

Organism or Disease	Contaminated Material	Route of Transmission	Incubation Period	Period of Communicability	Precautions	Duration of Precautions	Comments
Abscess Minor	Drainage				Routine Practices		If MRSA is suspected, use contact precaution until ruled out
Abscess Major (drainage not contained by dressing)	Drainage				Contact	Duration of uncontained drainage	If an infectious organism is suspected, use contact precaution until ruled out
Actinomyces		Trauma that introduces bacteria into mucosa	Variable		Routine Practices		Normal flora; infection usually secondary to trauma
Adenovirus Pneumonia	Respiratory secretions, eye discharge	Droplet direct/indirect contact	2-14 days (depending on strain)	Until symptoms cease	Droplet & Contact	Duration of symptoms	May cohort patients in outbreaks
Adenovirus Conjunctivitis	Eye discharge and feces	Direct/indirect contact	2-14 days (depending on strain)	Until symptoms cease	Contact		

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AIDS (HIV) (Acquired Human Immunodeficiency Syndrome)	Blood and body fluids, including breast milk	Percutaneous and mucous membrane contact	2 months to 1 year	Duration of disease	Routine Practices	Duration of disease	Reportable Disease Report to Employee Health or designate if health care provider has percutaneous or mucous membrane exposure
Amebiasis (Entamoeba histolytica)	Feces and pus	Direct/indirect contact (fecal-oral route)	4 days to 4 months	Duration of cyst excretions	Adult: Routine Practices, unless uncontrolled Diarrhea then Contact Pediatric: Contact precautions	Duration of illness	
Anthrax (Bacillus anthracis) Cutaneous Pulmonary	Lesion drainage	Direct contact with spores or inhalation	1 to 7 days		Routine Practices		Reportable Disease Notify Infection Prevention & Control Acquired from infected animals and animal products Not transmitted from person to person

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Arthropod Borne Viral Infections – Arboviruses (Eastern, Western, and Venezuelan equine encephalomyelitis; St. Louis & Californian encephalitis; West Nile Virus)		Insect borne	Variable		Routine Practices		Reportable Disease Not transmitted from person to person
Ascariasis (Ascaris lumbricoides) Roundworm	Ova in soil or uncooked produce	Ingestion	4 to 8 weeks		Routine Practices		Not transmitted from person to person
Aspergillosis (Aspergillosis species)	Spores	Inhalation	Variable		Routine Practices		Not transmitted from person to person
Astrovirus	Feces	Direct/indirect contact (fecal – oral route)	3 to 4 days	Duration of illness	Adult: Routine practices Pediatric and adults who are incontinent or have poor hygiene Contact Precautions	Until normal feces	

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Babesiosis	Blood	Tick Borne			Routine Practices		Not transmitted from person to person except rarely by transfusion
Blastomycosis (Blastomyces dermatitidis)	Spores in contaminated soil	Inhalation or direct contact with soil	30 to 45 days		Routine Practices		Not transmitted from person to person
Botulism (Clostridium botulinum)	Contaminated food, water, and soil	Ingestion	8 to 36 hours		Routine Practices		Reportable Disease Not transmitted from person to person
Brucellosis (Undulant fever or Mediterranean fever)			Variable (weeks to months)		Routine practices		Reportable Disease Not transmitted from person to person
Burkholderia cepacia	Soil and water	Can be spread through person to person contact	Variable		Contact Practices	Until organism cleared	Exacerbation of chronic lung disease in patients with cystic fibrosis (CF) If other CF patients are on the unit, all interactions with other CF patients should be avoided

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Candidiasis					Routine Practices If C. auris, then contact precautions	Duration of admission	
Calicivirus Norovirus and Sapovirus	Feces, emesis	Direct/indirect contact (fecal-oral route), and large droplets (when vomiting)	12 hours to 4 days	Duration of viral shedding usually 48 hours post diarrhea resolution	Adult: Contact Precautions Note: Surgical mask with eye protection for norovirus (with active vomiting) Pediatric: Contact Note: Surgical mask with eye protection for norovirus (with active vomiting)	Adult: until 48 hrs after symptoms resolved and at least one formed BM. Pediatric: until 48 hours after symptoms resolved.	If hands are soiled, then wash hands with soap and water Notify Infection Prevention and Control Outbreaks are Reportable to CPHO
Campylobacter	Feces	Direct/indirect contact (fecal-oral route)	1 to 7 days	Duration of excretion	Adult: Routine practices* Pediatric and adults who are incontinent or have poor hygiene Contact precautions	Pediatric: Until formed stools	Reportable Disease Notify Infection Prevention & Control

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Carbapenem-Resistant Enterobacteriaceae (CRE)	Infected or colonized secretions or excretions	Direct/indirect contact	Variable	Variable	Contact	Duration of hospitalization	Notify Infection Prevention & Control
Cat-Scratch Fever (Bartonella henselae)			16-22 days		Routine Practices		Not transmitted from person to person Acquired from animals
Chancroid (Haemophilus ducreyi)	Genital lesions	Sexually transmitted	3 to 10 days	Until lesions heal	Routine Practices		Reportable Disease
Chickenpox Varicella-zoster virus	Lesion drainage and respiratory secretions	Direct/indirect contact and airborne	10 to 21 days	2 days before rash and until all vesicles have crusted	Airborne and Contact	Until all vesicles have crusted and for at least 5 days Neonates born to mothers with active varicella should be isolated at birth	Reportable Disease Notify Infection Prevention & Control Only immune staff should enter the room

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Chlamydia (Chlamydia trachomatis, Conjunctivitis, Genital, Pneumonia)	Genital discharge, eye drainage, respiratory secretions	Sexually transmitted and mother-to-newborn (at birth)	Variable	Duration of discharge	Routine Practices		Reportable Disease
Cholera (Vibrio cholerae)	Feces	Direct/indirect contact (fecal-oral route)	1 to 5 days	Duration of shedding	Adult: Routine Practices* Pediatric and adults who are incontinent or have poor hygiene: Contact Precautions	Until normal feces	Reportable Disease Notify Infection Prevention & Control
Clostridium Botulinum (See Botulinum)					Routine Practices		Not transmitted from person to person

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Clostridioides Difficile (C.diff)	Feces	Direct/indirect contact (fecal-oral route)	Variable	Duration of shedding	Contact	Until symptoms have stopped for at least 48 hours and at least one of the following: a baseline normal bowel movement, a formed bowel movement or no bowel movements	Reportable Disease Notify Infection Prevention & Control Laboratory confirmed cases may be co-horted If hands are soiled, then wash hands with soap and water; clean room with Rescue (or designated alternative)
Clostridium Perfringens		Foodborne	6 to 24 hours	person	Routine Practices		Not transmitted from person to person
Clostridium Perfringens Gas gangrene, abscesses, myonecrosis	Drainage from wound	Direct contact	Variable		Routine Practices*		*Contact precautions if wound drainage is extensive Found in normal intestine flora and soil Not transmitted from person to person
Coccidioidomycosis Valley Fever	Draining lesions	Inhalation	1 to 4 weeks		Routine Practices		Not transmitted from person to person

