

Isolation Precautions Policy

Attachment 1 - Type and Duration of Precaution Recommendations for Selected Infections and Conditions

Isolation Type: A = Airborne, C = Contact, D = Droplet, E = Enteric, S = Standard, SA = Special Airborne, SAC = Special Airborne Contact				
Infection/Condition	Subcategory	Type	Duration [†]	Comments
Abscess	- Draining, major	C	DI	Until drainage stops or can be contained by dressing
Abscess	- Draining, minor or limited	S		Dressing covers and contains drainage
Acquired human immunodeficiency syndrome (HIV)		S		Post exposure chemoprophylaxis for some blood exposures
Actinomycosis		S		Not transmitted from person to person
Adenovirus infection	(see agent-specific guidance under gastroenteritis, conjunctivitis, pneumonia)			
Amebiasis		S		Person to person transmission is rare. Transmission in settings for people with intellectual disabilities and in a family group has been reported. Use care when handling diapered infants and people with intellectual disabilities.
Anthrax	- Cutaneous	C	Until lesions resolved	Handwashing with soap and water preferable to use of waterless alcohol-based antiseptics since alcohol does not have sporicidal activity
Anthrax	- Pulmonary	S		Not transmitted from person to person
Anthrax	- Environmental: aerosolizable spore-containing powder/substance		DE	Until decontamination of environment complete. Wear respirator (N95 mask or PAPRs), protective clothing; decontaminate persons with powder on them (http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5135a3.htm) Hand hygiene: Handwashing for 30-60 seconds with soap and water or 2% chlorhexidine gluconate after spore contact (alcohol hand rubs inactive against spores) Post-exposure prophylaxis following environmental exposure: 60 days of antimicrobials (either doxycycline, ciprofloxacin, or levofloxacin) and post-exposure vaccine under IND
Antibiotic-associated colitis (see <i>Clostridioides difficile</i>)				
Arthropod-borne viral encephalitides (eastern, western, Venezuelan equine encephalomyelitis; St. Louis, California encephalitis; West Nile Virus) and viral fevers (dengue, yellow fever, Colorado tick fever)		S		Not transmitted from person to person except rarely by transfusion, and for West Nile virus by organ transplant, breastmilk or transplacentally. Install screens in windows and doors in endemic areas. Use DEET-containing mosquito repellants and clothing to cover extremities.
Ascariasis		S		Not transmitted from person to person
Aspergillosis		S		Contact Precautions and Airborne Precautions if massive soft tissue infection with copious drainage and repeated irrigations required
Astrovirus	(see gastroenteritis)			
Avian influenza	(see influenza, avian)			
Babesiosis		S		Not transmitted from person to person except rarely by transfusion
Blastomycosis, North American, cutaneous or pulmonary		S		Not transmitted from person to person
<i>Bordetella pertussis</i>		D		5 days of appropriate therapy
<i>Bordetella parapertussis</i>		D		5 days of appropriate therapy
Botulism		S		Not transmitted from person to person

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Bronchiolitis	(see respiratory infections in infants and young children)	C	DI	Use mask according to Standard Precautions
Brucellosis (undulant, Malta, Mediterranean fever)		S		Not transmitted from person to person except rarely via banked spermatozoa and sexual contact. Provide antimicrobial prophylaxis following laboratory exposure
<i>Campylobacter</i> gastroenteritis	(see gastroenteritis)			
Candidiasis, all forms including mucocutaneous		S		
Candida auris		E	Contact Infection Prevention	
Cat-scratch fever (benign inoculation lymphoreticulosis)		S		Not transmitted from person to person
Cellulitis		S		
Chancroid (soft chancre) (<i>H. ducreyi</i>)		S		Transmitted sexually from person to person
Chickenpox	(see varicella)			
<i>Chlamydia trachomatis</i>	- Conjunctivitis	S		
<i>Chlamydia trachomatis</i>	- Genital (lymphogranuloma venereum)	S		
<i>Chlamydia trachomatis</i>	- Pneumonia (infants \leq 3 mos. of age)	S		
<i>Chlamydia pneumoniae</i>		D	DI	Precautions until no longer symptomatic or returned to baseline respiratory status. Outbreaks in institutionalized populations reported, rarely
Cholera	(see gastroenteritis)			
Closed-cavity infection	- Open drain in place; limited or minor drainage	S		Contact Precautions if there is copious uncontained drainage
Closed-cavity infection	- No drain or closed drainage system in place	S		
<i>Clostridium</i>	- <i>C. botulinum</i>	S		Not transmitted from person to person
<i>Clostridium</i>	- <i>C. difficile</i> (see Gastroenteritis, <i>C. difficile</i>)	E	U 30 days post treatment	Refer to additional guidelines under Gastroenteritis.
<i>Clostridium</i>	- <i>C. perfringens</i>			
<i>Clostridium</i>	- Food poisoning	S		Not transmitted from person to person
<i>Clostridium</i>	- Gas gangrene	S		Transmission from person to person rare; one outbreak in a surgical setting reported. Use Contact Precautions if wound drainage is extensive.
Coccidioidomycosis (valley fever)	- Draining lesions	S		Not transmitted from person to person except under extraordinary circumstances because the infectious arthroconidial form of <i>Coccidioides immitis</i> is not produced in humans
Coccidioidomycosis (valley fever)	- Pneumonia	S		Not transmitted from person to person except under extraordinary circumstances, (e.g., inhalation of aerosolized tissue phase endospores during necropsy, transplantation of infected lung) because the infectious arthroconidial form of <i>Coccidioides immitis</i> is not produced in humans
Colorado tick fever		S		Not transmitted from person to person

