IPAC Disease Index

The attached Disease Index is provided by the Nova Scotia Health Infection Prevention and Control department to serve as a quick reference when determining precautions to take either empirically (see Table 1) or when a specific etiology is known (see Table 2).

Please refer to other Nova Scotia Health Infection Prevention and Control policies (as applicable) including:

- IPC-CD-030 Reporting Notifiable Diseases and Conditions
- IPC-CD-001 Outbreak Management
- IPC-RP-001 Routine Practices and Additional Precautions
- IPC-RP-005 Routine Practices
- IPC-RP-010 Contact Precautions
- IPC-RP-025 Airborne Precautions
- IPC-RP-015 Droplet Precautions

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Table 1: Empiric Precautions by Conditions/Clinical Presentation

Clinical Findings	Potential Pathogens	Empiric Precautions	Infective Material	Route of Transmission	Duration of Precautions	Comments
Abscess *(see draining wound)*						
Bronchiolitis	Respiratory syncytial virus (RSV), human metapneumovirus, parainfluenza virus, influenza, adenovirus	Droplet & Contact Precautions	Respiratory secretions	Large droplet & direct and indirect contact	Duration of symptoms	Patient should not share room with high-risk roommates.
Burns, infected *(see draining wound)*						
Cellulitis Draining; (see draining wound) Periorbital in child <5 years old without portal of entry	*Haemophilus influenzae* type B in non-immune child < 2 years of age; Streptococcus *pneumoniae*, *group A Streptococcus, Staphylococcus aureus*, other bacteria	Droplet Precautions if *H. influenzae* type B is possible cause, otherwise Routine Practices	Respiratory secretions	Large droplet, direct contact	Continue until 24 hours of appropriate antimicrobial therapy received or if *H. influenzae* type B ruled out	
Cold	Rhinovirus, RSV, human metapneumovirus, parainfluenza, adenovirus, coronavirus	Droplet & Contact Precautions	Respiratory secretions	Large droplet & direct and indirect contact	Duration of symptoms	Patient should not share room with high-risk roommates.
Conjunctivitis	Adenovirus, enterovirus, chlamydia, Neisseria *gonorrhea*,	Contact Precautions*	Eye discharge	Direct and indirect contact	Until viral etiology ruled out; duration of symptoms, up to 14days if viral	*Routine Practices if non-viral.
Cough, fever, acute upper respiratory tract infection	Rhinovirus, RSV, human metapneumovirus, parainfluenza, influenza, adenovirus, coronavirus, pertussis, mycoplasma *pneumoniae*	Droplet & Contact Precautions	Respiratory secretions	Large droplet, direct & indirect contact	Duration of symptoms or until infectious etiology ruled out	Consider fever and asthma in child <2 years old as viral infection. Patient should not share room with high-risk roommates.

Clinical Findings	Potential Pathogens	Empiric Precautions	Infective Material	Route of Transmission	Duration of Precautions	Comments
Cough, fever, pulmonary infiltrates in person at risk for tuberculosis	*Mycobacterium tuberculosis*	Airborne Precautions	Respiratory secretions	Airborne	Until infectious TB ruled out. Until patient has received 2 weeks of effective treatment and is improving clinically and has 3 consecutive sputum smears negative for AFB collected 8-24 hours apart. If multi-drug resistant TB, until sputum culture negative.	Assess visiting family members (household members) for cough.
Croup	Parainfluenza, influenza, human metapneumovirus, RSV, adenovirus	Droplet & Contact Precautions	Respiratory secretions	Large droplet, direct & indirect contact	Duration of symptoms or until infectious cause is ruled out	Patient should not share room with high-risk roommates.
Decubitus (pressure ulcer, draining) *(see draining wound)*						
Dermatitis (see draining wound)	Many (bacteria, virus, fungus)	Contact Precautions	Pus	Direct & indirect contact	Until infectious etiology ruled out	If compatible with scabies take appropriate Precautions pending diagnosis.
Desquamation, extensive (see draining wound)	*S. aureus*	Contact Precautions	Pus	Direct & indirect contact	Until contained or infection ruled out	
Diarrhea *(see gastroenteritis acute diarrhea of likely infectious cause)*						
Draining wounds	*Staphylococcus aureus*, group A *Streptococcus*, many other bacteria	Routine Practices *Contact Precautions: Major wound, **Droplet Precautions	Pus	Direct and indirect contact	Duration of drainage	*Major = drainage not contained by dressing. ** Droplet for first 24 hours of antimicrobial therapy if invasive group A streptococcal infection suspected.
Encephalitis	Multiple microbial agents including HSV, enterovirus, arbovirus (West Nile virus)	Adult: Routine Practices* Pediatric: Contact Precautions	Feces, Respiratory secretions	Direct & indirect contact (fecal/oral)	Until specific etiology established or until enterovirus ruled out	*May be associated with other agents including measles, mumps, varicella, *Mycoplasma pneumoniae*. If identified, take appropriate Precautions for associated disease.

Clinical Findings	Potential Pathogens	Empiric Precautions	Infective Material	Route of Transmission	Duration of Precautions	Comments
Endometritis	*Streptococcus* group A, many other bacteria	Routine Practices unless signs of toxic shock*				*Contact and droplet for the first 24 hours of antimicrobial therapy if invasive group A *Streptococcus* suspected.
Enterocolitis *(see diarrhea)*						
Epiglottitis **In child <5 years old**	*H. influenzae* type B; **possible in nonimmune infant < 2 years of age,** group A *Streptococcus*, *S. aureus*	Droplet Precautions if *H. influenzae* type B is possible cause, otherwise Routine Practices	Respiratory secretions	Large droplet, direct contact	Until 24 hours of appropriate antimicrobial therapy received or until *H. influenzae* type B ruled out.	
Erysipelas Draining: See draining wound	*Group A Streptococcus*	Routine Practices				
Febrile respiratory illness (FRI) Usually present with symptoms of a fever greater than 38°C **and** new or worsening cough or shortness of breath.	Wide range of droplet spread respiratory infections, such as colds, influenza, COVID-19, influenza-like illness (ILI) and pneumonia	Contact and Droplet Precautions	Respiratory secretions		Continue Precautions until symptoms improve or infectious cause identified.	Note: elderly people and people who are immunocompromised may not have a febrile response to a respiratory infection.
Fever without focus (acute, in children)	Enterovirus and other pathogens	Adult: Routine Practices* Pediatric: Contact Precautions	Feces, Respiratory secretions	Direct or indirect contact (fecal/oral)	Duration of symptoms or until enteroviral infection ruled out	*If findings suggest a specific transmissible infection, take Precautions for that infection pending diagnosis.
Food poisoning	*B. cereus, C. perfringens, S. aureus, Salmonella, Vibrio, E. coli, Listeria*	Adult: Routine Precautions Pediatric: Contact Precautions	Food, Feces if Salmonella or E. Coli	Foodborne: Direct & indirect contact (fecal/oral)	Duration of symptoms	
Furuncles (see draining wound)	*S. aureus*					
Gas gangrene (see draining wound)	*Clostridium* spp.	Routine Practices				No person-to-person transmission

Clinical Findings	Potential Pathogens	Empiric Precautions	Infective Material	Route of Transmission	Duration of Precautions	Comments
Gastroenteritis	Diarrhea and/or vomiting due to infection or toxin	Contact Plus Precautions *Droplet Precautions if patient is vomiting.	Feces	Direct and indirect contact (fecal/oral)	Duration of symptoms or *C. difficile*, norovirus, rotavirus ruled out. In pediatrics, until normal stools or infectious etiology ruled out	Use Contact Plus Precautions until C. difficile, norovirus, rotavirus ruled out. Contact Plus Precautions remain for pediatric patients and should be considered for incontinent adults if stool cannot be contained or for adults with poor hygiene who contaminate their environment. See Table 2 for specific etiologies.
Gingivostomatitis	HSV, other causes including radiation therapy, chemotherapy, idiopathic (aphthous)	Contact Precautions if primary and extensive HSV related. Otherwise, Routine Practices	Mucosal lesions	Direct contact	While lesions present	
Guillain-Barré syndrome	Some cases associated with infection (e.g., campylobacter) *					*Take Precautions as appropriate for known or suspected associated infection.
Hand, foot and mouth disease	Enterovirus	Contact Precautions	Feces, Respiratory secretions	Direct & indirect contact (fecal/oral)	Duration of symptoms	
Haemolytic-uremic syndrome	Some associated with *E. coli* O157:H7	Contact Precautions	Feces	Direct & indirect contact (fecal/oral)	Until *E. coli* O157:H7 ruled out	
Hemorrhagic fever Acquired in appropriate endemic area	Ebola, Lassa, Marburg, Crimean-Congo, and others	Contact/Droplet and Airborne Precautions, if pneumonia	Blood and bloody body fluids; respiratory secretions, and urine if Lassa	Direct & indirect contact; possibly aerosol if pneumonia Lassa: sexual contact	Duration of symptoms or until hemorrhagic fever virus ruled out	Local public health authorities should be notified immediately.

