

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

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

Disease	Mode of Transmission	Recommended Precautions	Precaution Duration
Brucellosis (undulant, Malta, Mediterranean fever)	Body fluid	Standard	
Campylobacter (see Gastroenteritis bacterial)		Standard & dedicated toilet/commode Contact for incontinent patients or those in vulnerable patient wards	
Candidiasis , all forms including mucocutaneous e.g. thrush	Skin and mucous membrane	Standard	
Cellulitis			
<ul style="list-style-type: none"> Uncontrolled drainage 	Serous ooze	Contact	Until drainage contained
<ul style="list-style-type: none"> Controlled drainage 	Serous ooze	Standard	
Chancroid (soft chancre)	Pus	Standard	
Chickenpox (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.
Chlamydia trachomatis			
<ul style="list-style-type: none"> Conjunctivitis 	Pus	Standard	
<ul style="list-style-type: none"> Genital 	Genital Discharge	Standard	
<ul style="list-style-type: none"> Pneumonia (infants < 3 months of age) 	Respiratory secretions	Standard	
Cholera (see Gastroenteritis bacterial)	Faeces	Standard with dedicated toilet Contact Precautions for incontinent or vulnerable patient wards .	Duration of clinical symptoms.

Disease	Mode of Transmission	Recommended Precautions	Precaution Duration
<i>Clostridium botulinum</i>	Foodborne	Standard	
Clostridium. Difficile Infection	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	
Conjunctivitis			
Acute bacterial	Purulent exudate	Standard	
Chlamydia	Purulent exudate	Standard	
Gonococcal	Purulent exudate	Standard	
Viral (e.g. Adenovirus)	Purulent exudate	Contact	Duration of illness
Coronavirus OC43, NL63,229E, HKU1	Respiratory and contact	Contact Precautions in vulnerable patient wards	Duration of illness
Coxsackievirus disease – See Hand, Foot & Mouth Disease See Enteroviral infections			
Creutzfeldt-Jakob disease (see CJD guidelines on IP&C intranet 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
Croup	Respiratory secretions Presumed by inhalation.	Contact and Droplet	Duration of clinical illness

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

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

Disease	Mode of Transmission	Recommended Precautions	Precaution Duration
Gastroenteritis – bacterial (excludes <i>Clostridium difficile</i> infection) <ul style="list-style-type: none"> <i>Aeromonas</i> <i>Campylobacter species</i> Cholera <i>Cryptosporidium species</i> Enterohemorrhagic <i>E.coli</i> O157:H7 <i>Giardia lamblia</i> <i>Salmonella species</i> <i>Shigella species</i> <i>Vibrio parahaemolyticus</i> <i>Yersinia enterocolitica</i> 	Faeces	Contact Precautions until bacterial cause confirmed or ruled out -then Standard & dedicated toilet/commode Contact for incontinent patients or those in vulnerable patient wards	Duration of clinical symptoms Community & Public Health brochures: <ul style="list-style-type: none"> - Campylobacter - Cryptosporidium - E.coli 0157 - Giardia - Salmonella - Shigella - Yersinia
Gastroenteritis – viral			
<ul style="list-style-type: none"> <i>Adenovirus</i> <i>Astrovirus</i> <i>Bocavirus</i> <i>Enterovirus</i> <i>Norovirus</i> (see Norovirus Guidelines on IP&C Intranet for further information) <i>Rotavirus</i> <i>Sapovirus</i> 	Faeces Faeces Faeces Faeces Faeces/Vomit Faeces/Vomit Faeces	Standard & dedicated toilet/commode Contact for incontinent patients or those in vulnerable patient wards Contact and Droplet (if vomiting) with dedicated toilet/commode Contact and Droplet with dedicated toilet/commode Standard & dedicated toilet/commode Contact for incontinent patients or those in vulnerable patient wards	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