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Congenital rubella		C	Until 1 yr of age	Standard Precautions if nasopharyngeal and urine cultures repeatedly negative after 3 mos. of age
Conjunctivitis	- Acute bacterial	S		
Conjunctivitis	- <i>Chlamydia</i>	S		
Conjunctivitis	- Gonococcal	S		
Conjunctivitis	- Acute viral (acute hemorrhagic)	C	DI	Adenovirus most common; enterovirus 70. Coxsackie virus A24 also associated with community outbreaks. Highly contagious; outbreaks in eye clinics, pediatric and neonatal settings, institutional settings reported. Eye clinics should follow Standard Precautions when handling patients with conjunctivitis. Routine use of infection control measures in the handling of instruments and equipment will prevent the occurrence of outbreaks in this and other settings.
Coronavirus (Not SARS)		D,C	DI	Precautions until no longer symptomatic or returned to baseline respiratory status
Corona virus associated with SARS (SARS-CoV)	(see severe acute respiratory syndrome)			
Corona virus associated with MERS (MERS-CoV)	(see Middle Eastern Respiratory Syndrome)			
Coxsackie virus disease	(see enteroviral infection)			
Creutzfeldt-Jakob disease		S		Notify Infection Prevention prior to the patient undergoing invasive procedures where high risk tissues (e.g., brain, spinal cord, posterior eyes, pituitary tissue) are involved. Use disposable instruments or special prion reprocessing procedures for instruments that have contact with high risk tissue. Refer to the infection prevention policy for CJD.
CJD, vCJD				
Croup	(see respiratory infections in infants and young children)			
Crimean-Congo Fever	(see Viral Hemorrhagic Fever)			
Cryptococcosis		S		Not transmitted from person to person, except rarely via tissue and corneal transplant
Cryptosporidiosis	(see gastroenteritis)			
Cyclospora cayetanensis	(see gastroenteritis)			
Cysticercosis		S		Not transmitted from person to person
Cytomegalovirus infection, including in neonates and immunosuppressed patients		S		No additional precautions for pregnant HCPs
Decubitus ulcer	(see pressure ulcer)			
Dengue fever		S		Not transmitted from person to person
Diarrhea, acute-infective etiology suspected	(see gastroenteritis)			
Diphtheria	- Cutaneous	C	CN	Until 2 cultures taken 24 hrs. apart negative. Where culture is impracticable, droplet precautions may end after 14 days of appropriate antimicrobial therapy.
Diphtheria	- Pharyngeal	D	CN	Until 2 cultures taken 24 hrs. apart negative

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Ebola virus	(see viral hemorrhagic fevers)			
Echinococcosis (hydatidosis)		S		Not transmitted from person to person
Echovirus	(see enteroviral infection)			
Encephalitis or encephalomyelitis	(see specific etiologic agent)			
Endometritis (endomyometritis)		S		
Enterobiasis (pinworm disease, oxyuriasis)		S		
<i>Enterococcus</i> species	(see multidrug-resistant organisms if epidemiologically significant or vancomycin resistant)			
Enterocolitis, <i>C. difficile</i>	(see <i>C. difficile</i> , gastroenteritis)	E		
Enteroviral infections (i.e., Group A and B Coxsackie viruses and Echo viruses) (excludes polio virus)		S		Use Contact Precautions for diapered or incontinent children for duration of illness and to control institutional outbreaks
Enterovirus D68		D,E	Contact Infection Prevention	
Entamoeba histolytica	(see gastroenteritis)			
Epiglottitis, due to <i>Haemophilus influenzae</i> type b		D	U 24 hrs	See specific disease agents for epiglottitis due to other etiologies
Epstein-Barr virus infection, including infectious mononucleosis		S		
Erythema infectiosum	(see Parvovirus B19)			
<i>Escherichia coli</i> gastroenteritis	(see gastroenteritis)			
Food poisoning	- Botulism	S		Not transmitted from person to person
Food poisoning	- <i>C. perfringens</i> or <i>welchii</i>	S		Not transmitted from person to person
Food poisoning	- Staphylococcal	S		Not transmitted from person to person
Furunculosis, staphylococcal		S		Contact if drainage not controlled. Follow institutional policies if MRSA
Furunculosis, staphylococcal	- Infants and young children	C	DI	With wound lesions, until wounds stop draining
Gangrene (gas gangrene)		S		Not transmitted from person to person
Gastroenteritis		S		Use Enteric Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks for gastroenteritis caused by all of the agents below
Gastroenteritis	- Adenovirus in stool	E		Until asymptomatic for 48 hours.
Gastroenteritis	- Astrovirus	E	U 48hrs symptom free	Use Enteric Precautions. Persons who clean areas heavily contaminated with feces or vomitus may benefit from wearing masks since virus can be aerosolized from these body substances; ensure consistent environmental cleaning and disinfection with focus on restrooms even when apparently unsoiled. Bleach may be required when there is continued transmission. Handwashing with soap and water is recommended.

