

A-Z of Diseases – Infection Prevention and Control (IPC) precautions and Personal Protective Equipment (PPE) Requirements

Suspected or confirmed pathogen/disease	Mode of transmission	IPC precautions	Other Recommendations/Notes
<i>Acinetobacter baumannii</i>	Respirator, skin, and soft tissue infections.	Standard See clinical risk assessment criteria	Single en-suite room if possible. If in multi-bedded bay, must have dedicated toilet/bathroom.
Adenovirus <ul style="list-style-type: none"> Respiratory Keratoconjunctivitis <i>Gastroenteritis</i> (See <i>Gastroenteritis Viral</i>) 	Respiratory secretions Purulent exudate Faeces	Standard with respiratory hygiene Contact Contact	Maintain precautions for duration of infection. Virus shedding may be prolonged in immunosuppressed patients Maintain precautions for duration of infection Maintain precautions for duration of infection
Aeromonas species	Faeces	Contact Dedicated toilet/commode	
Amebiasis (Dysentery)	Faeces	Standard	
Anthrax <ul style="list-style-type: none"> Cutaneous Pulmonary 	Pus Soil/Environment	Standard Standard	
Arthropod borne Viral Fevers (<i>Dengue Fever, Yellow Fever, Ross River, and Zika viruses</i>)	Blood	Standard	
Aspergillosis	Airborne from environmental dust particles	Standard	
Astrovirus (see <i>Gastroenteritis-Viral</i>)	Faeces	Contact Dedicated toilet/commode	Maintain precautions for 48 hours following last loose bowel or until 72 hours in event of ward outbreaks.

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Bocavirus <ul style="list-style-type: none"> Gastroenteritis (See Gastroenteritis Viral) Respiratory 	Faeces Respiratory secretions	Standard Dedicated toilet/commode Contact for incontinent patients Standard	Maintain precautions for 48 hours following last loose bowel or until 72 hours in event of ward outbreaks.
Botulism (See <i>Clostridium botulinum</i>)			
Bronchiolitis <ul style="list-style-type: none"> Respiratory Syncytial Virus (RSV) Human metapneumonovirus 	Respiratory secretions	Contact and Droplet	Maintain precautions for duration of infection
Brucellosis (undulant, Malta, Mediterranean fever)	Body fluids	Standard	Not transmitted person to person, except rarely via sexual contact. Most commonly transmitted through ingestion of unpasteurised milk, or undercooked meat.
<i>Carbapenem Resistant Acinetobacter baumannii</i> (CRAB)	Respiratory secretions Purulent exudate Urine/faeces	Contact with dedicated toilet/commode. Patients should be discouraged from using communal areas. Single room Please see MDRO guidelines.	
Campylobacter (See Gastroenteritis Viral)	Faeces Contaminated drinking water Contact with infected animals	Standard Dedicated toilet/commode Contact for incontinent patients	
Candidiasis. All forms including mucocutaneous, eg. Thrush. <ul style="list-style-type: none"> <i>Candida auris</i> (MDRO) 	Skin and mucosal membrane	Standard	
	Skin and mucosal membrane	Contact Single room	Virulence is linked to its biofilm formation, phenotypic switching and resistance to antifungal agents, which makes eradication in healthcare environments arduous.

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			Clinell sporicidal wipes (red wipes with peracetic acid) to be used for cleaning of high touch surfaces. Contact time of 2 minutes required.
Cellulitis <ul style="list-style-type: none"> Uncontrolled drainage Controlled drainage 	Serous ooze	Contact until drainage contained Standard	
Chancroid (soft chancre)	Sexual contact	Standard	
Chickenpox	Respiratory aerosols and through direct contact with lesions	Airborne and Contact	To remain in airborne and contact precautions until all lesions are dry and crusted. Non-immune and susceptible healthcare workers should not enter room if immune caregivers are available.
Chlamydia trachomatis <ul style="list-style-type: none"> Conjunctivitis Genital Pneumonia 	Pus Genital discharges Respiratory secretions	Standard Standard Contact and Droplet	
Cholera <i>Vibrio cholerae</i>	Faeces	Standard Dedicated toilet/commode Contact for incontinent patients	Maintain precautions for duration of infection
Clostridium botulinum	Foodborne	Standard	Not transmitted person to person
Clostridium difficile infection	Faeces	Contact Dedicated toilet/commode	Maintain precautions for 48 hours after being asymptomatic No further specimens required to determine clearance once asymptomatic.
Clostridium perfringens	Foodborne (food poisoning) Primarily from soil (Gas gangrene)	Standard Standard	Not transmitted from person to person
Conjunctivitis <ul style="list-style-type: none"> Acute bacterial 	Purulent exudate	Standard	