Disease	Mode of Transmission	Recommended Precautions	Precaution Duration
<ul style="list-style-type: none"> Viral (if not covered elsewhere) 	Faeces	Standard & dedicated toilet/commode Contact for incontinent patients or those in vulnerable patient wards	Duration of clinical symptoms.
German measles (see Rubella)			
Giardia (see Gastroenteritis bacterial)	Faeces		Duration of clinical symptoms
Glandular Fever (infectious mononucleosis)	Respiratory secretions including saliva	Standard	
Gonococcal ophthalmia neonatorum (gonorrhoeal ophthalmia, acute conjunctivitis of newborn)	Mucous membranes & pus	Standard	
Gonorrhoea	Mucous membranes/sexual contact	Standard	
Guillain-Barré syndrome	Respiratory secretions/faeces	Standard	
Haemorrhagic fevers (eg. Ebola, Lassa Fever, Marburg) Refer also IPC Ebola policies and procedures	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
Hand, Foot and Mouth disease 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 st week of illness Community & Public Health brochure
Hantavirus pulmonary syndrome	Rodents/ blood	Standard	Duration of illness
Helicobacter pylori	Faecal/oral	Standard	Duration of illness
Hepatitis, viral			

Disease	Mode of Transmission	Recommended Precautions	Precaution Duration
<ul style="list-style-type: none"> Type A 	Faeces	Standard & dedicated toilet/commode Contact for incontinent patients or those in vulnerable patient wards	For one week of jaundice. Maintain precautions <ul style="list-style-type: none"> In infants & children <3 yrs of age for duration of hospitalisation. In children 3-14yrs, until 2 weeks after onset of symptoms In others until one week after onset of symptoms.
<ul style="list-style-type: none"> Type B (HB_sAG Positive) Type C and other non-specified (non-A, non-B) Type D (co infection with Type B) Type E – see Type A Type G 	Blood/body fluids Blood/body fluids Blood/body fluids Faeces	Standard Standard Standard Standard – with dedicated toilet/commode Standard	Community & Public Health brochure
Herpes simplex (cold sore) Encephalitis Neonatal Exposure Mucotaneous, disseminated or primary severe Mucotaneous, recurrent (skin, oral, genital)	Lesions & mucous membranes Lesion secretions Lesion secretions Lesion secretions	Standard Standard Contact Contact Standard	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. For symptomatic infants contact precautions until lesions dry. Until all lesions crusted

Disease	Mode of Transmission	Recommended Precautions	Precaution Duration
Herpes zoster (varicella-zoster/shingles) <ul style="list-style-type: none"> Disseminated (wide spread) usually in compromised patients Area cannot be contained by an occlusive dressing 	Lesion secretions	Contact and Airborne	Until all lesions crusted. Avoid contact unless immune to chickenpox
	Lesion secretions	Contact	Until all lesions crusted. Avoid contact unless immune to chickenpox
	Localised in normal patient and area covered by occlusive dressing	Standard	Avoid contact unless immune to chickenpox
HIV (Human immunodeficiency virus)	Blood borne virus – direct contact with blood or body substances	Standard	
Human Metapneumovirus	Respiratory secretions	Standard with Respiratory Hygiene Contact those in vulnerable patient wards	Duration of illness. Similar to RSV
Impetigo	Lesions	Contact	Until 24hrs after effective treatment
Infectious mononucleosis (see Glandular Fever)	Respiratory secretions and saliva	Standard	
Influenza (see Influenza Guidelines on IP&C intranet 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
Kawasaki syndrome	No known person-to-person spread	Standard	
Lassa Fever	Blood and body fluids	Contact – refer Ebola Viral Diseases Guidelines	
Legionnaires’ disease	Contaminated water from environment, aspirated/inhaled. Not person to person transmission	Standard	

Disease	Mode of Transmission	Recommended Precautions	Precaution Duration
Leprosy	Long term close contact	Standard	
Leptospirosis	Not person to person transmission	Standard	
Lice (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 http://www.cph.co.nz/files/MED0030.pdf (Community & Public Health brochure)
Listeriosis	Contaminated foods	Standard	
Lyme Disease	Ticks	Standard	
Malaria	Mosquito	Standard	
Marburg Haemorrhagic Fever	Blood and body fluids	Contact & Droplet – refer Ebola Viral Diseases Guidelines	
Measles (Rubeola, Morbilli)	Airborne spread	Airborne	4 days after onset of rash. Duration of clinical illness for immune compromised. Avoid contact unless immune.
Meningitis • Aseptic nonbacterial or viral meningitis (also see enteroviral infections) • Bacterial, gram-negative enteric, in neonates • Fungal • Haemophilus influenzae type b, known or suspected	Faeces/oral Inhalation from environmental after aerosolisation Respiratory secretions	Standard Standard Standard Droplet	Until 24hrs after initiation of effective treatment See meningococcal disease below

