li> <li>Serious invasive disease</li> </ul>	<p>Pus/exudate</p> <p>Pus/exudate</p> <p>Vaginal discharge</p> <p>Respiratory secretions</p> <p>Respiratory secretions</p> <p>Respiratory secretions</p>	<p>Contact</p> <p>Standard</p> <p>Standard</p> <p>Droplet</p> <p>Droplet</p> <p>Droplet</p> <p>Droplet Plus Contact if draining wound</p>	<p>N.B. Ensure disinfection of articles likely to have been contaminated by lesions/secretions</p> <p>Until 24 hours after initiation of effective therapy and drainage contained</p> <p>Until 24 hours after initiation of effective therapy</p> <p>Until 24 hours after initiation of effective therapy</p> <p>Until 24 hours after initiation of effective therapy</p> <p>Until 24 hours after initiation of effective therapy</p>
<p><b>Streptococcal disease (not group A or B) unless covered elsewhere</b></p>	<p>Lesions/secretions</p>	<p>Standard</p>	
<p><b>Syphilis</b></p>			

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<ul style="list-style-type: none"> <li>Skin and mucous membrane, including congenital, primary, secondary</li> <li>Latent (tertiary) and seropositivity without lesions</li> </ul>	<p>Lesion secretions and blood</p> <p>Blood</p>	<p>Standard</p> <p>Standard</p>	
<p><b>Tapeworm Disease</b></p> <ul style="list-style-type: none"> <li>Hymenolepis nana</li> <li>Taenia solium (pork)</li> <li>Other</li> </ul>	<p>Ingestion of parasite from undercooked meat</p>	<p>Standard</p> <p>Standard</p> <p>Standard</p>	
<b>Tetanus</b>	Environmental via skin injury	Standard	
<b>Tinea</b> (fungus infection dermatophytosis, dermatomycosis, ringworm)	Direct skin-to-skin contact or indirect contact from infected fomites from people or animals.	Standard	
<b>Toxoplasmosis</b>	Cat faeces, undercooked meat	Standard. No restrictions for pregnant staff.	
<b>Toxic Shock syndrome</b> (see Staphylococcal disease, Streptococcal disease)		Standard	If Group A streptococcus likely then Droplet Precautions Until 24 hours after initiation of effective therapy.
<b>Trachoma</b> (acute)	Purulent exudate	Standard	
<p><b>Tuberculosis</b></p> <p>(refer also to <a href="#">Care of Patients with Pulmonary Tuberculosis, CDHB Infection Prevention &amp; Control Policies and Procedures</a>)</p> <ul style="list-style-type: none"> <li>Extra pulmonary, draining lesion (including scrofula)</li> </ul>	Pus/Exudate	<p>Standard</p> <p>Contact for wound care</p> <p>Airborne for wound care that may involve aerosol, e.g. irrigation.</p>	Discontinue precautions when drainage has ceased.

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<ul style="list-style-type: none"> <li>Extra pulmonary and meningitis</li> </ul>	Drainage from infected area	Standard	Patients should be examined for evidence of current (Active) pulmonary TB.
<ul style="list-style-type: none"> <li>Pulmonary or laryngeal disease confirmed</li> </ul>	Airborne, Droplet nuclei	Airborne	Until all of the following has been met: <ul style="list-style-type: none"> <li>The patient has had a minimum of 2 weeks effective chemotherapy</li> <li>The patient has stopped coughing</li> <li>Patient is infected with a fully sensitive strain of Mycobacterium tuberculosis</li> <li>The patient is responding well to treatment</li> <li>At least 2 of the patient's sputum specimens are smear-negative or the patient remains smear-positive but is culture negative.</li> </ul>
<ul style="list-style-type: none"> <li>Pulmonary or laryngeal disease suspected</li> </ul>	Airborne, Droplet nuclei	Airborne	When likelihood of infectious TB disease deemed negligible and either: <ol style="list-style-type: none"> <li>There is another diagnosis that explains the clinical syndrome OR</li> <li>The results of two consecutive sputum specs are smear negative on separate days. (at least one of these should be an early morning specimen)</li> </ol>
<b>Typhoid</b> ( <i>Salmonella typhi</i> ) (see <a href="#">Gastroenteritis bacterial</a> )	Faeces	<b>Standard</b> & dedicated toilet/commode  <b>Contact</b> for incontinent patients or those in <a href="#">vulnerable patient wards</a>	
<b>Varicella</b> (see Chickenpox)			
<b>Vibrio parahaemolyticus</b> (see <a href="#">Gastroenteritis bacterial</a> )	Faeces	<b>Standard</b> & dedicated toilet/commode  <b>Contact</b> for incontinent patients or those in <a href="#">vulnerable patient wards</a>	

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<b>Viral haemorrhagic fevers (VHFs)</b> (refer specific virus)	Blood and body fluids	Contact & Droplet	
<b>Whooping cough</b> (see <a href="#">Pertussis</a> )			
<b>Wound/Skin Infection/Abscess/Decubitus Ulcer</b> <ul style="list-style-type: none"> <li>- Major (No dressing or dressing does not contain drainage adequately)</li> <li>- Minor (dressing covers and contains drainage adequately)</li> </ul>	<ul style="list-style-type: none"> <li>Pus/exudate</li> <li>Pus/exudate</li> </ul>	<ul style="list-style-type: none"> <li>Contact</li> <li>Standard</li> </ul>	Until drainage contained.
<b><i>Yersinia enterocolitica</i></b> (see <a href="#">Gastroenteritis bacterial</a> )	Faeces	<b>Standard</b> & dedicated toilet/commode <b>Contact</b> for incontinent patients or those in <a href="#">vulnerable patient wards</a>	
<b>Zika Virus</b>	Vector (mosquito) & sexual intercourse	Standard	