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<ul style="list-style-type: none"> Chlamydia Gonococcal 	Purulent exudate Purulent exudate	Standard Standard	Maintain precautions for duration of infection
<ul style="list-style-type: none"> Viral (eg. Adenovirus) 	Purulent exudate	Contact	
Common Colds such as Coronavirus OC43, NL63,229E, HKU1	Respiratory	Standard	
COVID-19 SARS CoV 2	Respiratory particles	Enhanced airborne and contact	N95 and other PPE according to tasks
Coxsackievirus disease See Hand, Foot, and Mouth Disease See enterovirus infections			
Creutzfeldt-Jakob disease	CNS or neurological tissues. Very small amount of those with CJD suffer from familial CJD	Standard	Use disposable instruments or special sterilisation/disinfection for surfaces, objects contaminated with neural tissue if CJD or vCJD suspected
Croup	Respiratory secretions Presumed by inhalation	Contact and Droplet	Maintain precautions for duration of infection
Cryptococcosis	Inhalation of soil particles	Standard	Not transmitted from person to person
Cryptosporidiosis (Gastroenteritis bacterial) <i>Cryptosporidium</i> species	Faeces	Standard Dedicated toilet/commode Contact for incontinent patients	
Cytomegalovirus infection, neonatal or immunosuppressed	Mucosal tissue, secretions (urine) and excretions	Standard	
Dengue Fever (See Arthropod borne Viral Fevers)			

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Diarrhoea, acute or suspected infectious (See gastroenteritis)			
Diphtheria <ul style="list-style-type: none"> Cutaneous Pharyngeal 	Lesions Respiratory secretions	Contact Contact and Droplet	Precautions required until two cultures of lesions, taken at least 24 hours apart, are shown to be negative.
Dysentery	Faeces	Standard	
Ebola Viral Disease (See Haemorrhagic fevers)			
E.Coli O157:H7 Enterohemorrhagic	Faecal-oral route	Standard Dedicated toilet/commode Contact for incontinent patients	
Encephalitis or encephalomyelitis (see specific etiologic agents)			
Endometritis (See also Group A streptococcus)	Vaginal discharge	Standard	
Enterobiasis (pinworm disease, oxyuriasis)	Faeces/oral	Standard	
Enterovirus <ul style="list-style-type: none"> Respiratory Parechovirus (See Gastroenteritis viral under Enterovirus) Echo viruses (See Gastroenteritis viral) 	Respiratory secretions Faeces	Contact and Droplet Standard Contact for incontinent patients. Standard with Respiratory hygiene	Maintain precautions for duration of infection

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<ul style="list-style-type: none"> Group A and B Coxsackieviruses (See Hand, Foot, and Mouth Disease) 			
Epiglottitis, due to Haemophilus influenzae, type B	Respiratory particles	Droplet	Maintain precautions for 24 hours post commencement of effective therapy
Epstein-Barr virus including infectious mononucleosis	Bodily fluids, especially through saliva, and sexual body fluids	Standard	
Erythema infectiosum (See Parvovirus B19)			
Extended Spectrum Beta Lactamase producing organism - ESBL	Urine/Faeces	Standard or Contact	Please refer to the MDRO flowchart to determine precautions needed.
Food poisoning (See <i>Clostridium botulinum</i> , <i>clostridium perfringers</i>)			
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> 	Faeces Faeces Faeces Faeces Faeces Faeces	Contact until bacterial cause confirmed or ruled out, then to standard precautions (Applicable to all entries here) Contact for incontinent patients	