Disease	Mode of Transmission	Recommended Precautions	Precaution Duration
<ul style="list-style-type: none"> Listeria monocytogenes Neisseria (meningococcal) known or suspected M.Tuberculosis Other diagnosed bacterial 	<p>Food or faecal/oral</p> <p>Respiratory secretions</p> <p>Respiratory secretions</p> <p>Depends on organism</p>	<p>Standard</p> <p>Droplet</p> <p>Standard</p> <p>Standard</p>	<p>Until 24 hrs after initiation of effective treatment</p> <p>Patient should be examined for evidence of current (active) pulmonary tuberculosis. If evidence exists, see Tuberculosis</p>
Meningococcal pneumonia or sepsis (Meningococemia)	Blood/Respiratory secretions	Droplet	Until 24hrs after initiation of effective therapy
MERS-CoV - Middle East Respiratory Syndrome	Respiratory secretions. Contaminated surfaces	Contact & Airborne	Refer to latest Ministry of Health Guidelines
<i>Molluscum contagiosum</i>	Close contact/lesions	Standard	Viral disease causing skin lesions
Multidrug-resistant organisms , 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
Mumps (infectious parotitis)	Saliva	Droplet	For 9 days after onset of swelling. Avoid contact unless immune.
Mycobacterium Tuberculosis (see Tuberculosis)	Airborne particles	Airborne	
Mycobacteria , nontuberculosis (atypical)	Not person to person transmission		
Pulmonary	Respiratory secretions	Standard	
Wound	Drainage	Standard	
<i>Mycoplasma pneumoniae</i>	Respiratory secretions	Droplet and Contact	Duration of illness

Disease	Mode of Transmission	Recommended Precautions	Precaution Duration
Necrotizing enterocolitis	Faeces	Standard	Contact Precautions when cases temporarily clustered.
Norovirus Type 1 & 2 (see Gastroenteritis viral)			
Parainfluenza (types 1-4)	Respiratory secretions	Contact	Duration of illness Viral shedding may be prolonged in immunosuppressed patients.
Parechovirus • Respiratory	Respiratory secretions		
Parvovirus B19 (erythema infectiosum)	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 http://www.cph.co.nz/files/MED0078.pdf
Pertussis (whooping cough)	Respiratory secretions	Droplet	Until 2 days after commencement of treatment with azithromycin or 5 days if treated with erythromycin or other antibiotics. Considered non-infectious if >2 weeks since onset of cough https://www.health.govt.nz/system/files/documents/publications/immshandbook-14-pertussis-mar18-v2.pdf
Pharyngitis	Respiratory secretions	Contact and Droplet until aetiology known	Until aetiology known
Pinworm infection (See Enterobiosis)			
Plague • Bubonic	Pus	Standard	

Disease	Mode of Transmission	Recommended Precautions	Precaution Duration
<ul style="list-style-type: none"> Pneumonic 	Respiratory infections	Droplet	Until 48 hours after initiation of effective treatment
Pneumonia			
<ul style="list-style-type: none"> Adenovirus 	Respiratory secretions	Droplet and Contact	Duration of illness
<ul style="list-style-type: none"> Bacterial not listed elsewhere (including gram negative bacteria) 	Respiratory secretions	Standard	
<ul style="list-style-type: none"> <i>Burkholderia cepacia</i> in cystic fibrosis (CF) pts including respiratory tract colonisation 	Respiratory secretions	Contact Avoid exposure to other CF patient. Persons with CF who visit or provide care and are not infected or colonised with <i>B.cepacia</i> may elect to wear a mask when within a metre of a colonised or infected patient.	
<ul style="list-style-type: none"> Chlamydia 	Respiratory secretions	Standard	
<ul style="list-style-type: none"> Fungal 	Respiratory secretions	Standard	
<ul style="list-style-type: none"> Haemophilus xanthema Type B Adults 	Respiratory secretions	Standard	
<ul style="list-style-type: none"> Infants & children any age 	Respiratory secretions	Droplet	Until 24hrs after initiation of effective therapy.
<ul style="list-style-type: none"> Legionella (See Legionnaires' Disease) 			
<ul style="list-style-type: none"> Meningococcal 	Respiratory secretions	Droplet	Until 24hrs after initiation of effective therapy.
<ul style="list-style-type: none"> Multi-drug resistant bacteria (see Multidrug resistant organism) 			
<ul style="list-style-type: none"> <i>Mycoplasma pneumoniae</i> 	Respiratory secretions	Droplet	Duration of illness