Clinical Findings	Potential Pathogens	Empiric Precautions	Infective Material	Route of Transmission	Duration of Precautions	Comments
Hepatitis of unknown etiology	HAV, HBV, HCV, HEV, EBV and others	Adult: Routine Precautions Pediatric: Contact Precautions*	Feces; blood and certain body fluids	Mucosal or percutaneous exposure to infective body fluids Sexual transmission Vertical; mother to child Direct and indirect contact (fecal/oral) for hepatitis A, E Infectious material	For 7 days after onset of jaundice or until hepatitis A and E epidemiologically excluded	*Consider Contact Plus Precautions for incontinent adults if stool cannot be contained or for adults with poor hygiene who contaminate their environment unless hepatitis A and E are epidemiologically excluded. Contact Plus Precautions apply to children who are incontinent or unable to comply with hygiene. *Unless hepatitis A and E are epidemiologically excluded
Herpangina	Enterovirus	Adult: Routine Practices Pediatric: Contact Precautions	Respiratory secretions	Direct & indirect contact (fecal/oral)	Duration of symptoms	Contact Plus Precautions apply to children who are incontinent or unable to comply with hygiene.
Impetigo (see draining wounds)	*Group A Streptococcus*, *Staphylococcus aureus*					
Influenza-like illness	Influenza, other respiratory viruses	Contact and Droplet Precautions	Respiratory secretions	Large droplet, direct and indirect contact	Duration of symptoms or until infectious etiology ruled out	
Kawasaki disease (Mucocutaneous lymph node syndrome)	Unknown	Routine Practices				Not known to be transmissible
Meningitis	Bacterial: *Neisseria meningitides, H. influenzae* type B possible in nonimmune infant <2 years of age, *S. pneumoniae,* Group B *Streptococcus*, *Listeria monocytogenes*, *E. coli* and other Gram negative rods	Adult: Droplet Precautions until *N. meningitides* ruled out otherwise Routine Practices. Pediatric: Droplet & Contact Precautions*	Respiratory secretions	Large droplet, direct contact	Until 24 hours of appropriate antibiotic therapy received	*Pediatrics: Precautions for both bacterial and viral until etiology established. Droplet if viral etiology established. Pediatric Precautions apply to children who are incontinent or unable to comply with hygiene.

Clinical Findings	Potential Pathogens	Empiric Precautions	Infective Material	Route of Transmission	Duration of Precautions	Comments
	Mycobacterium tuberculosis	Routine Practices*				*Rule out associated pulmonary tuberculosis.
	Viral: enterovirus, arboviruses	Adult: Routine Practices Pediatric: Contact Precautions	Feces, Respiratory secretions	Direct or indirect contact	Until enterovirus ruled out	*May be associated with measles, mumps, varicella, HSV. If identified, take appropriate Precautions for associated disease.
	Fungus	Routine Practices				
Necrotizing enterocolitis	Unknown, probably many organisms	Routine Practices*		Probably indirect contact	Duration of symptoms	* Unknown if transmissible. Take Precautions if outbreak suspected.
Osteomyelitis	*H. influenzae* type B possible in nonimmune infant < 2 years of age, *S. aureus*, other bacteria	Adult: Routine Practices Pediatrics: Droplet Precautions if *H. influenzae* type B possible; otherwise, Routine Practices.			Until 24 hours of effective antimicrobial therapy or until *H. influenzae* type B ruled out	
	Otitis, draining (see draining wound)					
Paroxysmal cough, suspected pertussis	*B. pertussis,* *B. parapertussis*	Droplet Precautions	Respiratory secretions	Large droplets	Until pertussis ruled out or 3 weeks after onset of paroxysmals if not treated or until 5 days of antimicrobial therapy	See Table 2 for information regarding contacts.
Pharyngitis	Group A *Streptococcus*, viral, *Corynebacterium diphtheriae*	Droplet & Contact Precautions	Respiratory secretions	Direct & indirect contact; large droplets	Duration of symptoms; if Group A *Streptococcus* until 24 hours of antibiotic therapy received	If diphtheria suspected, see Table 2.
Pleurodynia	Enterovirus	Adult: Routine Practices Pediatric: Contact Plus Precautions	Feces, Respiratory secretions	Direct & indirect contact (fecal/oral)	Duration of symptoms	Pediatric precautions apply to children who are incontinent or unable to comply with hygiene.

Clinical Findings	Potential Pathogens	Empiric Precautions	Infective Material	Route of Transmission	Duration of Precautions	Comments
Pneumonia	Viruses, pertussis, *Mycoplasma*, *S. pneumoniae*, *H. influenzae* type B, *S. aureus*, Group A *Streptococcus,* Gram negative enteric rods, *Chlamydia*, *Legionella*, *Pneumocystis*, other fungi, and other agents.	Adult: *Routine Practices Pediatric: Droplet & Contact Precautions	Respiratory secretions	Large droplets, direct & indirect contact	Until etiology established, then as for specific organism: Contact Precautions for antibiotic resistant organism (ARO) pneumonia	* Routine Practices for adults unless clinical, epidemiologic, or microbiologic data to necessitate contact and Droplet Precautions. Minimize exposure of immunocompromised patients, patients with chronic cardiac or lung disease, neonates.
Pseudomembranous colitis	*C. difficile*	Contact Plus Precautions	Feces	Direct & indirect contact (fecal/oral)	Duration of symptoms	Until 72 hours after stool is normal.
Rash compatible with scabies	*Sarcoptes scabiei*	Contact Precautions	Mites	Direct & indirect contact	If confirmed, until 24 hours after initiation of appropriate therapy	*For typical scabies, routine (use gloves and gown for direct patient contact only) See scabies, Table 2
Rash (maculopapular) with fever and one of coryza, conjunctivitis or cough	Measles	Airborne Precautions	Respiratory secretions	Airborne	If confirmed, until 4 days after onset of rash	See measles, Table 2
Rash (petechial/purpuric) with fever	*Neisseria meningitides*	Droplet Precautions if *N. meningitidis* suspected otherwise Routine Practices.	Respiratory secretions	Large droplets, direct contact	Discontinue if *N. meningitidis* ruled out. If *N. meningitidis* confirmed, until 24 hours of appropriate antibiotic therapy received	
Rash (vesicular) with fever	Varicella	Airborne and Contact Precautions	Respiratory secretions, skin lesion drainage	Airborne, direct & indirect contact	If confirmed, until all lesions are dry	See varicella, Table 2
Rash, vesicular /pustular in appropriate epidemiologic context until smallpox, disseminated vaccinia and mpox ruled out	Smallpox, disseminated vaccinia, mpox	Contact, Droplet and Airborne Precautions	Lesions and respiratory secretions (mpox) Skin lesion exudate, oropharyngeal secretions (smallpox,			

Clinical Findings	Potential Pathogens	Empiric Precautions	Infective Material	Route of Transmission	Duration of Precautions	Comments
			disseminated vaccinia)			
Reye's syndrome	May be associated with viral infection, especially influenza and varicella	*Routine Precautions				*Precautions as for known or suspected associated viral infection.
Scalded skin syndrome		Routine Practices				
Septic Arthritis	*H. influenzae* type B possible in nonimmune infant <2 years of age; *S. aureus*, *S. pneumoniae*, Group A *Streptococcus*, *N.* gonorrhea, other bacteria	Adult: Routine Practices Pediatric: Droplet Precautions if *H. influenzae* type B possible; otherwise, Routine Practices	Respiratory secretions for *H. influenzae* type B	Large droplet, direct contact *H. influenzae type B*	Until 24 hours of appropriate antimicrobial therapy received unless *H. influenzae* type B ruled out	
Severe respiratory illness *(see febrile respiratory illness)*						
Skin infection *(see cellulitis)*						
Toxic shock syndrome	*S. aureus*, Group A *Streptococcus*	*Droplet Precautions Routine Practices				* Droplet for first 24 hours of antimicrobial therapy if invasive group A streptococcal infection suspected. See draining wound if drainage or pus.
Urinary tract infection	Many	*Routine Practices				*Contact Precautions if clinical isolate is antibiotic resistant
Vincent's angina, Trench mouth	Multiple bacteria	Routine Practices				
Wound infection *(see draining wound)*						

Table 2: Transmission Characteristics and Precautions by Specific Etiology

Microorganism	Clinical Presentation	Precautions	Infective Material	Route of Transmission	Incubation Period	Period of communicability	Duration of Precautions	Comments
Actinomycosis (*Actinomyces* sp.)	Cervicofacial, thoracic or abdominal infection	Routine Practices			Variable	Not person-to-person		Normal flora; infection usually secondary to trauma.
Adenovirus Respiratory strains	Respiratory tract infection (pneumonia)	Droplet and Contact Precautions	Respiratory secretions	Large droplets; direct & indirect contact	1-10 days	Shortly prior to and until symptoms cease	Duration of symptoms	Different strains responsible for respiratory and GI disease. Patient should not share room with high-risk roommates Minimize exposure of immunocompromised patients, patients with chronic cardiac or lung disease, neonates. Symptoms may be prolonged in immunocompromised patients.
Adenovirus Enteric strains	Conjunctivitis	Contact Precautions	Eye discharge	Direct & indirect contact	5-12 days	Late in incubation period until 14 days after onset	Duration of symptoms, up to 14 days	Careful attention to aseptic technique and reprocessing of ophthalmology equipment to prevent epidemic keratoconjunctivitis.
	Diarrhea	Adult: Routine Precautions* Pediatric: Contact plus Precautions	Feces	Direct & indirect contact (fecal/oral)	3-10 days	Until symptoms cease	Duration of symptoms	*Consider Contact Plus Precautions for adults if stool cannot be contained or for adults with poor hygiene who contaminate their environment. Contact Plus Precautions apply to children who are incontinent or unable to comply with hygiene