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Gastroenteritis	- <i>Campylobacter</i> species	S		Use Enteric Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks
Gastroenteritis	- Cholera (<i>Vibrio cholerae</i>)	S		Use Enteric Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks
Gastroenteritis	- <i>C. difficile</i>	E	U 30 days post treatment	Use Enteric Precautions until 30 days after antibiotic therapy is completed. Terminally clean room and shared patient equipment (if not contraindicated by the manufacturer) with 1:10 bleach and water. Hand washing with soap and water is recommended because of the absence of sporicidal activity of alcohol contained in waterless antiseptic hand rubs.
Gastroenteritis	- <i>Cryptosporidium</i> species	S		Use Enteric Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks
Gastroenteritis	- <i>Cyclospora cayetanensis</i>	S		Use Enteric Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks
Gastroenteritis	- <i>E. coli</i> : Enteropathogenic, enterotoxogenic, O157:H7 and other shiga toxin-producing strains	E		Until asymptomatic for 48 hours.
Gastroenteritis	- <i>E. coli</i> : Other species	S		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks
Gastroenteritis	- <i>Entamoeba histolytica</i>	S		Person to person transmission is rare but can occur sexually by oral-anal contact with chronically ill or asymptomatic cyst passer.
Gastroenteritis	- Enterovirus	E		Until asymptomatic for 48 hours.
Gastroenteritis	- <i>Giardia lamblia</i>	S		Use Enteric Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks
Gastroenteritis	- Noroviruses	E	U 48hrs symptom free	Use Enteric Precautions. Persons who clean areas heavily contaminated with feces or vomitus may benefit from wearing masks since virus can be aerosolized from these body substances; ensure consistent environmental cleaning and disinfection with focus on restrooms even when apparently unsoiled. Hypochlorite solutions may be required when there is continued transmission. Handwashing with soap and water is recommended.
Gastroenteritis	<i>Plesiomonas shigelloides</i>	S		Use Enteric Precautions for diapered or incontinent persons for the duration of illness.
Gastroenteritis	- Rotavirus	E	U 48hrs symptom free	Use Enteric Precautions until no longer symptomatic and remains asymptomatic for 48 hours. Ensure consistent environmental cleaning and disinfection and frequent removal of soiled diapers. Prolonged shedding may occur in both immunocompetent and Immuno-compromised children and the elderly.
Gastroenteritis	- <i>Salmonella</i> species (including <i>S. typhi</i>)	S		Use Enteric Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks
Gastroenteritis	- <i>Shigella</i> species (Bacillary dysentery)	E	U 48hrs symptom free	Until asymptomatic for 48 hours.
Gastroenteritis	- <i>Vibrio parahaemolyticus</i> neg. after 3 mos. of age	S		Use Enteric Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks
Gastroenteritis	- Viral (if not covered elsewhere)	S		Use Enteric Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks
Gastroenteritis	- <i>Yersinia enterocolitica</i>	S		Use Enteric Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks

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German measles	(see rubella; see congenital rubella)			
Giardiasis	(see gastroenteritis)			
Gonococcal ophthalmia neonatorum	- (gonorrheal ophthalmia, acute conjunctivitis of newborn)	S		
Gonorrhea		S		
Granuloma inguinale	- (Donovanosis, granuloma venereum)	S		
Guillain-Barré' syndrome		S		Not an infectious condition
<i>Haemophilus influenzae</i>	(see disease-specific recommendations)			
Hand, foot, and mouth disease	(see enteroviral infection)			
Hansen's Disease	(see Leprosy)			
Hantavirus pulmonary syndrome		S		Not transmitted from person to person
<i>Helicobacter pylori</i>		S		
Hepatitis, viral	- Type A	S		
Hepatitis, viral	- Diapered or incontinent patients	E		Maintain Enteric Precautions in infants and children <3 years of age for duration of hospitalization; for children 3-14 yrs. of age for 2 weeks after onset of symptoms; >14 yrs. of age for 1 week after onset of symptoms
Hepatitis, viral	- Type B-HBsAg positive; acute or chronic	S		See specific recommendations for care of patients in hemodialysis centers
Hepatitis, viral	- Type C and other unspecified non-A, non-B	S		See specific recommendations for care of patients in hemodialysis centers
Hepatitis, viral	- Type D (seen only with hepatitis B)	S		
Hepatitis, viral	- Type E	S		Use Enteric Precautions for diapered or incontinent individuals for the duration of illness
Hepatitis, viral	- Type G	S		
Herpangina	(see enteroviral infection)			
Herpes simplex (<i>Herpesvirus hominis</i>)	- Encephalitis	S		
Herpes simplex (<i>Herpesvirus hominis</i>)	- Mucocutaneous, disseminated or a severe primary case	C	Until lesions dry and crusted	
Herpes simplex (<i>Herpesvirus hominis</i>)	- Mucocutaneous, localized or recurrent (skin, oral, genital)	S		
Herpes simplex (<i>Herpesvirus hominis</i>)	- Neonatal	C	Until lesions dry and crusted	Infants born to women with active genital HSV lesions should be managed with contact precautions during the incubation period. In coordination with Peds ID, duration of incubation period isolation would be 28days. Neonates with HSV infection should be managed with contact precautions if mucocutaneous lesions are present. *Redbook 2018-2021
Herpes simplex (<i>Herpesvirus hominis</i>)	- Pregnant Women in Labor and Postpartum with active genital lesions	C		Women with active HSV lesions should be managed with contact precautions during labor, delivery, and postpartum. *Redbook 2018-2021
Herpes zoster (varicella-zoster) (shingles)			Until lesions dry and crusted	Refer to Attachment 4 - Management of Herpes Zoster for definition of immunocompromised persons.
Herpes zoster (varicella-zoster) (shingles)	- Inpatients			Susceptible HCPs should not provide direct patient care when other immune caregivers are available.
Herpes zoster (varicella-zoster) (shingles)	- Disseminated (>3 dermatomes)	A,C		