Disease	Mode of Transmission	Recommended Precautions	Precaution Duration
<ul style="list-style-type: none"> <i>Pneumococcal pneumonia</i> <i>Pneumocystis carinii</i> <i>Staphylococcus aureus</i> <i>Streptococcus</i>, Group A Adults Infants & young children Viral 	<p>Respiratory secretions</p> <p>Respiratory secretions</p> <p>Respiratory secretions</p> <p>Respiratory secretions</p> <p>Respiratory secretions</p>	<p>Standard</p> <p>Standard Do not place in room with immunocompromised patient.</p> <p>Standard</p> <p>Droplet</p> <p>Droplet</p> <p>Standard</p>	<p>24 hours after start of effective therapy</p>
Poliomyelitis	Faeces	Contact	Duration of illness
Psittacosis (ornithosis)	Zoonoses Not transmitted person to person	Standard	
Rabies	Respiratory secretions	Standard for routine care. Contact and Droplet including full face visor for aerosol generating high risk procedures e.g. suction, intubation	<p>Duration of illness.</p> <p>Post exposure prophylaxis available through pharmacy – contact Infectious Diseases and Occupational Health</p>
Respiratory Syncytial Virus (RSV)	Respiratory secretions	Contact and Droplet	Until patient is asymptomatic for 48 hours
Rheumatic fever (Group A Streptococcal)	Not person-to-person transmission	Standard	
Rhinovirus	Respiratory secretions	<p>Standard</p> <p>Droplet for those in vulnerable patient wards</p>	
Ringworm (dermatophytosis, dermatomycosis, tinea)	Lesions	Standard	

Disease	Mode of Transmission	Recommended Precautions	Precaution Duration
Roseola infantum xanthema subitum)	Oral secretions	Standard	
Rotavirus (see Gastroenteritis viral)			
Rubella <ul style="list-style-type: none"> German Measles Congenital Rubella 	Respiratory secretions	Droplet Non immune staff should avoid caring for these patients. Droplet	Until 7 days after onset of rash. Susceptible case who has known exposure – precautions for 7 days or until rash appears then 7 days after onset of rash. Until 1 yr of age Standard precautions if nasopharyngeal and urine cultures repeatedly negative > 3 months of age
Rubeola (see Measles)			
Salmonella (see Gastroenteritis bacterial)			
Sapovirus (see Gastroenteritis viral)			
Scabies	Skin contact	Contact	Until 24hrs after initiation of effective therapy.
Scalded skin syndrome staphylococcal (Ritters disease)	Lesion drainage	Contact	Duration of clinical symptoms
Scarlet Fever (see Streptococcal Disease)			
Schistosomiasis (bilharziasis)	Environmental (water)	Standard	
Severe Acute Respiratory Syndrome (SARS) 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).
Shigellosis (see Gastroenteritis bacterial)			

Disease	Mode of Transmission	Recommended Precautions	Precaution Duration
Shingles (see Herpes Zoster)			
<p>Staphylococcal disease (<i>S.aureus</i>) Refer separate policy for MRSA)</p> <ul style="list-style-type: none"> • Skin, wound or burn <ul style="list-style-type: none"> - Major (No dressing or dressing does not contain drainage adequately) - Minor (dressing covers and contains drainage adequately) • Enterocolitis • Pneumonia • Scalded Skin Syndrome • Toxic Shock Syndrome 	<ul style="list-style-type: none"> Pus/exudate Pus/exudate Faeces Respiratory secretions Lesion, drainage Vaginal discharge or pus 	<ul style="list-style-type: none"> Contact Standard Standard Contact Precautions for diapered or incontinent children for duration of illness Standard Contact Standard 	<ul style="list-style-type: none"> Until drainage contained Duration of illness Duration of illness
<p>Streptococcal disease (Group A Streptococcus)</p> <ul style="list-style-type: none"> • Skin, wound or burn <ul style="list-style-type: none"> - Major (No dressing or dressing does not contain drainage adequately) - Minor (dressing covers and contains drainage adequately) • Endometritis (puerperal sepsis) • Pharyngitis in infants, young children 	<ul style="list-style-type: none"> Pus/exudate Pus/exudate Vaginal discharge Respiratory secretions 	<ul style="list-style-type: none"> Contact Standard Standard Droplet 	<ul style="list-style-type: none"> N.B. Ensure disinfection of articles likely to have been contaminated by lesions/secretions Until 24 hours after initiation of effective therapy and drainage contained Until 24 hours after initiation of effective therapy