Microorganism	Clinical Presentation	Precautions	Infective Material	Route of Transmission	Incubation Period	Period of communicability	Duration of Precautions	Comments
Amebiasis (*Entameoba histolytica)*	Dysentery and liver abscess	Adult: Routine Precautions* Pediatric: Contact Plus Precautions	Feces	Direct & indirect contact (fecal/oral)	2-4 weeks	Duration of cyst excretion	Duration of symptoms	*Consider Contact Plus Precautions for adults if stool cannot be contained or for adults with poor hygiene who contaminate their environment. Contact Plus Precautions apply to children who are incontinent or unable to comply with hygiene
Anthrax (*Bacillus anthracis*)	Cutaneous, Pulmonary	Routine Practices		Lesion drainage	1-7 days; may be up to 60 days	Not person–to- person		Acquired from contact with infected animals and animal products. Inhalation anthrax may occur due to occupational exposure to anthrax spores or as a result of bioterrorism. Decontamination and post exposure prophylaxis required for exposure to aerosols in laboratory exposures or biological terrorism.
Antibiotic/ Antimicrobial Resistant Organisms (AROs)	Infection or colonization (i.e., symptomatic) of any body site	Contact Precautions	Infected or colonized secretions, excretions	Direct and indirect contact	Variable	Variable	As directed by Infection Control Practitioner	When symptomatic, Precautions should be determined on a case by case basis as per ICP. When asymptomatic, Precautions not necessary in LTC, ambulatory, prehospital and home care. Includes MRSA, resistant Gram-negative rods and other organisms as per NSH ARO policy.

Microorganism	Clinical Presentation	Precautions	Infective Material	Route of Transmission	Incubation Period	Period of communicability	Duration of Precautions	Comments
Arthropod borne virus* (arboviruses)	Encephalitis, fever, rash, arthralgia, meningitis	Routine Practices	Blood, tissue	Vector-borne (spread by mosquitoes, ticks)	3-21 days (varies with different arboviruses	Not person-to-person except rarely by blood transfusion or organ transplantation		*Over one hundred different viruses, most limited to specific geographic areas. In North America: West Nile is most common; others include California, St. Louis, Western equine, Eastern equine, Powassan, Colorado tick, Snowshoe hare, Jamestown Canyon.
Ascariasis (*Ascaris lumbricoides*) (roundworm)	Usually, asymptomatic	Routine Practices				Not person-to-person		Ova must hatch in soil to become infective.
Aspergillosis (*Aspergillus* spp.)	Skin, lung, wound or central nervous system infection	Routine Practices				Not person-to-person		Spores in dust; infections in immunocompromised patients may be associated with construction. If several cases occur in proximity, look for environmental source.
Avian influenza- *(see influenza)*								
Astrovirus	Diarrhea	Adult: Routine Precautions* Pediatric: Contact Precautions	Feces	Direct & indirect contact (fecal/oral)	3-4 days	Duration of symptoms	Duration of symptoms	*Consider Contact Plus Precautions for adults if stool cannot be contained or for adults with poor hygiene who contaminate their environment. Contact Plus Precautions apply to children who are incontinent or unable to comply with hygiene.

Microorganism	Clinical Presentation	Precautions	Infective Material	Route of Transmission	Incubation Period	Period of communicability	Duration of Precautions	Comments
Babesiosis		Routine Practices	Blood	Tick borne		Not person-to-person except rarely by blood transfusion from asymptomatic parasitaemic donors		
Bacillus cereus	Food poisoning nausea, vomiting, diarrhea, abdominal cramps	Routine Practices		Foodborne	1-6 hours			
Blastomycosis (*Blastomyces dermatitidis*)	Pneumonia, skin lesion	Routine Practices				Not person-to-person		Acquired from spores in soil.
Bocavirus Respiratory tract infection		Droplet and Contact Precautions						May cohort if infected with same virus. Patient should not share room with high-risk roommates.
Botulism (*Clostridium botulinum*)	Flaccid paralysis; cranial nerve palsies	Routine Practices		Foodborne	Variable 12-36 hours to days	Not person-to-person		
Brucellosis (*Brucella* sp.) Undulant, Malta or Mediterranean fever	Systemic bacterial disease of acute or insidious onset	Routine Practices			Weeks to months	Not transmitted person-to-person except rarely via banked spermatozoa and sexual contact		Acquired from contact with infected animals or from contaminated food, mostly dairy products. Brucella is hazardous to laboratory workers. Notify laboratory if diagnosis is suspected. Prophylaxis required following laboratory exposure

Microorganism	Clinical Presentation	Precautions	Infective Material	Route of Transmission	Incubation Period	Period of communicability	Duration of Precautions	Comments
	Draining lesions	Minor: Routine Practices *Major: Contact Precautions	Drainage from open lesions	Possibly direct contact			Duration of drainage	*MAJOR: Contact Precautions required only if wound drainage cannot be contained by dressings
Burkholderia cepacia	Exacerbation of chronic lung disease in patients with cystic fibrosis	Contact Precautions*					Until organism cleared as directed by Infection Control Practitioner	*B. cepacia* can result in respiratory tract colonization or infection in patient with cystic fibrosis *If other CF patients are on the unit. All interactions with other CF patients should be avoided
Calicivirus *(see Noroviruses)*								
Campylobacter	Gastroenteritis	Adult: Routine Precautions* Pediatric: Contact Precautions	Contaminated food, Feces	Direct and indirect contact (fecal/oral)	2-5 days	Duration of excretion, person-to-person uncommon	Duration of symptoms	Treatment with effective antimicrobial shortens period of infectivity. *Consider Contact Plus Precautions for adults if stool cannot be contained or for adults with poor hygiene who contaminate their environment. Contact Plus Precautions apply to children who are incontinent or unable to comply with hygiene
Candidiasis (*Candida* sp.)	Many	Routine Practices						Normal flora
Cat Scratch Disease *Bartonella henselae*	Fever, lymphadenopathy	Routine Practices			16-22 days	Not person-to-person		Acquired from animals (cats and others)

Microorganism	Clinical Presentation	Precautions	Infective Material	Route of Transmission	Incubation Period	Period of communicability	Duration of Precautions	Comments
Chancroid (*Haemophilus ducreyi*)	Genital ulcers	Routine Practices		Sexually transmitted	3-5 days	Until healed and as long as infectious agent persists in the original lesion		
Chickenpox *(see varicella)*								
Chlamydia trachomatis	Urethritis, cervicitis, pelvic inflammatory disease; neonatal conjunctivitis, infant pneumonia; trachoma	Routine Practices	Conjunctival and genital secretions	Sexual transmission Mother to child at birth Trachoma: direct/indirect contact	Variable	As long as organism present in secretions		
C. pneumonia	Pneumonia	Routine Practices	Respiratory secretions	Unknown	Unknown	Unknown		Rare outbreaks of pneumonia in institutionalized populations
C. psittaci *(psittacosis, ornithosis)*	Pneumonia, undifferentiated fever	Routine Practices	Infected birds		7-14 days	Not person-to-person		Acquired by inhalation of desiccated droppings, secretions, and dust of infected birds.
Cholera (*Vibrio cholerae* 01, 0139)	Diarrhea (watery)	Adult: Routine Precautions* Pediatric: Contact Precautions	Feces	Direct & indirect contact (fecal/oral)	2-3 days	Duration of shedding	Duration of symptoms	*Consider Contact Plus Precautions for adults if stool cannot be contained or for adults with poor hygiene who contaminate their environment. Contact Plus Precautions apply to children who are incontinent or unable to comply with hygiene

Microorganism	Clinical Presentation	Precautions	Infective Material	Route of Transmission	Incubation Period	Period of communicability	Duration of Precautions	Comments
Clostridioides difficile	Diarrhea, pseudomembranous colitis	Contact Plus Precautions	Feces	Direct & indirect contact (fecal/oral)	Variable	Duration of shedding	Duration of symptoms (48 hours with normal stools)	Bacterial spores persist in the environment. Ensure scheduled environmental cleaning. Consider increase environmental cleaning during outbreak. Dedicate patient care equipment Relapses are common
Clostridium perfringens	Food poisoning	Routine Practices		Foodborne	6-24 hours	Not person-to-person		
	Gas gangrene, abscesses, myonecrosis	Routine Practices			Variable	Not person-to-person		Found in normal gut flora, soil. Infection related to devitalized tissue.
Coccidioidomycosis (*Coccidioides immitis*)	Pneumonia, draining lesions	Routine Practices			1-4 weeks	Not person-to-person		Acquired from spores in soil, dust in endemic areas.
Colorado tick fever (see Arbovirus)	Fever	Routine Practices		Tick borne	3-6 days	Not person-to-person		
Congenital rubella *(see Rubella)*								
Coronavirus (other than SARS CoV)	Common cold	Droplet & Contact Precautions		Direct & indirect contact (Respiratory secretions)	2-4 days	Until symptoms cease	Duration of symptoms.	May cohort if infected with same virus. Patient should not share room with high-risk roommates.
For SARS CoV (See severe acute respiratory syndrome)				Possible large droplets				

Microorganism	Clinical Presentation	Precautions	Infective Material	Route of Transmission	Incubation Period	Period of communicability	Duration of Precautions	Comments
Coxsackievirus *(see Enteroviral Infections)*								
Creutzfeldt-Jakob disease (CJD)	Chronic encephalopathy	Routine Practices* See Nova Scotia Health policies for collection of CSF and surgery.	Contaminated neurosurgical instruments; tissue grafts from infected donors					Notification of a suspected or diagnosed case of CJD should be made to the CJD surveillance system at: 1-888- 489-2999.
Crimean-Congo Fever *(see Viral Hemorrhagic Fevers)*								
Cryptococcosis (*Cryptococcus neoformans*)	Pneumonia, meningitis, adenopathy	Routine Precautions			Unknown	Not person-to-person		
Cryptosporidiosis (*Cryptosporidium parvum*)	Diarrhea	Adult: Routine Practices Pediatric: Contact Precautions	Feces	Direct & indirect contact (fecal/oral)	1-12 days	From onset of symptoms until several weeks after resolution	Duration of symptoms	*Consider Contact Plus Precautions for adults if stool cannot be contained or for adults with poor hygiene who contaminate their environment. Contact Plus Precautions apply to children who are incontinent or unable to comply with hygiene.
Cysticercosis (*Taenia solium* larvae)	*T. solium larval* cysts in various organs	Routine Practices	Ova in feces	Direct contact (fecal/oral)	Months to years	While eggs present in feces		Transmissible only from humans with *T. solium* adult tapeworm in gastrointestinal tract (autoinfection occurs).