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Herpes zoster (varicella-zoster) (shingles)	- Immunocompromised with ≤ 3 dermatomes	A,C		
Herpes zoster (varicella-zoster) (shingles)	- Non-immunocompromised with ≤ 3 dermatomes	C		
Herpes zoster (varicella-zoster) (shingles)	- Outpatients		Until lesions dry and crusted	Susceptible HCPs should not enter room if immune caregivers are available.
Herpes zoster (varicella-zoster) (shingles)	- Localized disease	C		
Herpes zoster (varicella-zoster) (shingles)	- Disseminated disease	A,C		
Histoplasmosis		S		Not transmitted from person to person
Hookworm		S		
Human immunodeficiency virus (HIV)		S		Post-exposure chemoprophylaxis for high risk blood exposures
Human metapneumovirus		D,C	DI	HAI reported but route of transmission not established. Precautions until no longer symptomatic or returned to baseline respiratory status.
Impetigo		C	U 24 hrs	
Infectious mononucleosis		S		
Influenza	- Human (seasonal influenza)	D	7 days adults, 10 days children and immuno-compromised	Chemoprophylaxis/vaccine to control/prevent outbreaks. Use gown and gloves according to Standard Precautions may be especially important in pediatric settings. Duration of precautions for immunocompromised patients cannot be defined; prolonged duration of viral shedding (i.e. for several weeks) has been observed; implications for transmission are unknown. Use surgical mask for HCP or N95 for cough inducing procedures.
Influenza	- Avian/Pandemic (e.g., H5N1, H7, H9 strains)	SAC	Call Infection Prevention	See the following website for information on the current situation with avian influenza and infection control recommendations www.cdc.gov/flu/avian/professional/infect-control.html .
Kawasaki syndrome		S		Not an infectious condition
Lassa fever	(see viral hemorrhagic fevers)			
Legionnaires' disease		S		Not transmitted from person to person
Leprosy		S		
Leptospirosis		S		Not transmitted from person to person
Lice				https://www.cdc.gov/parasites/lice/index.html
Lice	- Head (pediculosis)	C	U 24 hrs	
Lice	- Body	C	U 24 hrs	Transmitted person to person through infested clothing. Wear gown and gloves when removing clothing; bag and wash clothes according to CDC guidance above.
Lice	- Pubic	C	U 24 hrs	Transmitted person to person through sexual contact
Listeriosis (listeria monocytogenes)		S		Person-to-person transmission rare; cross-transmission in neonatal settings reported.
Lyme disease		S		Not transmitted from person to person
Lymphocytic choriomeningitis		S		Not transmitted from person to person
Lymphogranuloma venereum		S		

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Malaria		S		Not transmitted from person to person except through transfusion rarely and through a failure to follow Standard Precautions during patient care. Install screens in windows and doors in endemic areas. Use DEET-containing mosquito repellants and clothing to cover extremities.
Marburg virus disease	(see viral hemorrhagic fevers)			
Measles (rubeola)		A	4 days after onset of rash; DI in immune-compromised	Susceptible HCPs should not enter room if immune care providers are available; regardless of presumptive evidence of immunity, HCP should use respiratory protection that is at least as protective as a fit-tested, NIOSH-certified N95 respirator upon entry into the patient's room or care area. For exposed susceptibles, post-exposure vaccine within 72 hrs., or immune globulin within 6 days when available. Place exposed susceptible patients on Airborne Precautions and exclude susceptible healthcare personnel from duty from day 5 after first exposure to day 21 after last exposure, regardless of post-exposure vaccine.
Melioidosis, all forms		S		Not transmitted from person to person
Meningitis	- Aseptic (nonbacterial or viral; also see enteroviral infections)	S		Contact for infants and young children
Meningitis	- Bacterial, gram-negative enteric, in neonates	S		
Meningitis	- Fungal	S		
Meningitis	- <i>Haemophilus influenzae</i> , type b known or suspected	D	U 24 hrs	
Meningitis	- <i>Listeria monocytogenes</i> (see <i>Listeriosis</i>)	S		
Meningitis	- <i>Neisseria meningitidis</i> (meningococcal) known or suspected	D	U 24 hrs	See meningococcal disease below
Meningitis	- <i>Streptococcus pneumoniae</i>	S		
Meningitis	- <i>M. tuberculosis</i>	S		Concurrent, active pulmonary disease or draining cutaneous lesions may necessitate addition of Contact and/or Airborne Precautions. For children, airborne precautions until active tuberculosis ruled out in visiting family members (see tuberculosis below).
Meningitis	- Other diagnosed bacterial	S		
Meningococcal disease:		D	U 24 hrs	Postexposure chemoprophylaxis for household contacts, HCPs exposed to respiratory secretions; postexposure vaccine only to control outbreaks
Meningococcal disease:	- sepsis, pneumonia, meningitis			
Metapneumovirus		D,C	DI	Precautions until no longer symptomatic or returned to baseline respiratory status
Middle Eastern Respiratory Syndrome		SA	Notify Infection Prevention	
<i>Molluscum contagiosum</i>		S		
Mpox (Monkeypox)		SAC	SAC: Until mpox excluded, or until lesions crusted and new skin grow underneath	See https://www.cdc.gov/poxvirus/mpox/index.html for current CDC recommendations.