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<ul style="list-style-type: none"> <i>Salmonella species</i> <i>Shigella species</i> <i>Vibrio parahaemolyticus</i> <i>Yersinia enterocolitica</i> 	<p>Faeces</p> <p>Faeces</p> <p>Faeces</p> <p>Faeces</p>		
<p>Gastroenteritis – viral</p> <ul style="list-style-type: none"> Adenovirus Astrovirus Bocavirus Enterovirus Norovirus Rotavirus 	<p>Faeces</p> <p>Faeces</p> <p>Faeces</p> <p>Faeces</p> <p>Faeces/vomit</p> <p>Faeces/vomit</p>	<p>Standard Dedicated toilet/commode Contact for incontinent patients</p> <p>Standard Dedicated toilet/commode Contact for incontinent patients</p> <p>Contact, or Contact and Droplet (if vomiting) Dedicated toilet/commode</p> <p>Contact or Contact and Droplet (if vomiting) Dedicated toilet/commode</p> <p>Contact, or Contact and Droplet (if vomiting) Dedicated toilet/commode</p> <p>Standard Dedicated toilet/commode Contact for incontinent patients</p>	<p>Length of isolation is the duration of clinical symptoms and until asymptomatic for at least 48-72 hours. Prolonged shedding may occur in immunocompromised children and the elderly Please refer to Norovirus Outbreak Guidelines</p> <p>Length of isolation is the duration of clinical symptoms and until asymptomatic for at least 48-72 hours. Prolonged shedding may occur in immunocompromised children and the elderly</p>

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<ul style="list-style-type: none"> Sapovirus 	Faeces	Contact, or Contact and Droplet (if vomiting) Dedicated toilet/commode	
German measles (see Rubella)	Respiratory	Droplet	Maintain precautions for duration of infection
Giardia (see Gastroenteritis – bacterial)			
Glandular Fever (Infectious mononucleosis)	Respiratory secretions, and saliva	Standard	
Gonococcal ophthalmia neonatorum (gonorrhoeal ophthalmia, acute conjunctivitis of newborn)	Mucous membranes, and pus	Standard	
Gonorrhoea	Sexual contact Childbirth	Standard	
Haemophilus influenzae Type B Epiglottitis and Meningitis	Respiratory	Droplet	Maintain precautions for 24 hours post commencement of effective therapy
Haemorrhagic fevers (eg Ebola, Lassa fever, Marburg virus)	Blood, body fluids, and respiratory secretions	Enhanced Airborne and Contact	Negative pressure room with ensuite
Hand, Foot and Mouth disease Commonly caused by Group A Coxsackieviruses	Nasal discharge Saliva, Blister fluids Faeces	Contact	Most infectious during the first week of illness
Hantavirus pulmonary syndrome	Usually transmitted through inhalation of hantaviruses that have become airborne through infected rodents faeces, urine, or saliva	Contact	Not transmitted from person to person
Helicobacter pylori	Faeces/oral	Standard	

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Hepatitis-Viral <ul style="list-style-type: none"> Type A Type B (HBsAG positive, acute or chronic) Type C, D, E, F, G and other non-specified hepatitis' (non-A, non-B) 	<p>Faecal-oral route</p> <p>Blood/body fluids</p> <p>Blood/body fluids</p>	<p>Standard Dedicated toilet/commode Contact for incontinent patients</p> <p>Standard</p> <p>Standard</p>	<p>For incontinent patients, maintain precautions as follows:</p> <ul style="list-style-type: none"> In infants and children <3 years of age, maintain precautions for the duration of hospitalisation. For Children 3-14 years, maintain precautions for two weeks after onset of symptoms. In those >14 years, maintain precautions for one week after onset of symptoms.
Herpes Simplex (<i>herpesvirus hominis</i>) <ul style="list-style-type: none"> Mucocutaneous, disseminated or primary-severe Mucocutaneous, recurrent (skin, oral, genital) Neonate infection 	<p>Commonly through direct contact with lesions</p>	<p>Contact</p> <p>Standard</p> <p>Contact</p>	<p>Until lesions dry and crusted</p> <p>Until lesions dry and crusted. Additionally, neonates delivered vaginally or through C-section to a mother with an active infection in which membranes have broken 4-6 hours prior may be exposed. Would benefit from cultures being taken at 24-36 hours of life.</p>
Herpes Zoster (varicella zoster/shingles) <ul style="list-style-type: none"> Any severely immunocompromised patient with either localised or Disseminated (more than one dermatome involved) lesions 	<p>Lesion secretions (including those in the airways which may be aerosolised briefly)</p>	<p>Airborne and Contact</p>	<p>Maintain precautions for duration of illness and until lesions dry and crusted over.</p> <p>Staff non-immune to Chickenpox or pregnant staff should be excluded from providing care if able (most staff will not be at risk as having recovered from chickenpox infection previously or being vaccinated)</p>