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Cytomegalovirus	Usually asymptomatic; congenital infection, retinitis, mononucleosis, pneumonia, disseminated infection in immunocompromised host	Routine Practices	Saliva, genital secretions, urine, breast milk, transplanted organs or stem cells, blood products	Direct * Sexual transmission. Vertical mother to child in utero, at birth or through breast milk transfusion, transplantation	Unknown	Virus is excreted in urine, saliva, genital secretions, breast milk for many months; may persist or be episodic for life		No additional Precautions for pregnant HCWs Close direct personal contact necessary for transmission Disease is often due to reactivation in the patient rather than transmission of infection
Dengue (see *arbovirus)*	Fever, arthralgia, rash	Routine Practices		Mosquito borne	3-14 days	Not person- to-person		
Dermatophytosis *(see Tinea)*								
Diphtheria (*Corynebacterium diphtheriae*)	Cutaneous (characteristic ulcerative lesion)	Contact Precautions	Lesion drainage	Direct or indirect contact	2-5 days	If untreated, 2 weeks to several months	Until two cultures* from skin lesions are negative.	*Cultures should be taken at least 24 hours apart and at least 24 hours after cessation of antimicrobial therapy. Close contacts should be given antimicrobial prophylaxis.
	Pharyngeal (adherent greyish membrane)	Droplet Precautions	Nasopharyngeal secretions	Large droplets	2-5 days	If untreated, 2 weeks to several months	Until two cultures* from both nose and throat are negative.	*Cultures should be taken at least 24 hours apart and at least 24 hours after cessation of antimicrobial therapy. Close contacts should be given antimicrobial prophylaxis.
Ebola *(see viral hemorrhagic fever)*								

Microorganism	Clinical Presentation	Precautions	Infective Material	Route of Transmission	Incubation Period	Period of communicability	Duration of Precautions	Comments
Echinococcosis (*Hydatidosis, Echinococcus granulosus*, *Echinococcus multilocularis*)	Cysts in various organs	Routine Practices			Months to years	Not person-to-person		Acquired from contact with infected animals.
Echovirus *(see enterovirus)*								
Enterobiasis (oxyuriasis, pinworm) (Enterobius vermicularis)	Perianal itching	Routine Practices	Ova in stool, perianal region)	Direct, indirect contact*	Life cycle requires 2-6 weeks	As long as gravid females discharge eggs on perianal skin. Eggs remain infective indoors about 2 weeks.		Direct transfer of infective eggs by hand from anus to mouth of the same or another person, indirectly through clothing, bedding, or other contaminated articles. Close household contacts may need treatment.
Enterococcus species (Vancomycin resistant only) *(see Vancomycin resistant enterococci)*								
Enteroviral infections Echovirus, coxsackievirus A & B. enterovirus Poliovirus see poliomyelitis	Acute febrile symptoms, aseptic meningitis, encephalitis, pharyngitis, herpangina, rash, pleurodynia, hand, foot, and mouth disease.	Adult: Routine Practices Pediatric: Contact Precautions	Feces, Respiratory secretions	Direct & indirect contact (fecal/oral)	3-5 days		Duration of symptoms. if poliovirus, see poliomyelitis	Contact Plus Precautions apply to children who are incontinent or unable to comply with hygiene.
	Conjunctivitis	Contact Precautions	Eye discharge	Direct & indirect contact	1-3 days		Duration of symptoms	

Microorganism	Clinical Presentation	Precautions	Infective Material	Route of Transmission	Incubation Period	Period of communicability	Duration of Precautions	Comments
Epstein Barr virus	Infectious mononucleosis	Routine Practices	Saliva, transplanted organs or stem cells	Direct oropharyngeal route via saliva; transplantation	4-6 weeks	Prolonged; pharyngeal excretion may be intermittent or persistent for years		
Erythema infectiosum *(see Parvovirus* B19)								
Escherichia coli (enteropathogenic strains)	Diarrhea, food poisoning, haemolytic-uremic syndrome (HUS), thrombotic thrombocytopenic purpura	Adult: Routine Precautions Pediatric: Contact Precautions	Feces	Direct & indirect contact (fecal/oral)	1-8 days	Duration of shedding	Duration of symptoms If HUS: until two stools negative for *E. coli* O157:H7 or 10 days from onset of diarrhea.	*Consider Contact Plus Precautions for adults if stool cannot be contained or for adults with poor hygiene who contaminate their environment. Contact Plus Precautions apply to children who are incontinent or unable to comply with hygiene.
Fifth disease *(see Parvovirus)*								
German measles *(see Rubella)*								
Giardiasis (*Giardia lamblia*)	Diarrhea	Adult: Routine Precautions Pediatric: Contact Precautions	Feces	Direct & indirect contact (fecal/oral)	3-25 days	Entire period of infection; often months	Duration of symptoms	*Consider Contact Plus Precautions for adults if stool cannot be contained or for adults with poor hygiene who contaminate their environment. Contact Plus Precautions apply to children who are incontinent or unable to comply with hygiene.

Microorganism	Clinical Presentation	Precautions	Infective Material	Route of Transmission	Incubation Period	Period of communicability	Duration of Precautions	Comments
Granuloma inguinale (Donovanosis) (*Calymmatobacterium granulomatis*)	Painless genital ulcers, inguinal ulcers, nodules	Routine Practices		Sexually transmitted	Unknown; probably between 1-16 weeks	Unknown; probably for the duration of open lesions on the skin or mucous membranes.		
***Haemophilus influenzae* type B** (invasive disease)	Pneumonia, epiglottitis, meningitis, bacteremia, septic arthritis, cellulitis, osteomyelitis in a child	Adult: Routine Practices Pediatric: Droplet Precautions	Respiratory secretions	Large droplets, direct contact	Variable	Most infectious in the week prior to onset of symptoms and during the symptoms until treated.	Until 24 hours of appropriate antibiotic therapy has been received	Close contacts < 48 months old and who are not immune may require chemoprophylaxis. Household contacts of such children should also receive prophylaxis.
Hand, foot, and mouth disease *(see enteroviral Infections)*								
Hansen's Disease *(see Leprosy)*								
Hantavirus	Fever, pneumonia	Routine Practices	Rodent Excreta	Presumed aerosol transmission from rodent excreta	A few days to 6 weeks	Not well defined, person-to-person is rare (person to person documented for *S. American* strains)		Infection acquired from rodents.
Helicobacter pylori	Gastritis, duodenal ulcer disease	Routine Practices		Probable ingestion of organisms. Presumed fecal-oral/ oral-oral	5-10 days	Unknown		
Hepatitis A, E	Hepatitis, anicteric acute febrile illness	Adult: Routine Precautions Pediatric: Contact Precautions	Feces	Direct & indirect contact (fecal/oral)	A: 28-30 days E: 26-42 days	A: Two weeks before to 1 week after onset of jaundice; Shedding is prolonged in the newborn.	1 week after onset of jaundice; duration of hospitalization if newborn	Consider Contact Plus Precautions for incontinent adults if stool cannot be contained or for adults with poor hygiene who contaminate their environment.