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Colorado Tick Fever		Tick-borne	3 to 6 days		Routine Practices		Not transmitted from person to person
Conjunctivitis Acute bacterial, Chlamydia, Gonococcal					Routine Practices		
Conjunctivitis Acute viral					Contact	Duration of illness	
Common Cold See Rhinovirus							
COVID-19 (SARS-CoV-2)	Respiratory secretions	Large Droplets Direct Contact	2-14 days	May be asymptomatic	Droplet and Contact Airborne if Aerosol Generating Medical Procedure	10-21 days	Reportable Disease Notify Infection Prevention & Control, CPHO and Public Health

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Coxsackie virus disease (Hand-foot-mouth Disease)	Feces	Fecal-oral			Adult: Routine practices*	Duration of illness	
					Pediatric and adults who are incontinent or have poor hygiene Contact precautions		
Creutzfeldt-Jakob Disease (CJD)	Central nervous system tissue Cerebral spinal fluid Posterior of eye Infected tissue	Direct contact	Months to years		Routine Practices	Duration of infection (lifelong)	Reportable Disease Notify Infection Prevention & Control immediately Equipment in contact with infectious material requires special handling and disinfection practices
Croup	Respiratory secretions	Direct/indirect contact; large droplet	2 to 10 days	Onset of symptoms to 10 days	Droplet and contact	Duration of illness or until infectious cause ruled out	

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Crimean-Congo Fever	Blood and body fluids, respiratory secretions	Direct and indirect contact			Droplet and Contact If pneumonia- Airborne when performing aerosol-generating procedures Private room preferred	Duration of illness	Reportable Disease N95 when performing Notify Infection Prevention and Control
Cryptococcosis (Cryptococcus neoformans)	Acquired from spores in soil Not transmitted from person to person	Inhalation	Unknown		Routine Practices		Reportable Disease Notify Infection Prevention & Control
Cryptosporidiosis	Feces	Direct/indirect contact (fecal-oral route)	2 to 14 days	Onset of symptoms to several weeks	Adult: Routine practices* Pediatric and adults who are incontinent or have poor hygiene contact precautions	Until symptoms cease	Reportable Disease Notify Infection Prevention & Control
Cysticercosis (Taenia solium larvae)	Ova in feces	Direct contact (fecal-oral route)	Months to years		Routine Practices		Transmissible only if patient has <i>Taenia solium</i> adult tapeworm in GI tract

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Cytomegalovirus (CMV)	Saliva, blood, genital secretions, breast milk and urine	Close direct personal contact, blood transfusions, or transplants Mother to child in utero or through breast milk	3 to 8 weeks	Months to years	Routine Practices		Reportable Disease if Congenital
Decubitus Ulcer (infected)	Drainage				Contact	Duration of uncontained drainage	MRSA is suspected, use contact precaution until ruled out
Dengue Fever		Insect borne	Variable		Routine Practices		Not transmitted from person to person
Diarrhea Acute, infective etiology suspected	Feces	Direct/indirect contact (fecal-oral route)	Variable		Contact		Notify Infection Prevention & Control See specific organism if identified Wash hands with soap and water

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Diphtheria (<i>Corynebacterium diphtheria</i>) Pharyngeal	Nasopharyngeal secretions	Droplet	2 to 5 days		Droplet	Until two appropriate cultures are negative (at least 24 hours apart) and at least 24 hours after cessation from antibiotics	Reportable Disease Notify Infection Prevention & Control
Diphtheria (<i>Corynebacterium diphtheria</i>) Cutaneous	Lesion drainage	Direct/indirect contact	2 to 5 days	If untreated – 2 weeks to several months	Contact	Until two appropriate cultures are negative (at least 24 hours apart) after cessation from antibiotics	Reportable Disease Notify Infection Prevention & Control
Ebola Virus	All body fluids, excretions and secretions	Direct/indirect contact	2-21 days	Duration of illness	Droplet and Contact Airborne and Contact (if pneumonia)	Until symptoms resolve	Reportable Disease Notify Infection Prevention & Control immediately
Echinococcosis			Months to years		Routine Practices		Acquired from contact with infected animals Not transmitted from person to person

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Echovirus Disease	Feces, respiratory secretions, and contaminated food and/or water	Direct/indirect contact (fecal-oral route)	2 to 14 days	As long as virus present in excretions and secretions	Adult: Routine practices	Duration of illness	
					Pediatric and adults who are incontinent or have poor hygiene contact precautions		
Encephalitis	Viral and bacterial agents usually from environment reservoirs	Varies with agent	Varies with agent		Adult: Routine Practices	Pediatric: Until enterovirus is ruled out	Reportable Disease Person to person transmission is rare
					Pediatric: Contact		
Endometritis					Routine Practices		
Extended spectrum Betalactamase producing Enterobacteriaceae (ESBL)	Infected or colonized secretions, excretions	Direct/indirect contact	Variable	Variable	Routine Practices	If indicated – initiated and discontinued by Infection Prevention & Control	
Enterobiasis (Enterobius vermicularis or Oxyuriasis pinworm)	Ova in perianal region	Direct and indirect contact	2-6 weeks		Routine Practices		Household contacts may need treatment

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Enterococcus species (Vancomycin Resistant)	Infected or colonized secretions, excretions	Direct and indirect contact	Variable	Duration of colonization	Contact	As directed by Infection Prevention & Control	Enterococci persist in the environment; pay special attention to cleaning
Enterocolitis	Feces	Direct/indirect contact (fecal-oral route)	Variable		Contact Use facial protection if patient is vomiting until viral agents ruled out		Outbreaks are reportable to Infection Prevention & Control See specific organism if identified
Enteroviral Infections Coxsackie viruses and Echo viruses	Feces, respiratory secretions, and contaminated food and/or water	Direct/indirect contact (fecal-oral route)	2 to 14 days	As long as virus present in excretions and secretions	Adult: Routine practices Pediatric and adults who are incontinent or have poor hygiene: Contact precautions	Pediatric: Duration of illness	

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Epiglottitis due to Heamophilus influenza Type B	Respiratory secretions	Direct/indirect contact and large droplet	2 to 8 days	One week prior to onset of symptoms and during symptoms until 24 hours after start of antibiotic treatment	Adult: Routine Practices Pediatric: Droplet and Contact	Until 24 hours after start of effective therapy	Reportable Disease- if Type B Notify Infection prevention & Control Usually caused by <i>H. influenza</i> most children are now immunized Close contacts who are not immune may need chemoprophylaxis
Ehrlichiosis (Ehrlichia caffeensis)		Tick-borne	5 to 14 days		Routine Practices		Not transmitted from person to person
Epstein-Barr Virus Infectious Mononucleosis	Saliva	Intimate contact	4 to 7 weeks	Variable	Routine Practices		