Disease	Mode of Transmission	Recommended Precautions	Precaution Duration
<ul style="list-style-type: none"> Pneumonia Scarlet fever in infants, young children Serious invasive disease 	Respiratory secretions Respiratory secretions	Droplet Droplet Droplet Plus Contact if draining wound	Until 24 hours after initiation of effective therapy Until 24 hours after initiation of effective therapy Until 24 hours after initiation of effective therapy
Streptococcal disease (not group A or B) unless covered elsewhere	Lesions/secretions	Standard	
Syphilis			
<ul style="list-style-type: none"> Skin and mucous membrane, including congenital, primary, secondary Latent (tertiary) and seropositivity without lesions 	Lesion secretions and blood Blood	Standard Standard	
Tapeworm Disease			
<ul style="list-style-type: none"> Hymenolepis nana Taenia solium (pork) Other 	Ingestion of parasite from undercooked meat	Standard Standard Standard	
Tetanus	Environmental via skin injury	Standard	
Tinea (fungus infection dermatophytosis, dermatomycosis, ringworm)	Direct skin-to-skin contact or indirect contact from infected fomites from people or animals.	Standard	
Toxoplasmosis	Cat faeces, undercooked meat	Standard. No restrictions for pregnant staff.	
Toxic Shock syndrome (see Staphylococcal disease, Streptococcal disease)		Standard	If Group A streptococcus likely then Droplet Precautions Until 24 hours after initiation of effective therapy.

Disease	Mode of Transmission	Recommended Precautions	Precaution Duration
Trachoma (acute)	Purulent exudate	Standard	
<p>Tuberculosis</p> <p>(refer also to Care of Patients with Pulmonary Tuberculosis, CDHB Infection Prevention & Control Policies and Procedures)</p> <ul style="list-style-type: none"> Extra pulmonary, draining lesion (including scrofula) Extra pulmonary and meningitis 	<p>Pus/Exudate</p> <p>Drainage from infected area</p>	<p>Standard</p> <p>Contact for wound care</p> <p>Airborne for wound care that may involve aerosol, e.g. irrigation.</p> <p>Standard</p>	<p>Discontinue precautions when drainage has ceased.</p> <p>Patients should be examined for evidence of current (Active) pulmonary TB.</p>
<ul style="list-style-type: none"> Pulmonary or laryngeal disease confirmed 	Airborne, Droplet nuclei	Airborne	<p>Until all of the following has been met:</p> <ul style="list-style-type: none"> The patient has had a minimum of 2 weeks effective chemotherapy The patient has stopped coughing Patient is infected with a fully sensitive strain of Mycobacterium tuberculosis The patient is responding well to treatment At least 2 of the patient's sputum specimens are smear-negative or the patient remains smear-positive but is culture negative.
<ul style="list-style-type: none"> Pulmonary or laryngeal disease suspected 	Airborne, Droplet nuclei	Airborne	<p>When likelihood of infectious TB disease deemed negligible and either:</p> <ol style="list-style-type: none"> There is another diagnosis that explains the clinical syndrome OR The results of two consecutive sputum specs are smear negative on separate days. (at least one of these should be an early morning specimen)

Disease	Mode of Transmission	Recommended Precautions	Precaution Duration
Typhoid (<i>Salmonella typhi</i>) (see Gastroenteritis bacterial)	Faeces	Standard & dedicated toilet/commode Contact for incontinent patients or those in vulnerable patient wards	
Varicella (see Chickenpox)			
Vibrio parahaemolyticus (see Gastroenteritis bacterial)	Faeces	Standard & dedicated toilet/commode Contact for incontinent patients or those in vulnerable patient wards	
Viral haemorrhagic fevers (VHFs) (refer specific virus)	Blood and body fluids	Contact & Droplet	
Whooping cough (see Pertussis)			
Wound/Skin Infection/Abscess/Decubitus Ulcer - Major (No dressing or dressing does not contain drainage adequately) - Minor (dressing covers and contains drainage adequately)	Pus/exudate Pus/exudate	Contact Standard	Until drainage contained.
Yersinia enterocolitica (see Gastroenteritis bacterial)	Faeces	Standard & dedicated toilet/commode Contact for incontinent patients or those in vulnerable patient wards	
Zika Virus	Vector (mosquito) & sexual intercourse	Standard	