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<ul style="list-style-type: none"> Disseminated lesions in any patient 	Lesion secretions	Contact	
<ul style="list-style-type: none"> Localised lesions (cover with a dressing where able) 		Contact	
HIV (Human immunodeficiency virus)	Blood/ body fluids	Standard	
Human metapneumovirus	Respiratory	Droplet and Contact	
Impetigo	Lesions	Contact	Maintain precautions for 24 hours post commencement of effective therapy
Influenza	Respiratory	Droplet	Typically, ongoing isolation for five days from onset of illness
Kawasaki disease	Unknown	Standard	Not a contagious disease
Lassa Fever (see viral Haemorrhagic fevers)			
Legionnaires' Disease	Inhalation of legionella bacterium from water vapour, or through soil	Standard	Not transmitted from person to person
Leprosy (also called Hansen's Disease)	Respiratory secretions	Standard	Prolonged, close contact with someone with untreated Hansen's disease over many months would be required before getting Hansen's disease.
Leptospirosis	Contact with food, water, soil contaminated with the urine of an infected animal	Standard	Not transmitted from person to person
Lice (Pediculosis) <ul style="list-style-type: none"> Head lice Pubic lice Body lice 	Head to head Sexual/intimate contact Clothing	Contact then Standard Standard Standard	Contact precautions continue until 24 hours post commencement of treatment

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Listeriosis (<i>Listeria monocytogenes</i>)	Contaminated food products	Standard	Human to human transmission very rare
Lyme disease	Ticks	Standard	Not transmitted from person to person
Malaria	Blood via infected mosquitoes	Standard	Not transmitted from person to person
Marburg haemorrhagic Fever (See Haemorrhagic Fevers)			
Measles (Rubeola, Morbilli)	Respiratory secretions	Airborne and Contact	Single room with negative pressure for 4 days after the onset of rash; to remain in precautions for the duration of the illness if immunocompromised Non-immune healthcare workers should avoid contact if immune care providers are available
Meningitis <ul style="list-style-type: none"> <i>Neisseria meningitidis</i> (meningococcal)-known or suspected Meningococcal pneumonia or sepsis (meningococemia) 	Respiratory secretions Blood/respiratory secretions	Droplet	
MERS-CoV- Middle East Respiratory Syndrome	Respiratory	Enhanced Airborne and Contact	Negative pressure room as per COVID-19
Molluscum contagiosum	Skin to skin contact, touching contaminated objects	Standard	Single room
Monkeypox Virus (MPX)	Direct contact with skin lesions Contact with bedding or clothing of an infected person	Enhanced Contact and Droplet, inclusive of eye protection	Please refer to Ministry of Health guidelines: https://www.health.govt.nz/our-work/diseases-and-conditions/monkeypox-mpx Current key points are: <ul style="list-style-type: none"> Precautions to continue for duration of illness, until lesions have crusted over and fallen off. Typically, 21-28 days from onset. Place in a single room with own ensuite (or a negative pressure

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			room if available) <ul style="list-style-type: none"> While there are theoretical concerns about the possibility of respiratory transmission, this is not the primary mode of transmission
Multidrug-resistant Organisms (MDROs) Infection or colonisation (e.g. MRSA, ESBLs, VRE, CPE, CRAB)	Dependant on the site identified. Wound, urine, faeces, sputum	Contact or Standard as determined by transmission risk factors	Please refer to MDRO flowchart
Mumps (infectious parotitis)	Saliva	Droplet	Non-immune and pregnant healthcare workers should avoid contact if immune care providers are available
Mycobacterium Tuberculosis (See Tuberculosis)			
Mycobacterium, Non-Tuberculosis (Atypical) <ul style="list-style-type: none"> Pulmonary Wound 	Soil, water, and dust Contact of wound with contaminants in environment	Standard Standard	Not transmitted from person to person
Mycoplasma pneumonia	Respiratory secretions	Contact and Droplet	Maintain precautions for duration of illness
Necrotising enterocolitis	Unclear, mostly impacts premature neonates, and may be linked to immature development of gut flora	Standard	
Norovirus (See Gastroenteritis-Viral)			
Parainfluenza (Types 1-4)	Respiratory secretions	Standard	
Parechovirus <ul style="list-style-type: none"> Respiratory 	Respiratory secretions, saliva	Droplet	For gastrointestinal parechovirus, please see Gastrointestinal Viral
Parvovirus B19	Respiratory secretions	Droplet	