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Erythema Infectiosum (Parvovirus B19 Fifth Disease and aplastic crisis)	Respiratory secretions	Droplet, direct contact, vertical mother to fetus	4 to 21 days	Fifth disease: No longer infectious by the time rash appears. Aplastic crisis: up to one week after onset of crisis. Immune-compromised with chronic infection: months to years.	Fifth disease: Routine practices. Aplastic Crisis or immunocompromised with chronic infection: Droplet contact with eye protection	For duration of hospitalization if immunocompromised patient, all other patients for 7 days	
Escherichia Coli 0157:H7	Feces, contaminated food	Direct/indirect contact (fecal-oral route)	3 to 8 days	As long as bacteria is present in stool	Adult: Routine Practices Pediatric and adults who are incontinent or have poor hygiene: Contact Precautions	Until stools are formed	Reportable Disease Notify Infection Prevention & Control
Food Poisoning/ Food Borne Illness 0157:H7	Feces	Direct/indirect contact (fecal-oral route)	Variable	As long as bacteria is present in stool	Contact	Continue precautions until Salmonella or Escherichia coli ended	Reportable Disease Notify Infection Prevention & Control

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Food Poisoning Botulism, C. Perfringens, other causes				Not transmitted from person to person; unless it is Norovirus	Routine Practices		
Furunculosis Staphylococcal					Routine Practices	Duration of illness (with wound lesions, until wounds stop draining)	
Gangrene	Drainage from wound	Direct/indirect contact		Not transmitted from person to person	Routine Practices		

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Gastroenteritis Adenovirus, Campylobacter species, Cholera (Vibrio cholera), C. Difficile, cryptosporidium species, E. Coli, Giardia lamblia, Norovirus, Rotavirus, Salmonella species, Shigella species, Vibrio parahaemolyticus, Viral, Yersinia enterocolitica	Feces	Direct/indirect contact (fecal-oral route)	Variable		Contact Wear facial protection if patient is vomiting	Duration of illness	Reportable disease when in outbreak See specific organism if identified
German measles Refer to Rubella							
Giardiasis (Giardia lamblia)	Feces	Direct/indirect contact (fecal-oral route)	1 to 3 weeks	Period of cyst excretion	Adult: Routine practices* Pediatric and adults who are incontinent or have poor hygiene Contact precautions	Until stools are formed	Reportable Disease

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Gonococcal ophthalmia neonatorum (gonorrheal ophthalmia, acute conjunctivitis of newborn)		Mother to newborn during vaginal birth			Routine Practices		
Gonorrhea (<i>Neisseria gonorrhoeae</i>)	Genital exudates	Sexually transmitted and/or mother-to-newborn	2 to 7 days	Until treated	Routine Practices		Reportable Disease
Granulomoa Inguinale	Genital Ulcers	Sexually transmitted	8 to 20 days		Routine Practices		
Haemophilus Influenzae Type B (Invasive infections)	Respiratory secretions	Direct contact and/or large droplets	Variable	One week prior to onset of symptoms and during the first 24 hours after effective treatments	Adult: Routine Practices Pediatric and adults who are poor cough etiquette or hygiene: Contact	Pediatric: Until 24 hours after effective treatment	If invasive – Reportable Disease If invasive, close contacts who are not immune may require chemoprophylaxis

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Hand, Foot, & Mouth Disease	Feces, respiratory secretions, and contaminated food and/or water	Direct/indirect contact (fecal-oral route)	2 to 14 days	As long as virus present in excretions and secretions	Adult: Routine Practices	Pediatric: Duration of illness	
					Pediatric and adults who are incontinent or have poor hygiene: Contact		
Hantavirus Pulmonary Syndrome	Rodent excretions	Presumed aerosol transmission from rodent excretions	Variable	Not transmitted from person to person	Routine Practices		Reportable Disease
Hansen’s Disease (Leprosy) (mycobacterium leprae)	Respiratory secretions	Direct contact	1 to many years	Transmitted between persons only with very prolonged extensive close personal contact	Routine Practices		Reportable Disease Household contacts should be assessed and maybe given prophylaxis

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Hemorrhagic Fevers Lassa, Ebola, Marburg	All body fluids, excretions and secretions	Direct/indirect contact	Varies with organism	Duration of illness	Droplet and Contact Surgical mask If pneumonia: Airborne precautions for aerosol generating medical procedures)	Until symptoms resolve	Reportable Disease Notify Infection Prevention & Control
Helicobacter pylori		Unknown	Unknown		Routine Practices		
Hepatitis A and E	Feces	Direct/indirect contact (fecal-oral route)	15 to 60 days	A: 2 weeks before to 1 week after onset of symptoms Shedding is prolonged in newborns	Adult: Routine practices* Pediatric and adults who are incontinent or have poor hygiene Contact	Older than 3 years – 1 week from onset of symptoms Pediatric: Less than 3 years of age – duration of admission	Reportable Disease if Hepatitis A Chemoprophylaxis maybe indicated for non-immune household contacts with significant exposure to Hepatitis A if within 2 weeks of exposure

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Hepatitis B, C, D, and other	Blood and other body fluids	Mucosal or percutaneous exposure to contaminated body fluids	2 to 6 months	As long as virus is present in blood	Routine Practices If blood in stool: Contact		Reportable Disease if Hepatitis B or C Report to Employee Health or designate if healthcare worker has percutaneous or mucous membrane exposure
Herpangina	Feces, respiratory secretions, and contaminated food and/or water	Direct/indirect contact (fecal-oral route)	2 to 14 days	As long as virus present in excretions and secretions	Adult: Routine practices* Pediatric and adults who are incontinent or have poor hygiene Contact Precautions	Pediatric: Duration of illness	
Herpes Simplex Encephalitis					Routine Practices		Reportable Disease
Herpes Simplex Mucocutaneous-recurrent	Skin or mucosal lesions	Direct contact	2 days to 2 weeks	While lesions present	Routine Practices Gloves for contact with lesions		Reportable Disease
Herpes Simplex Disseminated/severe	Skin or mucosal lesions	Direct contact	2 days to 2 weeks	While lesions present	Contact	Until lesions crusted and dry	Reportable Disease