Microorganism	Clinical Presentation	Precautions	Infective Material	Route of Transmission	Incubation Period	Period of communicability	Duration of Precautions	Comments
						E: not known; at least 2 weeks before onset of symptoms.		Contact Plus Precautions apply to children who are incontinent or unable to comply with hygiene. Postexposure prophylaxis indicated for non-immune household contacts with significant exposure to Hepatitis A if within 2 weeks of Exposure. Outbreaks of HAV in HCWs have been associated with eating and drinking in patient care areas.
Hepatitis B, C, D, G	Hepatitis, often asymptomatic, cirrhosis, hepatic cancer	Routine Practices	Blood, genital secretions, and certain other body fluids	Mucosal or percutaneous exposure to infective body fluids Sexual transmission; vertical mother to child	**B**: 2-3 months **C**: 2 weeks - 6 months **D**: 2-8 weeks	**B**: all persons who are HBsAg positive are infectious. **C**: indefinite **D**: indefinite		Contact OHSW if HCW has percutaneous, non-intact skin or mucous membrane exposure.
Herpes simplex	Encephalitis	Adults: Routine Practices Pediatric: Contact Precautions						

Microorganism	Clinical Presentation	Precautions	Infective Material	Route of Transmission	Incubation Period	Period of communicability	Duration of Precautions	Comments
	Neonatal	Contact Precautions	Skin or mucosal lesions; possibly all body secretions & excretions	Direct contact	Birth to 6 weeks of age		Duration of symptoms	Contact Plus Precautions are also indicated for infants delivered vaginally (or by C-section if membranes have been ruptured more than 4-6 hours) to women with active genital HSV infections, until neonatal HSV infection has been ruled out.
	Mucocutaneous: disseminated or primary & extensive (gingivostomatitis, eczema herpeticum)	Contact Precautions		Direct contact (Skin or mucosal lesions; sexual transmission; mother to child at birth)	2 days to 2 weeks	While lesions present	Until lesions are dry and crusted	
Herpes simplex (continued)	Recurrent	Routine Practices						
Herpes zoster *(see varicella zoster)*								
Histoplasmosis (*Histoplasma capsulatum*)	Pneumonia, lymphadenopathy, fever	Routine Practices			3-17 days	Not person-to-person		Acquired from spores in soil.
Hookworm (*Necator americanus*, *Ancyclostoma duodenale)*	Usually asymptomatic	Routine Practices		Percutaneous Fecal-oral	Few weeks to many months	Not person-to-person		Larvae must hatch in soil to become infectious.
Human herpesvirus 6 (HHV-6) *(see Roseola)*								

Microorganism	Clinical Presentation	Precautions	Infective Material	Route of Transmission	Incubation Period	Period of communicability	Duration of Precautions	Comments
Human immunodeficiency virus (HIV)	Asymptomatic; multiple clinical presentations	Routine Practices	Blood, genital secretions, breast milk and certain other body fluids	Mucosal or percutaneous exposure to infective body Fluids, Sexual transmission, vertical mother to child	Weeks to years	From onset of infection		Contact OHSW if HCW has percutaneous, nonintact skin or mucous membrane exposure
Human metapneumovirus	Respiratory tract infection	Droplet and Contact Precautions	Respiratory Secretions	Large droplets Direct and indirect contact	3-5 days		Duration of symptoms	May cohort if infected with same virus. Patient should not share room with high-risk roommates.
Human T-cell leukemia virus, human T-lymphotrophic virus (HTLV- I, HTLV-II)	Usually asymptomatic, tropical spastic, paraperisis, lymphoma	Routine Practices	Breast milk, blood, and certain other body fluids	Vertical mother to child; mucosal or percutaneous exposure to infective body fluids	Weeks to years	Indefinite		
Infectious mononucleosis – *(see Epstein Barr)*								

Microorganism	Clinical Presentation	Precautions	Infective Material	Route of Transmission	Incubation Period	Period of communicability	Duration of Precautions	Comments
Influenza-Seasonal	Respiratory tract infection	Droplet and Contact Precautions	Respiratory Secretions	Large droplets, direct and indirect contact	1-3 days	Generally, 3–7 days from clinical onset Prolonged shedding may occur in immunocompromised individuals.	Duration of Symptoms	If private room is unavailable, consider cohorting patients during outbreaks. Patient should not share room with high-risk roommates. Patient should not share room with high-risk roommates. Consider anti-viral for exposed roommates
Pandemic Novel influenza viruses	Respiratory tract infection	*Pandemic Influenza Precautions	As seasonal	As seasonal	Unknown; possibly 1-7 days	Unknown, possibly up to 7 days	Duration of symptoms	
Avian influenza	Respiratory tract infection, conjunctivitis	Droplet and Contact Precautions	Excreta of sick birds, possibly human respiratory tract secretions					
Lassa fever *(see Viral hemorrhagic fever)*								
Legionella (*Legionella* spp.) Legionnaires' disease	Pneumonia; Legionnaires' disease, Pontiac fever	Routine Practices			2-10 days	Not person-to-person		Acquired from contaminated water sources (inhalation not ingestion)
Leprosy (Hansen's disease) (*Mycobacterium leprae*)	Chronic disease of skin, nerves, nasopharyngeal mucosa	Routine Practices	Nasal secretions, skin lesions	Direct contact	9 months to 20 years			Transmitted between persons only with very prolonged extensive close personal contact. Household contacts should be assessed and may be given prophylaxis.

Microorganism	Clinical Presentation	Precautions	Infective Material	Route of Transmission	Incubation Period	Period of communicability	Duration of Precautions	Comments
Leptospirosis (*Leptospira* sp.)	Fever, jaundice, aseptic meningitis	Routine Practices			2-30 days	Direct person-to-person transmission is rare		Acquired from contact with animals
Lice (pediculosis) Head, Body, Pubic (crab) *(Pediculus capitas, pediculus corporis, Pediculus humanus, Phthirus pubis*)	Scalp or body itch, itchy rash	Routine Practices plus gloves for direct patient contact only	Louse	Head and body lice: Direct and indirect contact Pubic lice: Usually sexual contact	6-10 days	Until effective treatment to kill lice and ova	Until 24 hours after application of appropriate pediculicide; applied as directed.	Apply pediculicides as directed on label. If live lice found after therapy, repeat. Head lice: Wash headgear, combs, pillowcases, towels with hot water or dry clean or seal in plastic bag and store for 10 days. Body lice: As above, for all exposed clothing and bedding.
Listeriosis (*Listeria monocytogenes*)	Fever, meningitis Congenital or neonatal infection	Routine Practices		Foodborne. vertical mother to child in utero or at birth	Mean 21 days 3-70 days following a single exposure to an implicated food product			Pregnant women and immunocompromised persons should avoid cheese made with unpasteurized milk, cold cuts and uncooked meat products including hot dogs. Listeria grows well at low temperatures and is able to multiply in refrigerated foods that are contaminated. Nosocomial outbreaks reported in newborn nurseries due to contaminated equipment or materials.
Lyme disease (*Borrelia burgdorferi*)	Fever, arthritis, rash, meningitis	Routine Practices		Tickborne	To initial rash: 3- 32 days; mean 7-10 days	Not person-to-person		

Microorganism	Clinical Presentation	Precautions	Infective Material	Route of Transmission	Incubation Period	Period of communicability	Duration of Precautions	Comments
Lymphocytic choriomeningitis virus	Aseptic meningitis	Routine Practices	Urine of rodents		6-21 days	Not person-to-person		Acquired from contact with rodents.
Lymphogranuloma venereum (*Chlamydia trachomatis* serovars L1, L2, L3)	Genital ulcers, inguinal adenopathy	Routine Practices		Sexually transmitted	Range of 3-30 days for a primary lesion			
Malaria (*Plasmodium* sp.)	Fever	Routine Practices	Blood	Mosquito borne; rarely transplacental from mother to fetus; blood transfusion	Variable; 9-14 days for *P. falciparum*	Not normally person–to-person		Can be transmitted via blood transfusion
Marburg virus *(see Viral hemorrhagic fever)*								
Measles (Rubeola – Red Measles)	Fever, cough, coryza, conjunctivitis, maculopapular skin rash	Airborne Precautions	Respiratory Secretions	Airborne	7-18 days to onset of fever; rarely as long as 21 days	5 days before onset of rash (1-2 days before onset of initial symptoms) until 4 days after onset of rash (longer in immunocompromised patients)	4 days after start of rash; duration of symptoms in immunocompromised patients	Only immune HCWs, caretakers and visitors should enter the room. N-95 respirators required for all persons who must enter. Precautions should be taken with neonates born to mothers with measles infection at delivery. Immunoprophylaxis is indicated for susceptible contacts.

Microorganism	Clinical Presentation	Precautions	Infective Material	Route of Transmission	Incubation Period	Period of communicability	Duration of Precautions	Comments
Measles (Rubeola)	Susceptible contact	Airborne Precautions	Respiratory Secretions	Airborne (respiratory secretions)		Potentially communicable during last 2 days of incubation period	From 5 days after first exposure through 21 days after last exposure regardless of post-exposure prophylaxis	Only immune HCWs, caretakers and visitors should enter the room. N-95 respirators required for all persons who must enter. Precautions should be taken with neonates born to mothers with measles infection at delivery. Immunoprophylaxis is indicated for susceptible contacts.
Melioidosis (*Pseudomonas pseudomallei*)	Pneumonia, fever	Routine Practices	Contaminated soil		Variable			Organism in soil in South-East Asia. Person-to-person has not been proven.
Meningococcus (*Neisseria meningitidis)*	Rash (petechial/purpuric) with fever Meningococcemia meningitis, pneumonia	Droplet Precautions	Respiratory Secretions	Large droplet, direct contact	Usually, 2-10 days		Until 24 hours of effective antimicrobial therapy has been received	Close contacts may need, Chemopropylaxis.
Methicillin resistant *S. aureus* (MRSA) *(see ARO)*								
Molluscum contagiosum	Umbilicated papules	Routine Practices	Contents of papules	Direct contact	2 weeks to 6 months	Unknown		Requires close direct personal contact for transmission.