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Mucormycosis		S		
Multidrug-resistant organisms (MDROs), infection or colonization				MDROs judged by the infection control program, based on local, state, regional, or national recommendations, to be of clinical and epidemiologic significance.
Multidrug-resistant organisms (MDROs), infection or colonization	- MRSA	C	Duration of admission	Contact Precautions for duration of admission in which culture positive for MRSA
Multidrug-resistant organisms (MDROs), infection or colonization	- VRE	C	Duration of admission	Contact Precautions for duration of admission in which culture positive for VRE
Multidrug-resistant organisms (MDROs), infection or colonization	- CRE	C	U 1 year+	<ul style="list-style-type: none"> Patients who were culture positive for CRE within the last year will remain on contact precautions. Removal of contact precautions after 1 year will be considered on a case-by-case basis by Infection Prevention.
Multidrug-resistant organisms (MDROs), infection or colonization	- MDR Acinetobacter	C	U 1 year	<ul style="list-style-type: none"> Patients who were culture positive for MDR-Acinetobacter within the past 1 year must remain on Contact Precautions. Contact precautions may be discontinued when ALL the following criteria are met: <ul style="list-style-type: none"> At least 1 year since a positive culture for a MDR-Acinetobacter All signs of active infection at the original site of infection have resolved or the original site of infection or colonization is culture negative for MDR-Acinetobacter.
Multidrug-resistant organisms (MDROs), infection or colonization	- MDR Gram-negative Bacilli	C	Duration of admission	<ul style="list-style-type: none"> Inpatients with a culture positive for a Multidrug-Resistant Gram-negative Bacilli on the current admission will remain on Contact Precautions for the duration of admission. For outpatients and readmissions, Contact Precautions may be discontinued when all of the following are met: <ul style="list-style-type: none"> the patient has completed antibiotic therapy for the infection all signs of infection at the original site of infection have resolved it has been at least 6 months from the last positive culture for MDR Gram-negative Bacilli
Multidrug-resistant organisms (MDROs), infection or colonization	- VISA/VRSA	C	U 1 year+	<ul style="list-style-type: none"> Patients who were culture positive for VISA/VRSA within the last year will remain on contact precautions. Removal of contact precautions after 1 year will be considered on a case-by-case basis by Infection Prevention.
Multidrug-resistant organisms (MDROs), infection or colonization	- Resistant S. pneumoniae			Contact Precautions recommended in settings with evidence of ongoing transmission.
Mumps (infectious parotitis)		D	U 5 days	5 days of isolation after onset of parotitis . After onset of swelling; susceptible HCWs should not provide care if immune caregivers are available.
Mycobacteria, nontuberculosis (atypical)				Not transmitted person-to-person
Mycobacteria, nontuberculosis (atypical)	- Pulmonary	S		
Mycobacteria, nontuberculosis (atypical)	- Wound	S		
<i>Mycoplasma pneumoniae</i>		D	DI	Precautions until no longer symptomatic or returned to baseline respiratory status