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<p>Herpes Simplex</p> <p>Neonatal</p>	<p>Skin or mucosal lesions; possibly all body secretions and excretions</p>	<p>Direct contact</p>	<p>Birth to 6 weeks of age</p>		<p>Contact</p>	<p>Duration of symptoms</p>	<p>Reportable Disease</p> <p>Notify Infection Prevention & Control</p> <p>Contact 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</p>
<p>Herpes Zoster (Shingles)</p> <p>Disseminated</p>	<p>Vesicle fluid</p>	<p>Direct/indirect contact and airborne</p>	<p>Variable (host reaction)</p>	<p>When vesicles are fluid filled</p>	<p>Airborne and Contact</p> <p>Only immune staff (chickenpox) should have contact – no mask required</p> <p>If non-immune, staff must enter room with N95 mask</p>	<p>Until vesicles are crusted and dry</p>	

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<p>Herpes Zoster (Shingles)</p> <p>Localized</p>	Vesicle fluid	Direct/indirect contact and airborne	Variable (host reaction)	When vesicles are fluid filled	<p>Routine Practices if lesions can be covered</p> <p>Contact precautions and Private Room if lesions cannot be covered</p> <p>Only immune staff (chickenpox) should have contact – no mask required</p> <p>If non-immune, staff must enter room with N95 mask</p>	Until vesicles are crusted and dry	
<p>Histoplasmosis (Histoplasma capsulatum)</p>			Variable	Not transmitted from person to person	Routine Practices		
<p>Hookworm Disease (Ancylostomiasis)</p>		Percutaneous	4 to 6 weeks	Not transmitted from person to person	Routine Practices		Larvae must hatch in soil to become infective

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Human Herpesvirus 6 ROSEOLA	Saliva (presumed)	Direct contact Contact	9-10 days	Transmission requires close, direct personal contact	Routine Practices		
Human immunodeficiency virus (HIV)	Blood and body fluids	Percutaneous and mucous membrane contact	Weeks to years	Duration of disease	Routine Practices		Reportable Disease Report to Employee Health or designate if healthcare worker has percutaneous or mucous membrane exposure
Human metapneumovirus	Respiratory Secretions	Direct contact, indirect contact and large droplets.	3-5 days	Duration of symptoms	Droplet and Contact	Duration of symptoms	
Human T-Cell Leukemia Virus and Human T Lymphotropic Virus	Blood and body fluids including breast milk	Percutaneous and mucous membrane contact Ontario also says Sexual transmission and vertical from mother to babe.	Weeks to years	From onset of infection	Routine Practices		

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Impetigo	Wound drainage	Direct/indirect contact			Routine practices		
Infectious mononucleosis	Saliva	Intimate Contact	4-7 weeks	Variable	Routine Practices		
Influenza Seasonal	Respiratory secretions	Direct/indirect contact and large droplets	1 to 3 days	7 days (may be longer in infants or immune-compromised)	Droplet and Contact	Adult: For 5 days after onset of symptoms and asymptomatic Pediatric or immune-compromised: 7 days after onset of symptoms and asymptomatic	Reportable Disease Notify Infection Prevention & Control
Kawasaki Syndrome		Not known to be transmissible			Routine Practices		

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Lassa Fever	All body fluids, excretions and secretions	Direct/indirect contact	1-3 weeks	As long as blood and body fluid contains virus (includes post mortem) May be excreted in urine for three to nine weeks after onset	Droplet and Contact Airborne/Contact (if AGMP or pneumonia)	Until symptoms resolve	Reportable Disease Notify Infection Prevention
Legionnaires' Disease (Legionella pneumophila)	Contaminated water	Inhalation of contaminated water particles	2 to 10 days	Not transmitted from person to person	Routine Practices		Reportable Disease Notify Infection Prevention & Control
Leprosy (Mycobacterium leprae) Hansen's Disease	Nasal secretions	Direct contact Transmitted between persons only with very prolonged and extensive close personal contact	1 to many years		Routine Practices		Reportable Disease Household contacts should be assessed and may be given prophylaxis
Leptospirosis (Leptospira sp)			2 to 26 days	Not transmitted from person to person	Routine Practices		

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Listeriosis (<i>Listeria monocytogenes</i>)	Feces	Foodborne, fecal-oral route and mother-to-newborn	3-70 days		Routine Practices		Reportable Disease
Lyme Disease (<i>Borrelia burgdorferi</i>)		Tick-borne	3 to 31 days	Not transmitted from person to person	Routine Practices		Reportable Disease
Lymphocytic Choriomeningitis (Aseptic meningitis)	Urine of rodents		6 to 21 days	Not transmitted from person to person	Routine Practices		
Lymphogranuloma Venereum Chlamydia	Genital discharge	Sexually transmitted and mother-to-newborn	Variable 3-30 days for primary lesions	Duration of discharge	Routine Practices		Reportable Disease
Malaria (<i>Plasmodium species</i>)	Blood	Mosquito-borne Can be transmitted from person to person only via blood transfusions	Variable	During parasitemia	Routine Practices		Reportable Disease

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Marburg Virus	All body fluids, excretions and secretions	Direct/indirect contact	Varies with organism	Duration of illness	Droplet and Contact Airborne and Contact (if AGMP or pneumonia)	Until symptoms resolve	Reportable Disease Notify Infection Prevention & Control
Measles (Rubeola)	Respiratory secretions	Airborne	7 to 18 days	5 days before onset of rash (1 to 2 days before onset of initial symptoms) until 4 days after onset of rash, may longer in immune-compromised patients	Airborne and Contact	Until 4 days after onset of rash, and duration of symptoms in immuno-compromised	Reportable Disease Notify Infection Prevention & Control Only Immune staff and visitors should enter the room N95 respirator for non-immune persons entering the room
Melioidosis (Pseudomonas pseudomallei)	Contaminated soil	Rare cases of person to person transmission	Variable	Unknown	Routine Practices		Organism in soil in South-East Asia
Meningitis Aetiology unknown	Respiratory secretions and feces (in viral meningitis)	Direct/indirect contact (fecal/oral) and large droplet	variable	variable	Adult: Droplet Pediatric: Droplet Contact	variable	Reportable Disease

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Meningitis Haemophilus influenzae type B	Respiratory secretions	Direct contact and large droplet	Variable but probably 2 - 4 days	The week prior to onset of symptoms and during the symptoms until 24 - 48 hours after the start of effective therapy	Adult: Routine	24 hours after start of effective therapy	Reportable disease Notify Infection Prevention & Control: Close contacts may require chemoprophylaxis
					Pediatric: Droplet and Contact		
Meningitis (Neisseria meningitides)	Respiratory secretions	Direct contact and large droplet	Usually 2 to 10 days	Until 24 hours of effective therapy has been received	Droplet	24 hours after start of effective therapy	Reportable Disease Notify Infection Prevention & Control: Close contacts may require chemoprophylaxis
Meningitis Other bacterial	Respiratory secretions	Direct contact and large droplet		variable	Adult: Droplet and Contact until Neisseria meningitides ruled out, otherwise Routine Practices		Reportable Disease Notify Infection Prevention & Control
Meningitis Viral (“aseptic”) (see also Enteroviral)	Feces, Respiratory secretions	Large droplet, Direct and indirect contact (fecal/oral)	3-5 days	variable	Adult: Routine Practices	For duration of symptoms	Reportable Disease
					Pediatric: Contact		