Microorganism	Clinical Presentation	Precautions	Infective Material	Route of Transmission	Incubation Period	Period of communicability	Duration of Precautions	Comments
Mpox	Resembles smallpox; lymphadenopathy is a more predominant feature	*Contact and Droplet Precautions Airborne Precautions used until other airborne infectious diseases ruled out.	Lesions and respiratory secretions	Contact with infected animals; possible airborne transmission from animals to humans			*Contact: Until all lesions crusted	*Transmission in hospital settings is unlikely.
Mucormycosis (*phycomycosis*; *zygomycosis*) (*Mucor*, *Zygomycetes*)	Skin, wound, rhinocerebral, pulmonary, gastrointestinal, disseminated infection *	Routine Practices	Fungal spores in dust and soil	Inhalation or ingestion of fungal spores	Unknown	Not person-to-person	Unknown	Acquired from spores in dust, soil. * Infections in immunocompromised patients.
Mumps	Swelling of salivary glands, orchitis, meningitis	Droplet Precautions	Saliva	Large droplets, direct contact	Usually 16-18 days; range 14-25 days	Viral excretion highest 2 days before to 5 days after onset or parotitis	Until 5 days after onset of parotitis	Droplet Precautions for exposed susceptible patients/healthcare workers should begin 10 days after first contact and continue through 26 days after last exposure.
Mycobacterium non-tuberculosis (atypical)	Lymphadenitis; pneumonia; disseminated disease in immunocompromised host	Routine Practices			Unknown	Not person-to-person		Acquired from soil, water, animal, reservoirs.

Microorganism	Clinical Presentation	Precautions	Infective Material	Route of Transmission	Incubation Period	Period of communicability	Duration of Precautions	Comments
Mycobacterium tuberculosis (also, *Mycobacterium africanum, Mycobacterium bovis*)	Confirmed or suspected respiratory (pulmonary, laryngeal)	Airborne Precautions	Respiratory Secretions	Airborne	Weeks to years	While organisms are viable in sputum	Until deemed no longer infectious. If confirmed, until patient has received two weeks of effective therapy, and is improving clinically, and has 3 consecutive sputum smears negative for acid fast bacilli, collected 8-24 hours apart with at least 1 early morning specimen. If multi-drug resistant tuberculosis, until sputum culture negative.	Tuberculosis in young children is rarely transmissible; due to lack of cavitary disease and weak cough. Assess visiting family members for cough.
	Non-pulmonary: meningitis, bone, or joint infection with no drainage	Routine Practices						Most patients with non-pulmonary disease alone are non-contagious; it is important to assess for concurrent pulmonary tuberculosis.

Microorganism	Clinical Presentation	Precautions	Infective Material	Route of Transmission	Incubation Period	Period of communicability	Duration of Precautions	Comments
	Non-pulmonary: skin or soft tissue draining lesions	Routine Practices Airborne Precautions*	Aerosolized wound drainage				Maintain Precautions until drainage has ceased or there are three consecutive negative acid-fast bacilli smears of drainage. If multi-drug resistant tuberculosis, until culture negative	*Airborne Precautions if procedures which may aerosolize drainage are being performed.
	PPD skin test positive with no evidence of current pulmonary disease	Routine Practices		Non-communicable		Non-communicable		
Mycoplasma pneumoniae	Pneumonia	Droplet Precautions	Respiratory Secretions	Large droplets	1-4 weeks	Unknown	Duration of symptoms	
Neisseria gonorrhoeae	Urethritis, cervicitis, pelvic inflammatory disease, arthritis, ophthalmia neonatorum, conjunctivitis	Routine Practices		Sexual transmission, mother to child at birth Rarely: direct/indirect contact	2-7 days	May extend for months if untreated		
Neisseria meningitidis *(see Meningococcus)*								
Nocardiosis *(Nocardia* sp.)	Fever, pulmonary or CNS infection or disseminated disease	Routine Practices			Unknown	Not person-to-person		Acquired from organisms in dust, soil.

Microorganism	Clinical Presentation	Precautions	Infective Material	Route of Transmission	Incubation Period	Period of communicability	Duration of Precautions	Comments
Noroviruses (Norwalk-like agents, Caliciviruses)	Nausea, vomiting, diarrhea	Contact Plus Precautions	Feces	Direct and indirect contact (fecal/oral)	Usually 24-48 hours; range of 10-50 hours	Duration of viral shedding; usual 48 hrs. after diarrhea resolves	48 hours after resolution of illness	During outbreaks, special attention should be made to cleaning
Orf (poxvirus)	Skin lesions	Routine Practices			Generally, 3-6 days	Not person-to-person		Acquired from infected animals.
Parainfluenza virus	Respiratory tract infection	Droplet & Contact Precautions	Respiratory Secretions	Large droplets, direct and indirect contact	2-6 days	1-3 weeks	Duration of symptoms	May cohort if infected with same virus. Patient should not share room with high-risk roommates.
Parvovirus B-19 Human parvovirus	*Erythema infectiosum* (fifth disease), aplastic or erythrocytic crisis	Routine Practices: Fifth disease: Droplet Precautions: Aplastic crisis or chronic infection in immunocompromised patient	Respiratory Secretions	Large droplets, direct contact Vertical mother to fetus	4-21 days to onset of rash	Fifth disease: no longer infectious by the time the rash appears Aplastic crisis: Up to 1 week after onset of crisis Immunocompromised, with chronic infection: months to years	Aplastic or erythrocytic crisis: 7 days. Chronic infection in immunocompromised patient: duration of hospitalization	
Pediculosis *(see lice)*								
Pertussis (*Bordetella pertussis*) *B. parapertussis*	Whooping cough, non-specific respiratory tract infection in infants, adolescents and adults	Droplet Precautions	Respiratory Secretions	Large droplets	Average 9-10 days; range 6-20 days	To 3 weeks after onset of paroxysms if not treated	To 3 weeks after onset of paroxysms if not treated; or until 5 days of appropriate antibiotic therapy received	Close contacts (household and HCWs) may need chemoprophylaxis and/or immunization. If HCWs immunization not up-to-date refer to OHSW.
Pinworms *(see Enterobius)*								

Microorganism	Clinical Presentation	Precautions	Infective Material	Route of Transmission	Incubation Period	Period of communicability	Duration of Precautions	Comments
Plague (*Yersinia pestis*)	Bubonic (lymphadenitis)	Routine	Rodents and their fleas		1-7 days			
	Pneumonic (cough, fever, hemoptysis)	Droplet Precautions	Respiratory Secretions	Large droplets	1-4 days	Until 48 hours of appropriate antimicrobial therapy received	Until 48 hours of appropriate antimicrobial therapy received	Close contacts and exposed HCWs may require prophylaxis
Pneumocystis jiroveci (carinii)	Pneumonia in immunocompromised host	Routine Practices		Unknown	Unknown			Ensure roommates not immunocompromised
Poliomyelitis Infantile paralysis	Fever, aseptic meningitis, flaccid paralysis	Contact Precautions	Feces, Respiratory secretions	Direct & indirect contact	3-35 days	Virus in the throat for approximately 1 week and in feces for 3-6 weeks	Until 6 weeks from onset of symptoms or until feces viral culture negative	Most infectious during the days before and after onset of symptoms. Close contacts who are not immune should receive immunoprophylaxis.
Prion disease *(see CJD)*								
Psittacosis *(see Chlamydia psittace)*								
Q Fever (*Coxiella burnetii*)	Pneumonia, fever	Routine Practices	Infected animals, milk	Direct contact with infected animals; raw milk. Airborne from aerosolized contaminated dust	14-39 days	Not person-to-person		Acquired from contact with infected animals or from ingestion of raw milk.
Rabies	Acute encephalomyelitis	Routine Practices	Saliva	Mucosal or percutaneous exposure to saliva; corneal, tissue and organ transplantation	Usually 3-8 weeks, rarely as short as 9 days or as long as 7 years	Person-to-person transmission is theoretically possible, but rare and not well documented.		Acquired from contact with infected animals. Post-exposure prophylaxis recommended for percutaneous or mucosal exposure to saliva of rabid animal or patient.

Microorganism	Clinical Presentation	Precautions	Infective Material	Route of Transmission	Incubation Period	Period of communicability	Duration of Precautions	Comments
Rat bite fever *Actinobacillus (formerly Streptobacillus) moniliformis; Spirillum minus*	Fever, arthralgia,	Routine Practices	Saliva of infected rodents; contaminated milk	Rodent bite, ingestion of contaminated milk	*A. moniliformis* days 3-10 days, rarely longer. *S. minus* 1-3 weeks	Not person-to-person		*A. moniliformis*: rats and other animals, contaminated milk. *S. minus*: rats, mice only.
Relapsing fever (*Borellia recurrentis,* other Borellia species)	Recurrent fevers	Routine Practices		Vector-borne		Not person-to-person		Spread by ticks or lice
Respiratory syncytial virus (RSV)	Respiratory tract infection	Droplet & Contact Precautions	Respiratory Secretions	Large droplets, direct and indirect contact	2-8 days	Shortly before and for the duration of active disease	Duration of symptoms	May cohort if infected with same virus. Patient should not share room with high-risk roommates.
Rhinovirus	Respiratory tract infection, common cold	Droplet & Contact Precautions	Respiratory Secretions	Direct & indirect contact, possibly large droplets	2-3 days	Until symptoms cease	Duration of symptoms	May cohort if infected with same virus**.** Patient should not share room with high-risk roommates.
Rickettsialpox *Rickettsia akari*	Fever, rash	Routine Practices		Mite borne	9-14 days	Not person-to-person		Transmitted by mouse mites.
Ringworm *(see Tinea)*								
Rocky Mountain Spotted Fever *Rickettsia **rickettsii***	Fever, petechial rash, encephalitis	Routine Practices		Tickborne	3-14 days	Not transmitted from person-to-person except rarely through transfusion		
Roseola Infantum (HHV- 6)	Rash, fever	Routine Practices	Saliva	Direct contact	10 days	Unknown		Transmission requires close direct personal contact.