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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
Pharyngitis	Respiratory secretions	Contact and Droplet	Precautions should continue until aetiology known, then refer to specific aetiology within this document
Pinworm (See Enterobiasis)	Faecal-oral route	Standard	
Plague (<i>Yersinia pestis</i>) <ul style="list-style-type: none"> Bubonic Pneumonic 	Pus Respiratory secretions	Standard Droplet	Maintain precautions for 48 hours post commencement of effective therapy Prophylactic antibiotics for exposed healthcare workers.
Pneumonia <ul style="list-style-type: none"> Adenovirus Bacterial pneumonia not listed elsewhere (Including gram positive bacteria) <i>Burkholderia cepacia</i> in cystic fibrosis patients, including respiratory tract colonisation Chlamydia Fungal Haemophilus xanthema Type B in adults Haemophilus xanthema Type B in infants and children Legionella (See legionnaire's disease) 	Respiratory secretion Respiratory secretions Respiratory secretions Respiratory secretions Respiratory secretions Respiratory secretions Respiratory secretions	Contact and Droplet Standard Contact Standard Standard Standard Droplet	Maintain precautions for duration of infection

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<ul style="list-style-type: none"> Meningococcal Multi-Drug Resistant Bacteria (See Multi-Drug Resistant Organism) <i>Mycoplasma pneumoniae</i> <i>Pneumococcal pneumonia</i> <i>Pneumocystis carinii</i> <i>Staphylococcus aureus</i> <i>Streptococcus</i>, Group A Viral 	<p>Respiratory secretions</p> <p>Respiratory</p> <p>Respiratory secretions</p> <p>Respiratory secretions</p> <p>Respiratory secretions</p> <p>Respiratory secretions</p> <p>Respiratory secretions</p> <p>Respiratory secretions</p>	<p>Droplet</p> <p>Droplet</p> <p>Droplet</p> <p>Standard</p> <p>Standard</p> <p>Standard</p> <p>Droplet</p> <p>Standard</p>	<p>Avoid placement in the same room with immunocompromised patients</p> <p>For MRSA, see Multi-Drug Resistant Organisms</p> <p>Maintain precautions for 24 hours post commencement of effective therapy. If Skin lesions are present, contact precautions are required in addition to Droplet precautions</p>
Poliomyelitis	Faeces	Contact	Maintain precautions for duration of infection
Psittacosis	Zoonotic disease, transmitted from animal to human	Standard	Not transmitted from person to person
Rabies (<i>Lyssavirus</i>)	Saliva/bite from infected mammals	Standard	Post exposure prophylaxis available through pharmacy
Respiratory Syncytial Virus (RSV) - (See Bronchiolitis)			
Rheumatic Fever (See Streptococcal Disease)			
Rhinovirus	Respiratory secretions	Standard	
Ringworm (dermatophytosis, dermatomycosis, tinea)	Lesions	Standard	

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Rocky Mountain Spotted Fever	Bite from infected ticks	Standard	Not transmitted from person to person
Roseola	Saliva	Standard	
Rotavirus (See Gastroenteritis- Viral)			
Rubella			
<ul style="list-style-type: none"> German Measles 	Respiratory secretions	Droplet	Maintain precautions until 7 days after onset of rash For susceptible case with known exposure, precautions should be in place for 7 days, or isolate until rash appears then begin 7 days of precautions
<ul style="list-style-type: none"> Congenital Rubella 		Contact	Until 1 year of age. Standard precautions if nasopharyngeal and urine cultures negative after 3 months of age.
Rubeola (See Measles)			
Salmonella (See Gastroenteritis-bacterial)			
Sapovirus (See Gastroenteritis-Viral)			
SARS-CoV-2 (See COVID-19)			
Scabies	Spread through scabies mite	Contact	Maintain precautions for 24 hours post commencement of effective therapy
Scalded Skin Syndrome (See Staphylococcal disease)			
Scarlet Fever (See Streptococcal disease)			
Schistosomiasis (also called Bilharziasis)	Environmental contact (specifically water)	Standard	Not transmitted from person to person
Severe Acute Respiratory Syndrome (SARS) Probable or confirmed case	Respiratory secretions Faecal-oral route Blood/Body fluids	Enhanced Airborne and Contact	As per COVID guidelines