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Necrotizing enterocolitis		S		Contact Precautions when cases clustered temporally.
Nocardiosis, draining lesions, or other presentations		S		Not transmitted person-to-person.
Norovirus	(see gastroenteritis)			
Norwalk agent gastroenteritis	(see gastroenteritis)			
Orf		S		
Parainfluenza virus infection		D, C	DI	Precautions until no longer symptomatic or returned to baseline respiratory status. Viral shedding may be prolonged in immunosuppressed patients.
Parechovirus		D, C	DI	
Parvovirus B19 (Erythema infectiosum)		D		All patients who are PCR positive for Parvovirus B19 must be placed on droplet precautions. Maintain precautions for duration of hospitalization when chronic disease occurs in an immunocompromised patient. For patients with acute parvovirus infections such as transient aplastic crisis or red-cell crisis, maintain precautions for 7 days after onset of symptoms. Duration of precautions for immunosuppressed patients with persistently positive PCR can be discontinued when the patient's PCR is negative.
Pediculosis (lice)		C	U 24 hrs after treatment	
Pertussis (whooping cough)		D	U 5 days after starting effective therapy	Single patient room. Post-exposure chemoprophylaxis for household contacts and HCP-Ps with prolonged exposure to respiratory secretions. Recommendations for Tdap vaccine in adults.
Pinworm infection (Enterobiasis)		S		
Plague (<i>Yersinia pestis</i>)	- Bubonic	S		
Plague (<i>Yersinia pestis</i>)	- Pneumonic	D	U 48 hrs	Antimicrobial prophylaxis for exposed HCP-P.
Pneumonia:	- Adenovirus	D,C	DI	Until no longer symptomatic or patient returned to baseline respiratory status. Outbreaks in pediatric and institutional settings reported In immunocompromised hosts; extend duration of Droplet and Contact Precautions due to prolonged shedding of virus.
Pneumonia:	- Bacterial not listed elsewhere (including gram-negative bacterial)	S		
Pneumonia:	- <i>B. cepacia</i> in patients with CF, including respiratory tract colonization	C	Unknown	Avoid exposure to other persons with CF; private room preferred. Criteria for D/C precautions not established. See CF Foundation guideline and UNCHCS CF Policy.
Pneumonia:	- <i>B. cepacia</i> in patients without CF	S		
Pneumonia:	- <i>Chlamydia</i>	S		
Pneumonia:	- Fungal	S		
Pneumonia:	- <i>Haemophilus influenzae</i> , type b			
Pneumonia:	Adults	S		
Pneumonia:	Infants and children	D	U 24 hrs	
Pneumonia:	- <i>Legionella spp.</i>	S		
Pneumonia:	- Meningococcal	D	U 24 hrs	See meningococcal disease above.
Pneumonia:	- Multidrug-resistant bacterial (see multidrug-resistant organisms)			

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Pneumonia:	- <i>Mycoplasma</i> (primary atypical pneumonia)	D		
Pneumonia:	- Pneumococcal pneumonia	S		Use Droplet Precautions if evidence of transmission within a patient care unit or facility
Pneumonia:	- <i>Pneumocystis jiroveci</i> (<i>Pneumocystis carinii</i>)	S		Avoid placement in the same room with an immunocompromised patient
Pneumonia:	- <i>Staphylococcus aureus</i>	S		For MRSA, see MDROs
Pneumonia:	- <i>Streptococcus</i> , group A			
Pneumonia:	Adults	D	U 24 hrs	See streptococcal disease (group A streptococcus) below. Contact precautions if skin lesions present
Pneumonia:	Infants and young children	D	U 24 hrs	Contact Precautions if skin lesions present
Pneumonia:	- Varicella-zoster (pneumonia)	A,C		Precautions may be discontinued when the following criteria are met: Clinical Improvement, completion 7-10 days of appropriate therapy, skin lesions are dried/crusted and no signs of pneumonia on a current chest x-ray
Pneumonia:	- Viral			
Pneumonia:	Adults	S		
Pneumonia:	Infants and young children (see <i>respiratory infectious disease, acute, or specific viral agent</i>)			
Poliomyelitis		E	DI	
Pressure ulcer (decubitus ulcer, pressure sore) infected	- Major	C	DI	If no dressing or containment of drainage; until drainage stops or can be contained by dressing
Pressure ulcer (decubitus ulcer, pressure sore) infected	- Minor or limited	S		If dressing covers and contains drainage
Prion disease	(see <i>Creutzfeld-Jacob Disease</i>)			
Psittacosis (ornithosis) (<i>Chlamydia psittaci</i>)		S		Not transmitted from person to person
Q fever		S or D		Use Contact Precautions for obstetrical procedures on pregnant women. Include face mask and eye protection or face shield for delivery of infant of infected woman. Add an N95 for procedures that would generate aerosols of infectious materials.
Rabies		S with mask with face shield	DI	Person to person transmission rare; transmission via corneal, tissue and organ transplants has been reported. If patient has bitten another individual or saliva has contaminated an open wound or mucous membrane, wash exposed area thoroughly and administer postexposure prophylaxis.
Rat-bite fever (<i>Streptobacillus moniliformis</i> disease, <i>Spirillum minus</i> disease)		S		Not transmitted from person to person
Relapsing fever		S		Not transmitted from person to person
Resistant bacterial infection or colonization	(see <i>multidrug-resistant organisms</i>)			
Respiratory infectious disease, acute	- If not covered elsewhere:			
Respiratory infectious disease, acute	Adults	S		Contact and Droplet may be implemented at the discretion of Infection Prevention
Respiratory infectious disease, acute	Infants and young children	D, C	DI	