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Methicillin-resistant Staphylococcus aureus (MRSA)	Secretions, excretions and skin surfaces containing the organism	Direct/indirect contact	Variable	As long as the organism can be recovered from the body site	Contact Droplet and Contact: if in sputum and patient is coughing	Until discontinued by Infection Prevention & Control	Reportable Disease
Molluscum contagiosum	Contents of papules	Direct contact	2 weeks to 6 months	Unknown	Routine Practices		Requires direct intimate personal contact for transmission
Monkeypox	Lesions and respiratory secretions	Contact with infected animals, Possible airborne transmission from animals to humans			Airborne and Contact	Airborne and Contact until monkeypox confirmed and smallpox excluded Droplet and contact until lesions crusted	
Mucormycosis	Fungal spores in dust/soil	Inhalation or ingestions	Unknown	Not transmitted person to person	Routine Practices		

Organism or Disease	Contaminated Material	Route of Transmission	Incubation Period	Period of Communicability	Precautions	Duration of Precautions	Comments
Mumps Infectious parotitis	Saliva and respiratory secretions	Direct contact and large droplet	12 to 25 days	7 days before to 5 days after onset of symptoms	Droplet Only immune staff should have contact – no mask necessary	For 5 days after onset of parotitis	Reportable Disease Notify Infection Prevention & Control If follow up of contacts needed: Droplet precautions for exposed susceptible patient/healthcare workers should begin 10 days after first contact and continue through 26 days after last exposure
Mycobacterium Non-TB (atypical)	Acquired from soil, water, and animal reservoirs		Unknown		Routine Practices		
Mycoplasma pneumonia	Respiratory secretions	Large droplet	1 to 4 weeks	Unknown	Droplet Contact	Duration of symptoms	
Necrotizing enterocolitis See streptococcal disease group		Unknown if transmissible			Routine Practices		Contact Precautions when cluster or outbreak

Organism or Disease	Contaminated Material	Route of Transmission	Incubation Period	Period of Communicability	Precautions	Duration of Precautions	Comments
Nocardiosis (<i>Nocardia</i> sp)			Unknown	Not transmitted from person to person	Routine practices		Acquired from organism in dust and soil
Norovirus	Feces	Direct/indirect contact (fecal-oral route)	12 hours to 4 days	Duration of exacerbation	Adult: Contact If active vomiting: Droplet and Contact, including eye protection Pediatric: Contact Surgical mask with eye protection with active vomiting and/or diarrhea	48 hours after resolution of symptoms	
Norwalk agent Gastroenteritis	Feces	Direct/indirect contact (fecal-oral route)	Variable		Contact Facial protection with active vomiting	Duration of illness	Outbreaks are reportable to Infection Prevention & Control See specific organism if identified
Orf (Pox Virus)	Acquired from infected animals	Not transmitted person to person	3-6 days		Routine Practices		

Organism or Disease	Contaminated Material	Route of Transmission	Incubation Period	Period of Communicability	Precautions	Duration of Precautions	Comments
Parainfluenza Virus	Respiratory secretions	Direct/indirect contact and large droplet	2 to 6 days	1-3 weeks	Droplet Contact	Duration of symptoms	Co-horting may be necessary during outbreaks
Parvovirus B19	Respiratory secretions	Direct contact Vertical mother to fetus	4-21 days to onset of rash	Fifth: No longer infectious by the time rash appears Aplastic crisis: up to one week after onset of crisis Immuno-compromised with chronic infection: months to years	Fifth disease: Routine Aplastic Crisis or immune-compromised: Droplet Contact	Aplastic or erythrocytic crisis: 7 days Chronic infection in immunocompromised patient: duration of hospitalization	
Pediculosis Lice	Louse	Direct/indirect contact	6 to 10 days	As long as viable ova remain on hair and clothing	Routine Practices Gloves for direct patient contact	Until 24 hours after application of pediculicide	
Pertussis Whooping Cough (Bordetella pertussis)	Respiratory secretions	Large droplets	6 to 20 days	Up to 2-3 weeks after onset of symptoms if not treated	Droplet	For 5 days after start of treatment or 3 weeks if not treated	Reportable Disease Notify Infection Prevention & Control Household and healthcare contacts may need chemoprophylaxis

Organism or Disease	Contaminated Material	Route of Transmission	Incubation Period	Period of Communicability	Precautions	Duration of Precautions	Comments
Pinworms	Ova in perianal region	Direct and indirect contact (fecal oral)	1-2 months		Routine Practices		Household contacts may need treatment
Plague (Yersinia pestis) Pneumonic	Respiratory secretions	Large droplets	1 to 4 days	Until 48 hours of appropriate antibiotic therapy received	Droplet	Until 48 hours after initiation of appropriate antibiotic therapy	Reportable Disease Notify Infection Prevention and Control Household and healthcare contacts may need chemoprophylaxis
(Yersinia pestis) Bubonic	Rodents and their fleas		2 to 6 days		Routine Practices		Reportable Disease
Pneumonia Aetiology unknown		Unknown	Unknown		Droplet and Contact	Until aetiology established or clinical improvement on empiric therapy	

Organism or Disease	Contaminated Material	Route of Transmission	Incubation Period	Period of Communicability	Precautions	Duration of Precautions	Comments
Poliomyelitis	Feces and respiratory secretions	Direct/indirect contact	3 to 35 days	Duration of shedding (up to 6 weeks)	Contact	For first 6 weeks after onset of illness or until feces viral cultures are negative	Reportable Disease Notify Infection Prevention & Control Close contacts who are not immune should receive immunoprophylaxis
Pressure ulcer (decubitus ulcer, pressure sore) Infected – Major					Contact	Duration of illness or until drainage stops or can be contained by dressing	
Prion disease- see Creutzfeldt-Jakob Disease (CJD)							
Psittacosis Ornithosis (Chlamydia psittaci)		Infected birds No person to person transmission	7-14 days		Routine Practices		Reportable Disease

Organism or Disease	Contaminated Material	Route of Transmission	Incubation Period	Period of Communicability	Precautions	Duration of Precautions	Comments
Pharyngitis	Respiratory secretions	Large droplets, direct/indirect contact		7 days before swelling to 9 days after	Adult: Routine Practices	Pediatric: For duration of illness or 24 hours of effective therapy if Group A streptococcus	Prophylaxis should be offered to close household contacts of cases with invasive group A strep
					Pediatric: Contact and Droplets		
Q Fever (Coxiella burnetti)	Infected animals and raw milk	Not transmitted from person to person	14 to 39 days		Routine Practices		Reportable Disease
Rabies Rhabdovirus	Saliva	Mucosal or percutaneous exposure to contaminated saliva Person to person transmission rare	5 days to several months		Routine Practices		Reportable Disease Acquired from infected animals, post exposure prophylaxis is recommended for percutaneous or mucosal exposure to saliva of rabid animals or patients