Microorganism	Clinical Presentation	Precautions	Infective Material	Route of Transmission	Incubation Period	Period of communicability	Duration of Precautions	Comments
Rotavirus	Diarrhea	Contact Plus Precautions	Feces	Direct & indirect contact (fecal/oral)	1-3 days	Duration of viral shedding	Duration of symptoms	
Roundworm *(see Ascariasis)*								
Rubella (German Measles) Acquired	Fever, maculopapular rash	Droplet Precautions	Respiratory Secretions	Large droplets, direct contact	14-21 days	For about 1 week before and after onset of rash.	Until 7 days after onset of rash	Only immune HCWs, caretakers and visitors should enter the room. Pregnant HCWs should not care for rubella patients regardless of their immune status. If it is essential for a non-immune person to enter the room, facial protection should be worn. Droplet Precautions should be maintained for exposed susceptible patients for 7 days after first contact through to 21days after last contact. Administer vaccine to exposed susceptible non-pregnant persons within 3 days of exposure. Exclude susceptible HCWs from duty from day 7 after first exposure to day 21 after last exposure, regardless of postexposure vaccination
Rubella, congenital	Congenital rubella syndrome	Droplet & Contact Precautions	Respiratory Secretions, Urine	Direct & indirect contact; large droplets (respiratory secretions & urine)		Prolonged shedding in respiratory tract and urine; can be up to one year	Until one year of age, unless nasopharyngeal and urine cultures done after 3 months of age are negative.	
Rubeola *(see Measles)*								

Microorganism	Clinical Presentation	Precautions	Infective Material	Route of Transmission	Incubation Period	Period of communicability	Duration of Precautions	Comments
Salmonella (including *Salmonella typhi*)	Diarrhea, enteric fever, typhoid fever, food poisoning	Adult: Routine Precautions* Pediatric: Contact Precautions	Feces	Direct and indirect contact (fecal/oral), foodborne	6-72 hours	Variable	Duration of symptoms	*Consider Contact Plus Precautions for adults if stool cannot be contained or for adults with poor hygiene who contaminate their environment. Contact Plus Precautions apply to children who are incontinent or unable to comply with hygiene
Scabies (*Sarcoptes scabiei)*	Itchy skin rash	Contact Precautions	Mite	Direct & indirect contact	Without previous exposure 2-6 weeks. 1-4 days after re-exposure	Until mites and eggs are destroyed by treatment, usually after 1 or occasionally 2 courses of treatment, 1 week apart.	Until 24 hours after initiation of appropriate therapy	Apply scabicide as directed on label. Wash clothes and bedding in hot water, dry clean or seal in a plastic bag, and store for 1 week. Household contacts should be treated.
Scarlet fever *(see Streptococcus, group A)*								
Schistosomiasis (bilharziasis) (*Schistosoma* sp.)	Diarrhea, fever, itchy rash, hepatosplenomegaly, hematuria	Routine Practices				Not person-to-person		Contact with larvae in contaminated water.
Serratia *S. marcescens* *S. liquefaciens*	Pneumonia, bacteremia, UTI, SSI.	Routine Practices or Contact Precautions for multi-resistant strains as per policy IPC-RP-005		Ingestion of contaminated foods and direct contact				

Microorganism	Clinical Presentation	Precautions	Infective Material	Route of Transmission	Incubation Period	Period of communicability	Duration of Precautions	Comments
Shigella	Diarrhea	Adult: Routine Precautions Pediatric: Contact Precautions	Feces	Direct & indirect contact (fecal/oral)	1-3 days	Usually 4 weeks if not treated	Duration of symptoms	Consider Contact Plus Precautions for incontinent adults if stool cannot be contained or for adults with poor hygiene who contaminate their environment. Contact Plus Precautions apply to children who are incontinent or unable to comply with hygiene. Treatment with effective antimicrobial shortens period of infectivity.
Severe acute respiratory syndrome (SARS Coronavirus)	Malaise, myalgia, headache, fever, respiratory symptoms (cough, increasing shortness of breath), pneumonia, ARDS	Contact and Droplet Precautions *AGMP	Respiratory Secretions, Feces	Droplet, direct and indirect contact. Aerosols during AGMP	3-10 days; May vary based on microorganism	Not yet determined; suggested to be less than 21 days	10 days following resolution of fever if respiratory symptoms have also resolved	May cohort if infected with same virus. Patient should not share room with high-risk roommates.
Shingles *(see Herpes zoster)*								
Smallpox (Variola virus) Generalized vaccinia, eczema vaccinatum. See Vaccinia for management of vaccinated persons)	Fever, vesicular/pustular in appropriate epidemiologic context	Droplet, Contact and Airborne Precautions	Skin lesion exudate, oropharyngeal secretions	Airborne, direct and Indirect contact	7-10 days	Onset of mucosal lesions, until all skin lesions have crusted	Until all scabs have crusted and separated (3-4 weeks).	Care preferably should be provided by immune HCWs. Non-vaccinated HCWs should not provide care if immune HCWs are available. N-95 respirator for all regardless of vaccination status.
Sporotrichosis *Sporothrix schenckii*	Skin lesions, disseminated	Routine Practices			Variable	Rare person-to-person		Acquired from spores in soil, on vegetation.
Staphylococcus aureus (If methicillin resistant, also see ARO)	Skin (furuncles, impetigo) wound or burn infection;	MINOR: Routine Practices	Drainage, pus	Direct and indirect contact	Variable	As long as organism is in the exudates or drainage	Until drainage resolved or	* MAJOR: drainage not contained by dressings.

Microorganism	Clinical Presentation	Precautions	Infective Material	Route of Transmission	Incubation Period	Period of communicability	Duration of Precautions	Comments
	abscess; scalded skin syndrome, osteomyelitis	MAJOR: Contact Precautions *					contained by dressings	
	Endometritis	Routine Practices						
	Food poisoning	Routine Practices		Foodborne				
	Pneumonia	Adult: Routine Practices Pediatric: Droplet Precautions	Respiratory secretions	Large droplets, direct contact	Variable		Until 24 hours of appropriate antimicrobial therapy received	
	Toxic shock Syndrome	Routine Practices						
***Streptobacillus moniliformis* disease** *(see Rat-bite fever)*								
Streptococcus pneumoniae	Pneumonia, meningitis and other	Routine Practices			Variable			Normal flora
***Streptococcus* Group A** (*Streptococcus pyogenes*)	Skin (e.g., erysipelas, impetigo), wound or burn infection	Minor: Routine Practices Major: Contact Precautions	Drainage, pus	Direct and indirect contact	1-3 days, rarely longer	As long as organism is in the exudates or drainage	Until 24 hours of appropriate antimicrobial therapy received	*MAJOR = drainage not contained by dressings.
	Scarlet fever, pharyngitis**,** in children under 5 years	Adult: Routine Practices Pediatric: Contact and Droplet Precautions	Respiratory secretions	Large droplets	2-5 days	10-21 days if not treated	Until 24 hours of appropriate antimicrobial therapy received	
	GAS-Endometritis (puerperal fever)	Routine Practices						
	GAS-Toxic shock, invasive disease (including	Droplet and Contact Precautions	Respiratory secretions, wound drainage	Large droplets, direct or indirect contact			Until 24 hours of appropriate	Chemoprophylaxis may be indicated for close contacts of patients with

Microorganism	Clinical Presentation	Precautions	Infective Material	Route of Transmission	Incubation Period	Period of communicability	Duration of Precautions	Comments
	necrotizing fasciitis, myositis, meningitis, pneumonia)						antimicrobial therapy received	invasive disease or toxic shock syndrome
***Streptococcus* Group B** (*Streptococcus agalactiae*)	GBS Newborn sepsis, pneumonia, meningitis	Routine Practices		Mother to child at birth	Early onset 1-7 days of age; late onset 7 days to 3 months of age			Normal flora
Stronglyoides (*Stronglyoides stercoralis*)	Usually asymptomatic	Routine Practices	Larvae in feces		Unknown	Rarely transmitted person-to-person		Infective larvae in soil. May cause disseminated disease in immunocompromised patient.
Syphilis (*Treponema pallidum*)	Genital, skin or mucosal lesions, disseminated disease; neurological or cardiac disease; latent infection	Routine Practices Gloves for direct contact with skin lesions	Genital secretions, lesion exudates	Direct contact with infectious exudates or lesions Sexual transmission, Intrauterine or intrapartum from mother to child	10-90 days. Usually 3 weeks	When moist mucocutaneous lesions of primary and secondary syphilis are present		
Tapeworm *Taenia saginata*, *Taenia solium* *Diphyllobothrium latum*	Usually asymptomatic	Routine Practices	(Larvae in food	Foodborne	Variable	Not transmissible person-to-person		Consumption of larvae in raw or undercooked beef or pork or raw fish; larvae develop into adult tapeworm in GI tract. Individuals with *T. solium* adult tapeworms may transmit cysticercosis to others
Tapeworm Hymenolepsis nana	Usually asymptomatic	Routine Practices		Direct contact (fecal/oral) (ova in rodent or human feces)	2-4 weeks	While ova in feces		
Tetanus *Clostridium tetani*	Tetanus	Routine Practices			1 day to several months	Not person-to-person		Acquired from spores in soil which germinate in wounds, devitalized tissue.