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Respiratory syncytial virus (RSV) infection,		D, C	DI, except U 1 month after positive test for NCCC	Precautions until no longer symptomatic or returned to baseline respiratory, except in NCCC. Infants in NCCC will remain on precautions for 1 month after positive test.
Reye's syndrome		S		Not an infectious condition
Rheumatic fever		S		Not an infectious condition
Rhinovirus/Enterovirus		D, C	DI	Precautions until no longer symptomatic or returned to baseline respiratory status. Droplet most important route of transmission. Outbreaks have occurred in NICUs and LTCFs.
Rickettsial fevers, tickborne (Rocky Mountain spotted fever, tickborne typhus fever)		S		Not transmitted from person to person except through transfusion, rarely
Rickettsialpox (vesicular rickettsiosis)		S		Not transmitted from person to person
Ringworm-(dermatophytosis, dermatomycosis, tinea)		S		A child with ringworm may visit the pediatric playroom as long as all infectious lesions are covered and no other children are present
Ritter's disease- (staphylococcal scalded skin syndrome)		C	DI	See staphylococcal disease, scalded skin syndrome below
Rocky Mountain spotted fever		S		Not transmitted from person to person except through transfusion, rarely
Roseola infantum- (exanthem subitum; caused by HHV-6)		S		
Rotavirus infection	(see gastroenteritis)			
Rubella (German measles);	(also see congenital rubella)	D	U 7 days after onset of rash	Susceptible HCP-Ps should not enter room if immune caregivers are available. No recommendation for wearing face protection (e.g., a surgical mask) if immune. Pregnant women who are not immune should not care for these patients. Administer vaccine within three days of exposure to non-pregnant susceptible individuals. Place exposed susceptible patients on Droplet Precautions and exclude susceptible healthcare personnel from duty from day 5 after first exposure to day 21 after last exposure, regardless of post-exposure vaccine.
Rubeola	(see measles)			
Salmonellosis	(see gastroenteritis)			
Scabies		C	U 24	
Scalded skin syndrome, staphylococcal		C	DI	See staphylococcal disease, scalded skin syndrome below
Schistosomiasis (bilharziasis)		S		
Severe acute respiratory syndrome (SARS)	- SARS-CoV-2 (COVID-19)	SAC		Per Discontinuation of Isolation Criteria for COVID Patients protocol
Severe acute respiratory syndrome (SARS)	- SARS (other than SARS-CoV-2)	SAC	Notify Infection Prevention	
Shigellosis	(see gastroenteritis)			
Smallpox (variola)	(see vaccinia for management of vaccinated persons)	SA	Notify Infection Prevention	Until all scabs have crusted and separated (3-4 weeks). Non-vaccinated HCP Ps should not provide care when immune HCP-Ps are available; N95 or higher respiratory protection required for susceptible and successfully vaccinated individuals; postexposure vaccine within 4 days of exposure protective.

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Sporotrichosis		S		
<i>Spirillum minor</i> disease (rat-bite fever)		S		Not transmitted from person to person
Staphylococcal disease (<i>S. aureus</i>)	- Skin, wound, or burn			
Staphylococcal disease (<i>S. aureus</i>)	Major	C	DI	No dressing or dressing does not contain drainage adequately
Staphylococcal disease (<i>S. aureus</i>)	Minor or limited	S		Dressing covers and contains drainage adequately
Staphylococcal disease (<i>S. aureus</i>)	- Enterocolitis	S		Use Enteric Precautions for diapered or incontinent children for duration of illness
Staphylococcal disease (<i>S. aureus</i>)	- Multidrug-resistant (<i>see multidrug-resistant organisms</i>)			
Staphylococcal disease (<i>S. aureus</i>)	- Pneumonia	S		
Staphylococcal disease (<i>S. aureus</i>)	- Scalded skin syndrome	C	DI	Consider healthcare personnel as potential source of nursery, NICU outbreak
Staphylococcal disease (<i>S. aureus</i>)	- Toxic shock syndrome	S		
<i>Streptobacillus moniliformis</i> disease (rat-bite fever)		S		Not transmitted from person to person
Streptococcal disease (group A streptococcus)	- Skin, wound, or burn			
Streptococcal disease (group A streptococcus)	Major	C, D	U 24 hrs	No dressing or dressing does not contain drainage adequately
Streptococcal disease (group A streptococcus)	Minor or limited	S		Dressing covers and contains drainage adequately
Streptococcal disease (group A streptococcus)	- Endometritis (puerperal sepsis)	S		
Streptococcal disease (group A streptococcus)	- Pharyngitis in infants and young children	D	U 24 hrs	
Streptococcal disease (group A streptococcus)	- Pneumonia	D	U 24 hrs	
Streptococcal disease (group A streptococcus)	- Scarlet fever in infants and young children	D	U 24 hrs	
Streptococcal disease (group A streptococcus)	- Serious invasive disease	D	U24 hrs	Outbreaks of serious invasive disease have occurred secondary to transmission among patients and healthcare personnel. Bacteremia or meningitis is considered serious invasive disease.
Streptococcal disease (group B streptococcus), neonatal		S		
Streptococcal disease (not group A or B) unless covered elsewhere	- Multidrug-resistant (<i>see multidrug-resistant organisms</i>)			
Strongyloidiasis		S		
Syphilis	- Latent (tertiary) and seropositivity without lesions	S		
Syphilis	- Skin and mucous membrane, including congenital, primary secondary	C	U24 hrs	
Tapeworm disease	- <i>Hymenolepis nana</i>	S		Not transmitted from person to person
Tapeworm disease	- <i>Taenia solium</i> (pork)	S		
Tapeworm disease	- Other	S		
Tetanus		S		Not transmitted from person to person