Organism or Disease	Contaminated Material	Route of Transmission	Incubation Period	Period of Communicability	Precautions	Duration of Precautions	Comments
Rat Bite Fever (<i>Streptobacillus moniliformis</i> , <i>Spirillum minus</i>)	Saliva of infected rodents and contaminated milk	Ingestion of contaminated milk or rodent bites	S. moniliform 3 to 21 days S. minus 7 to 21 days	Not transmitted from person to person	Routine Practices		
Antibiotic Resistant bacteria	See specific organisms						
Respiratory Syncytial Virus (RSV)	Respiratory secretions	Direct/indirect contact and large droplet	2 to 8 days	Until symptoms cease	Droplet and Contact	Minimum 7 days	
Reye's Syndrome		Not transmissible	5 to 7 days after the start of a viral illness	Not transmitted from person to person	Routine Practices		May be associated with viral infection
Rheumatic Fever		Direct/indirect contact and large droplet	19 days after Group A streptococcal infection occurs	Several days before symptom onset to 10 to 21 days after	Routine Practices		Complication of a Group A streptococcal infection
Rhinovirus	Respiratory secretions	Direct/indirect contact; possible large droplets	2 to 4 days	Until symptoms cease	Droplet Contact	Duration of symptoms	

Organism or Disease	Contaminated Material	Route of Transmission	Incubation Period	Period of Communicability	Precautions	Duration of Precautions	Comments
Rickettsialpox (Rickettsia akari)		Mite borne	9 to 14 days	Not transmitted from person to person	Routine Practices		
Ringworm	Organism in skin or hair	Direct contact	Variable 4-14 days	While lesion present	Routine Practices		Thorough cleaning of bath/shower after use
Rockey Mountain Spotted Fever (Rickettsia rickettsii)		Tick-borne	3 to 14 days	Not transmitted from person to person	Routine Practices		
Roseola Infantum Exanthem, Subitum, Sixth disease, HHV6	Saliva (presumed)	Direct contact	9 to 10 days		Routine Practices		Transmission requires close, direct personal contact
Rotavirus	Feces	Direct/indirect contact (fecal-oral route)	1-3 days		Contact	Until formed stool	Reportable Disease Notify Infection Prevention & Control
Roundworm Ascariasis (Ascaris lumbricoides) (roundworm)	Ova in soil or uncooked produce	Ingestion	4 to 8 weeks		Routine Practices		Not transmitted from person to person

Organism or Disease	Contaminated Material	Route of Transmission	Incubation Period	Period of Communicability	Precautions	Duration of Precautions	Comments
Rubella Acquired	Respiratory secretions	Direct contact and large droplets	7 to 21 days	7 days before to 7 days after onset of rash	<p>Droplet/Contact</p> <p>Only immune staff should provide care – no mask required if immune</p> <p>Facial protection required for unknown immune or non-immune persons who must enter the room.</p> <p>Pregnant healthcare workers should not provide care regardless of immune status</p>	For 7 days after onset of rash	<p>Reportable Disease</p> <p>Notify Infection Prevention & Control</p> <p>Droplet/Contact Precautions should be maintained for exposed susceptible patients for seven days after first contact, through to 23 days after last contact.</p>
Rubella Congenital	Respiratory secretions and urine	Direct/indirect contact and large droplets	7-21 days	Prolonged shedding in respiratory tract and urine; can be up to 1 year	<p>Droplet/ Contact</p> <p>Pregnant health care providers should not provide care regardless of immune status</p>	For 1 year after birth, unless urine and nasopharyngeal cultures done after 3 months of age are negative	<p>Reportable Disease</p> <p>Only Immune healthcare workers should enter the room</p>
Rubeola Refer to Measles							

Organism or Disease	Contaminated Material	Route of Transmission	Incubation Period	Period of Communicability	Precautions	Duration of Precautions	Comments
Salmonellosis (Salmonella species)	Feces, contaminated food	Fecal-oral route) and foodborne	Diarrhea: 6 to 72 hours Enteric fever: 3 to 60 days	Throughout the course of infection	Adult: Routine Practices	Duration of symptoms	Reportable Disease Notify Infection Prevention & Control
					Pediatric and adults who are incontinent or have poor hygiene: Contact precautions		
Schistosomiasis (bilharziasis)		Contact with larvae in contaminated water		Not person to person	Routine Practices		
Severe Acute Respiratory Syndrome (SARS)	Respiratory and nasopharyngeal secretions and feces	Direct/indirect contact and airborne Aerosols during AGMP	3-10 days	Not yet determined, suggested to be less than 21 days	Droplet and Contact Airborne for AGMPs	Duration of illness plus 10 days after resolution of fever, provided respiratory symptoms are absent or improving	Reportable Disease Notify Infection Prevention & Control AND Public Health <u>immediately</u>
Shigella	Feces	Contact (fecal-oral route)	Diarrhea: 6 to 72 hours Enteric fever: 3 to 60 days	Throughout the course of infection Usually 4 weeks if not treated	Adult: Routine Practices	Duration of symptoms	Reportable Disease Notify Infection Prevention & Control
					Pediatric and adults who are incontinent or have poor hygiene: Contact Precautions		

Organism or Disease	Contaminated Material	Route of Transmission	Incubation Period	Period of Communicability	Precautions	Duration of Precautions	Comments
Scabies (Sarcoptes scabiei)	Mite	Direct/indirect contact	Without previous exposure 4 to 6 weeks, if re-exposure 1 to 4 days	Until mite and eggs destroyed by treatment, usually after 1 or occasionally 2 treatments, one week apart	Contact	Until 24 hours after initiation of effective scabicide Physician to assess after treatment is completed (may require longer duration of precautions)	Wash clothes and bedding in hot water or seal in plastic bag and store for one week. Household contacts should be treated
Scalded Skin Syndrome	Drainage				Contact	Duration of uncontained drainage	If community associated MRSA is suspected, use contact precaution until ruled out
Smallpox (Variola)	Vesicle fluid Oropharyngeal secretions	Airborne Direct and indirect contact	7-10 days	Onset of mucosal lesions until vesicles have crusted and dried	Airborne Contact	Until all lesions have crusted and separated (3-4 weeks)	Reportable Disease Notify Infection Prevention & Control
Sporotrichosis	Acquired from spores in soil on vegetation	Rare person to person transmission	Variable		Routine Practices		