Microorganism	Clinical Presentation	Precautions	Infective Material	Route of Transmission	Incubation Period	Period of communicability	Duration of Precautions	Comments
Tinea (dermatophytes) *Trichophyton*, *Microsporum, Epidermophyton*, *Malassezia furfur*	Ringworm (skin, beard, scalp, groin, perineal region); athlete's foot, pityriasis versicolor	Routine Practices	Organism in skin or hair	Direct skin to skin contact	Variable 4-14 days	While lesions present		May be acquired from animals, shared combs, brushes, clothing, hats, sheets, shower stalls.
Toxic shock syndrome *(see Staphylococcus aureus, Group A Streptococcus)*								
Toxocariasis (*Toxocara canis*, *Toxocara cati*)	Fever, wheeze, rash, eosinophilia	Routine Practices	Ova in dog/cat feces		Unknown	Not person-to-person		Acquired from contact with dogs, cats
Toxoplasmosis (*Toxoplasma gondii*)	Asymptomatic or fever, lymphadenopathy; retinitis, encephalitis in immunocompromised host, congenital infection	Routine Practices		Intrauterine transmission from mother to fetus; transplantation of stem cells or organs	5-23 days			Acquired by contact with infected felines or soil contaminated by felines, consumption of raw meat, contaminated raw vegetables or contaminated water.
Trachoma *(see Chlamydia trachomatis*)								
Transmissible spongiform encephalopathy ***(****see Creutzfeld-Jacob disease*								
Trench fever (*Bartonella quintana*)	Relapsing fevers, rash	Routine Practices	Feces of human body lice	Louse-borne	7-30 days	Not person-to-person in the absence of lice		
Trichinosis (*Trichinella spiralis)*	Fever, rash, diarrhea	Routine Practices	Infected Meat	Food-borne	5-45 days	Not person-to-person		Acquired from consumption of infected meat.
Trichomoniasis (*Trichomonas vaginalis*)	Vaginitis	Routine Practices		Sexually transmitted	4-20 days	Duration of infection		
Trichuriasis (whipworm) (*Trichuris trichiura*)	Abdominal pain, diarrhea	Routine Practices			Unknown	Not person-to-person		Ova must hatch in soil to become infective
Tuberculosis *(see Mycobacterium tuberculosis)*								

Microorganism	Clinical Presentation	Precautions	Infective Material	Route of Transmission	Incubation Period	Period of communicability	Duration of Precautions	Comments
Tularemia (*Francisella tularensis*)	Fever, lymphadenopathy, pneumonia	Routine Practices			1-14 days	Not person-to-person		Acquired from contact with infected animals. *F. tularensis* is hazardous to laboratory workers. Notify laboratory if diagnosis is suspected.
Typhoid/parathyphoid fever *(see Salmonella)*								
Typhus fever (*Rickettsia typhi) Endemic flea-borne Typhus*	Fever, rash	Routine Practices	Rat fleas	Flea borne	From 1-2 weeks; commonly 12 days	Not transmitted person-to-person		
(Rickettsia prowazekii) Epidemic Louse- Borne Fever	Fever, rash	Routine Practices	Human body Louse	Louse borne	1-2 weeks			Person-to-person through close personal contact, not transmitted in absence of louse
Vaccinia	Range of adverse reactions to the smallpox vaccine (e.g., eczema vaccinatum, generalized or progressive vaccinia, other)	Contact Precautions	Skin exudates	Direct and indirect contact	3-5 days	Until all skin lesions resolved, and scabs separated	Until all skin lesions dry and crusted, and scabs separated	Vaccinia may be spread by touching a vaccination site before it has healed or by touching bandages or clothing that may have been contaminated with live virus from the smallpox vaccination site.
Vancomycin resistant enterococcus or (VRE)	Infection or colonization of any body site	Enhanced Contact (Contact-E) Precautions	Infected or colonized secretions, excretions	Direct and indirect contact	Variable	Duration of colonization	As directed by ICP	Enterococci persist in the environment; pay special attention to cleaning (twice daily scrubbing clean)
Vancomycin resistant *Staphylococcus aureus* (VRSA) Theoretical; to date, not reported	Infection or colonization of any body site	Contact Precautions	Infected or colonized secretions, excretions	Direct and indirect contact	Variable	Duration of colonization	As directed by ICP	

Microorganism	Clinical Presentation	Precautions	Infective Material	Route of Transmission	Incubation Period	Period of communicability	Duration of Precautions	Comments
Varicella –zoster virus Varicella (chickenpox)	Fever with vesicular rash	Airborne and Contact Precautions	Skin lesion drainage, respiratory secretions	Airborne, direct and indirect contact	10-21 days	1-2 days before rash and until skin lesions have crusted. May be prolonged In immunocompromised patients	Until all lesions have crusted and dried	HCWs, roommates and caregivers should be immune to chickenpox. No additional Precautions for pregnant HCWs. Respirators for non-immune persons that must enter. Susceptible high-risk contacts should receive varicella zoster immunoglobulin as soon as possible, latest within 96 hours of exposure. Varicella zoster immunoglobulin may extend the incubation period to 28 days.
Herpes zoster (shingles), Disseminated	Vesicular skin lesions	Airborne and Contact Precautions	Vesicle fluid, respiratory secretions	Airborne, direct and indirect contact		Until all lesions have crusted and dried	Until all lesions have crusted and dried	HCWs, roommates and caregivers should be immune to chickenpox. No additional Precautions for pregnant HCWs. Respirators for non-immune persons that must enter. Susceptible high-risk contacts should receive varicella zoster immunoglobulin as soon as possible, latest within 96 hours of exposure. Varicella zoster immunoglobulin may extend the incubation period to 28 days

Microorganism	Clinical Presentation	Precautions	Infective Material	Route of Transmission	Incubation Period	Period of communicability	Duration of Precautions	Comments
Herpes zoster Localized: - Immunocompromised host	Vesicular skin lesions in dermatomal distribution	Airborne and Contact Precautions	Vesicle fluid	Direct and indirect contact, airborne		Until all lesions have crusted and dried and disseminated infection is ruled out	Until 24 hours after antiviral therapy started; then as for localized zoster in normal host	Localized zoster may disseminate in immunocompromised host if not treated. HCWs, roommates. and caregivers should be immune to chickenpox. Susceptible high-risk contacts should receive varicella zoster immunoglobulin as soon as possible, latest within 96 hours of exposure. Varicella zoster immunoglobulin may extend the incubation period to 28 days
Herpes zoster Localized: - Normal host	Vesicular skin lesions in dermatomal distribution	Routine Practices *Contact and Airborne Precautions	Vesicle fluid	Direct and indirect contact, possibly airborne		Until all lesions have crusted and dried	Until all lesions have crusted and dried	*Consider Contact Precautions and Airborne Precautions for cases of extensive localized zoster that cannot be covered, in situations where there are varicella susceptible patients/HCWs.
Varicella or herpes zoster contact	Susceptible contact	Airborne Precautions	Respiratory secretions	Airborne	10-21 days	Potentially communicable during last 2 days of incubation period	From 8 days after first contact until 21 days after last contact with rash regardless of post-exposure vaccination (28 days if given varicella zoster immunoglobulin)	Airborne Precautions should be taken with neonates born to mothers with varicella onset <5 days before delivery. HCWs, roommates and caregivers should be immune to chickenpox
Variola *(see smallpox)*								

Microorganism	Clinical Presentation	Precautions	Infective Material	Route of Transmission	Incubation Period	Period of communicability	Duration of Precautions	Comments
***Vibrio parahaemolyticus* enteritis**	Diarrhea, food poisoning	Routine Practices	Contaminated food, especially seafood	Foodborne	Between 12 and 24 hours; range from 4-30 hours			
Vincent's angina (trench mouth)		Routine Practices						
Viral hemorrhagic fevers (Lassa, Ebola, Marburg, Crimean-Congo viruses)	Hemorrhagic fever	Contact and Droplet AGMP*	Blood and bloody body fluids, respiratory secretions Lassa: urine	Direct and Indirect contact. Lassa: Sexual contact	Lassa 1-3 weeks Ebola 2-21 days	Unknown, possibly several weeks. Lassa virus may be excreted in urine for 3-9 weeks after onset	Until symptoms resolve	Local Public Health authorities should be notified immediately.
West Nile *(see Arboviruses)*								
Whipworm *(see Trichuriasis)*								
Whooping cough *(see Pertussis)*								
Yersinia enterocolitica; Y. pseudotuberculosis	Diarrhea, mesenteric adenitis	Adult: Routine Precautions* Pediatric: Contact Precautions	Feces	Direct and indirect contact (fecal/oral): food borne	3-7 days, generally under 10 days	Duration of excretion in stool	Duration of symptoms	*Consider Contact Plus Precautions for incontinent adults if stool cannot be contained or for adults with poor hygiene who contaminate their environment. Contact Plus Precautions apply to children who are incontinent or unable to comply with hygiene
Zoster *(See Varicella herpes zoster)*								
Zygomycosis (Phycomycosis) (*see Mucormycsis)*								

Additional Resources:

Airborne/ Airborne & Contact Precautions Poster

Contact+/ Contact Precautions Poster

Droplet/ Droplet & Contact Precautions Poster

Isolation Quick Reference Sheet

References

Provincial Infectious Disease Advisory Committee (PIDAC). (2012). Routine Practices and Additional Precautions in All Health Care Settings, 3rd edition. Retrieved from https://www.publichealthontario.ca/-/media/documents/B/2012/bp-rpap-healthcare-settings.pdf.

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