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Tinea (e.g., dermatophytosis, dermatomycosis, ringworm)		S		Rare episodes of person-to-person transmission
Toxoplasmosis		S		Transmission from person to person is rare; vertical transmission from mother to child, transmission through organs and blood transfusion rare
Toxic shock syndrome (staphylococcal disease, streptococcal disease)		S		Droplet Precautions for the first 24 hours after implementation of antibiotic therapy if Group A streptococcus is a likely etiology
Trachoma, acute		S		
Transmissible spongiform encephalopathy	(see Creutzfeld-Jacob disease, CJD, vCJD)			
Trench mouth (Vincent's angina)		S		
Trichinosis		S		
Trichomoniasis		S		
Trichuriasis (whipworm disease)		S		
Tuberculosis (<i>M. tuberculosis</i>)	- Extrapulmonary, draining lesion with irrigation	A		Examine for evidence of active pulmonary tuberculosis
Tuberculosis (<i>M. tuberculosis</i>)	- Extrapulmonary, no draining lesion, meningitis	S		Examine for evidence of pulmonary tuberculosis. For infants and children, use Airborne Precautions until active pulmonary tuberculosis in visiting family members ruled out.
Tuberculosis (<i>M. tuberculosis</i>)	- Pulmonary or laryngeal disease, confirmed	A		Discontinue precautions only when patient on at least 2 weeks of effective therapy, is improving clinically <u>and</u> has three consecutive sputum smears negative for acid-fast bacilli collected at least 8 hours apart
Tuberculosis (<i>M. tuberculosis</i>)	- Pulmonary or laryngeal disease, suspected	A		Discontinue precautions only when the likelihood of infectious TB disease is deemed negligible, <u>and</u> either 1) there is another diagnosis that explains the clinical syndrome or 2) the results of three sputum smears for AFB are negative. Each of the three sputum specimens should be collected 8-24 hours apart, and at least one should be an early morning specimen.
Tuberculosis (<i>M. tuberculosis</i>)	- Skin-test positive with no evidence of current active disease	S		
Tularemia				BSL 2 laboratory required for processing cultures
Tularemia	- Draining lesion	S		Not transmitted from person to person
Tularemia	- Pulmonary	S		Not transmitted from person to person
Typhoid (<i>Salmonella typhi</i>) fever	(see gastroenteritis)			
Typhus	- <i>Rickettsia prowazekii</i>	S		Transmitted from person to person through close personal or clothing contact
Typhus	- Epidemic or Louse-borne typhus			
Typhus	- <i>Rickettsia typhi</i>	S		Not transmitted from person to person
Urinary tract infection (including pyelonephritis), with or without urinary catheter		S		
Vaccinia (vaccination site, adverse events following vaccination) *				Only vaccinated HCPs have contact with active vaccination sites and care for persons with adverse vaccinia events; if unvaccinated, only HCPs without contraindications to vaccine may provide care

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Vaccinia (vaccination site, adverse events following vaccination) *	- including autoinoculated areas			
Vaccinia (vaccination site, adverse events following vaccination) *	- Eczema vaccinatum	C	Until lesions dry and crusted, scabs separated	For contact with virus-containing lesions and exudative material
Vaccinia (vaccination site, adverse events following vaccination) *	- Fetal vaccinia	C		
Vaccinia (vaccination site, adverse events following vaccination) *	- Generalized vaccinia	C		
Vaccinia (vaccination site, adverse events following vaccination) *	- Progressive vaccinia	C		
Vaccinia (vaccination site, adverse events following vaccination) *	- Postvaccinia encephalitis	S		
Vaccinia (vaccination site, adverse events following vaccination) *	- Blepharitis or conjunctivitis	C		
Vaccinia (vaccination site, adverse events following vaccination) *	- Iritis or keratitis	S		
Vaccinia (vaccination site, adverse events following vaccination) *	- Vaccinia-associated erythema multiforme (Stevens Johnson Syndrome)	S		Not an infectious disease
Vaccinia (vaccination site, adverse events following vaccination) *	- Secondary bacterial infection (e.g., <i>S. aureus</i> , group A beta hemolytic streptococcus)	C		Follow organism-specific (strep, staph most frequent) recommendations and consider magnitude of drainage
Varicella		A,C	Until lesions dry and crusted	Susceptible HCPs should not enter room if immune caregivers are available; Evaluate exposed HCP for possible PEP per current CDC and Red Book Recommendations.
Variola	(see <i>smallpox</i>)			
<i>Vibrio</i> parahaemolyticus (see gastroenteritis)				
Vincent's angina (trench mouth)		S		
Viral hemorrhagic fevers due to Lassa, Ebola, Marburg, Crimean-Congo fever viruses		SA	Notify Infection Prevention	Refer to the Highly Communicable Disease policy
Viral respiratory diseases (not covered elsewhere)	- Adults	S		
Viral respiratory diseases (not covered elsewhere)	- Infants and young children (see <i>respiratory infectious disease, acute</i>)			
Whooping cough	(see <i>pertussis</i>)			
Wound infections	- Major	C	DI	No dressing or dressing does not contain drainage adequately
Wound infections	- Minor or limited	S		Dressing covers and contains drainage adequately

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<i>Yersinia enterocolitica</i> gastroenteritis	(see gastroenteritis)			
<i>Yersinia Pestis</i>	(see plague)			
<i>Zika virus</i>		S		Transmitted via mosquito, blood, and sexual contact
Zoster (varicella-zoster)	(see herpes zoster)			
Zygomycosis (phycomycosis, mucormycosis)		S		Not transmitted person-to-person

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