Organism or Disease	Contaminated Material	Route of Transmission	Incubation Period	Period of Communicability	Precautions	Duration of Precautions	Comments
Spirillum minor disease (rat-bite fever)	Saliva of infected rodents	Rodent bite, ingestion of contaminated milk Not transmitted from person to person			Routine Practices		
Staphylococcal Disease (Staphylococcus aureus) Food Poisoning	Feces	Direct/indirect contact	Variable	As long as bacteria is present in stool	Routine Practices		Reportable Disease Notify Infection Prevention & Control
Staphylococcal Disease (Staphylococcus aureus) Skin, wound, or burn infection	Drainage, pus	Direct and indirect contact			Contact	Duration of uncontained drainage	If community associated MRSA is suspected, use contact precaution until ruled out

Organism or Disease	Contaminated Material	Route of Transmission	Incubation Period	Period of Communicability	Precautions	Duration of Precautions	Comments
Staphylococcal Disease (Staphylococcus aureus) Pneumonia	Respiratory secretions	Large droplets Direct contact	Variable		Adult: Routine Practices		
					Pediatric: Droplet/Contact	Pediatric: Until 24 hours of effective therapy	
Staphylococcal Disease (Staphylococcus aureus) Toxic Shock Syndrome (TSS)					Routine Practices		
Streptococcal Disease (Group A Streptococcus) Skin, wound, or burn infection, including necrotizing fasciitis	Drainage, skin exudates	Direct/indirect contact	Variable	As long as organism is present in drainage/exudate	Droplet and Contact	Until 24 hours after initiation of effective treatment	Reportable Disease if invasive If invasive – Notify Infection Prevention & Control
Streptobacillus moniliformis disease	Respiratory secretions	Direct Contact	Unknown		Routine Practices		

Organism or Disease	Contaminated Material	Route of Transmission	Incubation Period	Period of Communicability	Precautions	Duration of Precautions	Comments
Streptococcal Disease (Group A Streptococcus) Toxic Shock Like Syndrome (TSLs)	Respiratory secretions, Wound drainage	Large droplets/ Direct Contact			Droplet and Contact	Until 24 hours after initiation of effective treatment	Reportable Disease if invasive If invasive – Notify Infection Prevention & Control
Streptococcal Disease (Group A Streptococcus) Pneumonia	Respiratory secretions	Droplet	2 to 5 days	10 to 21 days	Droplet Contact	Until 24 hours of effective treatment	Reportable Disease if invasive If invasive – Notify Infection Prevention & Control
Streptococcal Disease, Group A (Streptococcus pyogenes) Pharyngitis/scarlet fever	Respiratory secretions	Large droplets	2-5 days	10-21 days, if not treated	Adult: Routine Practices		
					Pediatric: Droplet Contact	Until 24 hours after effective treatment	
Streptococcal Disease (Group A Streptococcus) Endometritis (Puerperal Sepsis)					Routine Practices		

Organism or Disease	Contaminated Material	Route of Transmission	Incubation Period	Period of Communicability	Precautions	Duration of Precautions	Comments
Group B Streptococcus					Routine Practices		Reportable Disease Notify Infection Prevention & Control
Streptococcus pneumoniae	Respiratory secretions	Large droplets Direct and indirect contact			Adult: Routine Practices		No special precautions for adults unless ARO. Minimize exposure of immuno-compromised patients and patients with chronic cardiac or lung disease and neonates
					Pediatric: Droplet and contact		
Strongyloidiasis (Strongyloides stercoralis)	Larvae in feces	Infected larvae in soil	Unknown	Rarely transmitted from person to person	Routine Practices		May cause disseminated disease in immunocompromised
Syphilis (Treponema palladium)	Genital secretions, lesion exudate	Direct contact with infectious lesions Sexual contact and mother-to-fetus/newborn	10 to 90 days Usually 3 weeks	When most mucocutaneous lesions of primary and secondary syphilis is present	Routine Practices Gloves for contact with lesions		Reportable Disease

Organism or Disease	Contaminated Material	Route of Transmission	Incubation Period	Period of Communicability	Precautions	Duration of Precautions	Comments
Tapeworm Disease (Diphyllobothrium latum (fish), Taenia solium (pork) (Hymenolepis nana, Taenia saginata (beef))	Ova in feces Larvae in food	Foodborne Direct contact (fecal-oral route) Not transmitted person to person	Variable 2 to 4 weeks	While ova in feces	Routine Practices		Autoinfection possible
Tetanus (Clostridium tetani)	Spores in the soil which germinate in wounds and devitalized tissue	Not person to person	1 day to several months		Routine Practices		Reportable Disease
Tinea (Fungus infection, dermatophytosis, dermatomycosis, ringworm)	Organism in skin or hair	Direct skin to skin contact May be acquired from animals	4-14 days	While lesion present	Routine Practices		Thorough cleaning of bath/shower after use No shared combs or brushes
Toxocariasis (Toxocara canis, Toxocara cali)	Ova in cat/dog feces		Unknown	Not transmitted from person to person	Routine Practices	Not Applicable	Acquired from contact with cats/dogs

Organism or Disease	Contaminated Material	Route of Transmission	Incubation Period	Period of Communicability	Precautions	Duration of Precautions	Comments
Toxoplasmosis (Toxoplasma gondii)		Intrauterine transmission from mother to foetus; transplantation of stem cells or organs	5 to 23 days		Routine Practices		Acquired from contact with infected felines or soil contaminated by felines consumption of raw meat, or contaminated water or vegetation
Toxic Shock Syndrome (See staphylococcal & Streptococcal disease)							
Trachoma Refer to Chlamydia trachomatis							
Transmissible spongiform encephalopathy Refer to Creutzfeld-Jacon disease							
Vincent’s Angina (Trench mouth)					Routine Practices		

Organism or Disease	Contaminated Material	Route of Transmission	Incubation Period	Period of Communicability	Precautions	Duration of Precautions	Comments
Trichinosis (Trichinella spiralis)	Fecal-oral route Foodborne	Food borne Not person to person	5-45 days		Routine Practices		Reportable Disease
Trichomoniasis (Trichomonas vaginalis)	Vaginal and urethral exudates	Sexually transmitted	4 to 20 days	Duration of infection	Routine Practices		
Trichuriasis (whipworm disease)	Ova must hatch in soil to be infective		Unknown	Not person to person	Routine Practices		
Tuberculosis (Mycobacterium tuberculosis) Extrapulmonary, no draining lesions					Airborne Contact	Until pulmonary TB ruled out with negative induced sputum testing	Reportable Disease Notify Infection Prevention & Control Assess for concurrent pulmonary TB