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Shigellosis (See Gastroenteritis-Bacterial)			
Shingles (See Herpes Zoster)			
Staphylococcal Disease (<i>S. aureus</i>) Please refer to separate policy for MRSA. <ul style="list-style-type: none"> • Skin, wound, or burn <ul style="list-style-type: none"> ○ Major (No dressing or if dressing cannot contain drainage adequately) ○ Minor (Dressing covers and contains drainage) • Enterocolitis • Pneumonia • Scaled Skin Syndrome • Toxic Shock Syndrome 	Pus/discharge Pus/discharge Faeces Respiratory secretions Skin to skin contact Vaginal discharge or pus	Contact Standard Standard, or Contact for incontinent patients Standard Skin to skin contact Standard	Maintain precautions until drainage can be contained Maintain precautions for duration of illness Maintain precautions for duration of illness
Streptococcal Disease (Group A Streptococcus) <ul style="list-style-type: none"> • Skin, wound, or burn <ul style="list-style-type: none"> ○ Major (No dressing or if dressing cannot contain drainage adequately) 	Pus/exudate	Contact	

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<ul style="list-style-type: none"> ○ Minor (Dressing covers and contains drainage) • Endometritis (puerperal sepsis) • Pharyngitis in infants, young children • Pneumonia • Rheumatic Fever • Scarlet Fever • Serious Invasive Disease 	<ul style="list-style-type: none"> Pus/exudate Vaginal discharge Respiratory secretions Respiratory secretions No person to person transmission Respiratory secretions Pus/exudate if non-respiratory Respiratory secretions if respiratory 	<ul style="list-style-type: none"> Standard Standard Droplet Droplet Standard Droplet Contact Droplet if respiratory infection 	<ul style="list-style-type: none"> Maintain precautions for 24 hours post commencement of effective therapy Maintain precautions for 24 hours post commencement of effective therapy Maintain precautions for 24 hours post commencement of effective therapy Maintain precautions for 24 hours post commencement of effective therapy
Streptococcal Disease (Group B Streptococcus)	Part of natural gut flora in many people	Standard	
Streptococcal Disease -Not group A or B, unless covered elsewhere	Lesions/secretions	Standard	
Syphilis - <i>Treponema pallidum</i> <ul style="list-style-type: none"> • Latent (tertiary) and seropositivity without lesions • Skin and mucous membrane, including congenital, primary, and secondary 	<ul style="list-style-type: none"> Blood (Rare) Contact with lesion secretions and blood 	<ul style="list-style-type: none"> Standard Standard 	
Tapeworm disease <ul style="list-style-type: none"> • <i>Hymenolepis nana</i> • <i>Taenia solium</i> • Other 	Ingestion of contaminated food	<ul style="list-style-type: none"> Standard Standard Standard 	

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Tetanus	Environmental, via skin injury	Standard	Prophylactic vaccination available
Tinea (see Ringworm)			
Toxic Shock Syndrome (See Staphylococcal Disease)			
Toxoplasmosis	Cat faeces, and undercooked meat	Standard	Person to person transmission rare. Possible vertical transmission from pregnant mother to unborn foetus
Trachoma	Purulent exudate	Standard	
Tuberculosis (<i>Mycobacterium tuberculosis</i>) <ul style="list-style-type: none"> Extrapulmonary, draining lesion Extrapulmonary and meningitis Pulmonary or laryngeal-confirmed Pulmonary or laryngeal-suspected 	Pus/exudate Drainage from infected area Respiratory Respiratory	Standard Standard Airborne Airborne	Negative pressure room Discontinue precautions only when patient on effective therapy is improving clinically and has 3 consecutive sputum smears negative for acid-fast bacilli collected on separate days Discontinue precautions only when the likelihood of infectious TB disease is deemed negligible, and either: <ol style="list-style-type: none"> there is another diagnosis that explains the clinical syndrome, or the results of 3 sputum smears for acid-fast bacilli are negative. Each of the 3 sputum specimens should be collected 8-24 hours apart, and at least 1 should be an early morning specimen.
Typhoid (<i>Salmonella typhi</i>)-(See Gastroenteritis-Bacterial)			
Varicella (See Chickenpox)			

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<i>Vibrio parahaemolyticus</i>	Faecal-oral route	Standard Dedicated toilet/commode Contact for incontinent patients	
Viral Haemorrhagic Fevers (VHFs) (Refer to specific viruses)			
Whooping Cough (See pertussis)			
<i>Yersinia enterocolitica</i> (see Gastroenteritis-Bacterial)			
Zika Virus (See Arthropod borne Viral Fevers)			