Organism or Disease	Contaminated Material	Route of Transmission	Incubation Period	Period of Communicability	Precautions	Duration of Precautions	Comments
<p>Tuberculosis</p> <p>(Mycobacterium tuberculosis)</p> <p>Extrapulmonary, with draining lesions</p>	Aerosolized wound drainage	Airborne	weeks to years		<p>Routine</p> <p>Airborne if drainage</p>	While viable micro organisms are in drainage	<p>Reportable Disease</p> <p>Notify Infection Prevention & Control</p>
<p>Tuberculosis</p> <p>(Mycobacterium tuberculosis)</p> <p>Pulmonary-confirmed or suspected or laryngeal disease</p>	Respiratory secretions	Airborne	Weeks to years	As long as tubercle bacilli present in sputum	Airborne	<p>Until TB ruled out</p> <p>If confirmed, until patient has received 4-6 weeks of effective therapy, is improving clinically, and has 3 consecutive sputum smears negative for AFB, collected 8-24 hours apart with at least one early morning sputum. If multi-drug resistant TB, until culture negative</p>	<p>Reportable Disease</p> <p>Notify Infection Prevention & Control</p>

Organism or Disease	Contaminated Material	Route of Transmission	Incubation Period	Period of Communicability	Precautions	Duration of Precautions	Comments
Tuberculosis (Mycobacterium tuberculosis) Positive tuberculin skin test with no evidence of active disease				Non-communicable	Routine Practices		Latent tuberculosis infection (LTBI)
Tularemia (Francisella tularensis) Draining lesion, pulmonary		Acquired from contact with infected animals Not transmitted person to person	1 to 14 days		Routine Practices		Reportable Disease Notify Microbiology Lab if suspected Aerosols from cultures are infectious
Typhoid Fever (Salmonella typhi)	Feces and urine Food borne	Direct/indirect contact (fecal-oral route)	6-72 hours	Variable	Adult: Routine Practices Pediatric: Contact	Pediatric: Duration of illness	Reportable Disease

Organism or Disease	Contaminated Material	Route of Transmission	Incubation Period	Period of Communicability	Precautions	Duration of Precautions	Comments
Typhus (Rickettsiaspecies)	Rat fleas	Insect borne, rat fleas, Not transmitted person to person	1-2 weeks		Routine Practices		
Urinary tract infection					Routine Practices		
Vaccinia (Reaction to the small pox vaccine)	skin lesion exudate	Direct and indirect contact	3-5 days	With onset of fever or mucosal lesions, until all lesions crusted and separated.	Contact	Until all lesions crusted and scabs separated.	Reportable Disease 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. Immunization of HCWs was stopped in 1977.

Organism or Disease	Contaminated Material	Route of Transmission	Incubation Period	Period of Communicability	Precautions	Duration of Precautions	Comments
Vaccinia (small pox)	Respiratory secretions, vesicle (skin lesions) fluid	Airborne, direct and indirect contact with vesicle fluid	10 to 21 days	From 5 days before until all vesicles (skin lesions) have crusted and dried	Airborne Contact	Until all vesicles have crusted and for at least 5 days Neonates born to mothers with active varicella should be isolated at birth	Reportable Disease Notify Infection Prevention & Control Only immune staff should enter the room.
Varicella zoster virus Varicella (chickenpox)	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	Airborne negative pressure room and contact	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

Organism or Disease	Contaminated Material	Route of Transmission	Incubation Period	Period of Communicability	Precautions	Duration of Precautions	Comments
Herpes zoster (shingles), Disseminated, immunocompromised host	Vesicle fluid, respiratory secretions	Airborne, direct and indirect contact	10 to 21 days	Until vesicles have crusted and dried	Airborne (negative pressure room) and Contact Gloves, gown and mask if immune but must wear N95 mask if not immune	Until all vesicles have crusted and dried	Notify Infection Prevention & Control Only immune staff should enter room.
Herpes zoster (shingles) Localized in all other patients	Vesicle fluid	Direct and indirect contact, possibly airborne		Until all vesicles (lesions) have crusted and dried	Routine Practices. Vesicles must be covered by a dressing until dry and crusted. If not able to cover weeping or fluid-filled vesicles, place on Airborne Precautions in private room	Until all vesicles (skin lesions) have crusted and dried	Notify Infection Prevention & Control Only vaccinated or lab confirmed immune staff to varicella should enter the room. Roommates and staff must be immune to chicken pox
Variola	Vesicle fluid			Until vesicles have crusted and dried	Airborne and Contact	Until all vesicles have crusted and separated (3 to 4 weeks)	Notify Infection Prevention & Control AND Report to Public Health <u>immediately</u>

Organism or Disease	Contaminated Material	Route of Transmission	Incubation Period	Period of Communicability	Precautions	Duration of Precautions	Comments
Vibrio parahaemolyticus enteritis	Contaminated food, especially seafood	Food borne	12-24 hours but range is 4-30 hours		Routine		Outbreaks are reportable to Infection Prevention & Control See specific organism if identified
Vincent’s Angina Trench Mouth					Routine Practices		
Viral hemorrhagic fevers (Lassa, Ebola, Marburg, Crimean-Congo Viruses)	Blood and body fluid. Respiratory secretions If Lassa: urine	Direct and indirect contact If Lassa: sexual contact		Unknown, possibly several weeks Lassa virus may be excreted in urine for 3–9 weeks after onset	Droplet and Contact If AGMP then Airborne	Until symptoms resolve	Reportable Disease
Viral respiratory diseases (not elsewhere covered)					Droplet and Contact		See specific disease organism
VRE Vancomycin-resistant Enterococcus	Infected or colonized secretions and excretions	Direct/indirect contact	Variable	Duration of colonization	Contact	Until discontinued by Infection Prevention & Control	Reportable Disease if infection Notify Infection Prevention & Control

Organism or Disease	Contaminated Material	Route of Transmission	Incubation Period	Period of Communicability	Precautions	Duration of Precautions	Comments
VRSA/VISA Vancomycin-Resistant Staphylococcus aureus	Infected or colonized secretions or exertions	Direct/indirect contact	Variable		Contact	For duration of hospital stay	Notify Infection Prevention & Control
West Nile Virus		Insect borne	Variable	Not transmitted from person to person	Routine Practices		Reportable Disease
Whooping Cough Pertussis	Respiratory secretions	Large droplets	6 to 20 days		Droplet and Contact	For 5 days after start of treatment or 3 weeks if not treated	Reportable Disease Notify Infection Prevention & Control
Wound infections See Abscess							
Yellow Fever		Insect borne	Variable	Not transmitted from person to person	Routine Practices		Reportable Disease

Organism or Disease	Contaminated Material	Route of Transmission	Incubation Period	Period of Communicability	Precautions	Duration of Precautions	Comments
Yersinia enterocolitica Gastroenteritis	Feces	Direct/indirect contact (fecal-oral route)	3-7 days	Duration of excretion in stool	Contact	Duration of symptoms	Outbreaks are reportable Notify Infection Prevention & Control See specific organism if identified
Zygomycosis (phycomycosis, mucormycosis)	Fungal spores in dust and soil	Inhalation or ingestion of fungal spores	Unknown	Not transmitted from person to person	Routine Practices		