

APPENDIX B: CLINICAL SYNDROMES/CONDITIONS WITH REQUIRED LEVEL OF PRECAUTIONS

ORGANISM/DISEASE	CATEGORY*	TYPE OF PRECAUTION	SINGLE ROOM?	DURATION OF PRECAUTIONS	COMMENTS
*= Paediatric precautions apply to children who are incontinent or too immature to comply with hygiene RP= Routine Practices					
ABSCCESS	Miner	RP	No		If community-associated MRSA is suspected, use Contact Precautions until ruled out.
	Major (drainage not contained by dressing)	Contact	Yes	Continue precautions for duration of uncontained drainage.	
ADENOVIRUS INFECTION	Conjunctivitis	Contact	Yes	Continue precautions for duration of symptoms.	May cohort patients in outbreaks.
	Pneumonia	Droplet + Contact	Yes		
AIDS	Se HIV				
AMOEBIASIS (Dysentery) <i>Entamoeba histolytica</i>	Adult	RP	No		Reportable Disease
	Paediatric* and incontinent or non-compliant adult	Contact	Yes		
ANTHRAX <i>Bacillus anthracis</i>	Cutaneous or pulmonary	RP	No		Reportable Disease Notify Infection Control
ANTIBIOTIC-RESISTANT ORGANISMS (AROs) -not listed elsewhere		Contact may be indicated	May be indicated	Precautions, if required, are initiated and discontinued by Infection Control.	See also listings under MRSA, VRE, ESBL and CPE.
ARTHROPOD-BORNE VIRAL INFECTIONS Eastern, Western, & Venezuelan equine encephalomyelitis; St. Louis & California encephalitis; West Nile Virus		RP	No		Reportable Disease No person-to-person transmission
ASCARIASIS (Roundworm) <i>Ascaris lumbricoides</i>		RP	No		No person-to-person transmission
ASPERGILLOSIS <i>Aspergillus</i> species		RP	No		If several cases occur in close proximity, look for environmental source.
BABESIOSIS		RP	No		Tick-borne. Not transmitted from person-to-person except by transfusion.
BLASTOMYCOSIS <i>Blastomyces dermatitidis</i>	Cutaneous or pulmonary	RP	No		No person-to-person transmission.
BOTULISM	See Food Poisoning/Food-borne Illness				
BRONCHITIS/BRONCHIOLITIS	See Respiratory Infections				

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RP=Routine Practices					
BRUCELLOSIS (Undulant fever)		RP	No		Reportable Disease No person-to-person transmission If lesions present, see Abscess
CAMPYLOBACTER	Adult	RP	No		Reportable Disease
	Paediatric* and incontinent or non-compliant adult	Contact	Yes	Continue precautions until stools are formed.	Notify Infection Control
CARBAPENEMASE-PRODUCING ENTEROBACTERIACEAE (CPE)	See Enterobacteriaceae, Resistant				
CAT-SCRATCH FEVER Bartonella henselae		RP	No		No person-to-person transmission.
CELLULITIS, with drainage	See Abscess				
CELLULITIS	Child < 5 years of age if Haemophilus influenzae type B is present or suspected	Droplet	Yes	Continue precautions until 24 hours of appropriate antimicrobial therapy or until H. influenzae type B is ruled out.	
CHANCROID Haemophilus ducreyi		RP	No		Reportable Disease
CHICKEN POX	See Varicella				
CHLAMYDIA	Chlamydia trachomatis genital infection or lymphogranuloma venereum	RP	No		Reportable Disease
	Chlamydia pneumonia, psittaci	RP	No		
CHOLERA Vibrio cholera	Adult	RP	No		Reportable Disease
	Paediatric* and incontinent or non-compliant adult	Contact	Yes		
CLOSTRIDIUM DIFFICILE		Contact	Yes	Continue precautions until formed stool for at least two consecutive days.	Outbreaks Reportable Notify Infection Control. Laboratory-confirmed cases may be cohorted.
COCCIDIOIDOMYCOSIS (Valley Fever)	Draining lesions or pneumonia	RP	No		No person-to-person transmission
COMMON COLD Rhinovirus		Droplet + Contact	Yes	Continue precautions for duration of symptoms.	
CONGENITAL RUBELLA	See Rubella				
CONJUNCTIVITIS		Contact	Yes	Continue precautions until viral aetiology ruled out for duration of symptoms.	

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COXSACKIEVIRUS	See Enteroviral Infections				
CREUTZFELDT-JAKOB DISEASE (CID)		RP	No		Reportable Disease. Notify Infection Control. Equipment in contact with infectious material requires special handling & disinfection practices.
CROUP		Droplet + Contact	Yes	Continue precautions for duration of illness or until infectious cause ruled out.	
CRYPTOCOCCOSIS <i>Cryptococcus neoformans</i>		RP	No		No person-to-person transmission.
CRYPTOSPORIDIOSIS	Adult	RP	No		Reportable Disease
	Paediatric* and incontinent or non-compliant adult	Contact	Yes		Notify Infection Control
CYSTICERCOSIS		RP	No		No person-to-person transmission.
CYTOMEGALOVIRUS (CMV)		RP	No		Reportable Disease if congenital Transmitted by close, direct personal contact, blood transfusions or transplants.
DECUBITUS ULCER, infected	See Abscess				
DENGUE	See Arthropod-borne viral infections				
DERMATITIS		RP	Yes, if extensive		If compatible with scabies, see <i>Scabies</i>
DIARRHEA	Acute infectious	See Gastroenteritis			
	Suspected <i>C. difficile</i> diarrhea	See <i>Clostridium difficile</i>			
DIPHTHERIA <i>Corynebacterium diphtheriae</i>	Pharyngeal	Droplet	Yes	Continue precautions until two appropriate cultures taken at least 24 hours apart after cessation of antibiotics are negative for <i>C. diphtheriae</i>	Reportable Disease
	Cutaneous	Contact	Yes		Notify Infection Control
EBOLA VIRUS	See Haemorrhagic Fevers				
ECHINOCOCCOSIS		RP	No		No person-to-person transmission
ECHOVIRUS DISEASE	See Enteroviral Infections				
EHRlichiosis <i>Ehrlichia chaffeensis</i>		RP	No		Tick-borne

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ENCEPHALITIS	Adult	RP	No		Reportable Disease
	Paediatric*	Contact	Yes	Continue precautions until Enterovirus is ruled out.	
ENTEROBACTERIACEAE-RESISTANT Carbapenemase-producing Enterobacteriaceae (CPE)		Contact	Yes	Continue precautions for duration of hospitalization	Notify Infection Control If readmitted, use Contact precautions
Extended-spectrum Beta-lactamase producing Enterobacteriaceae (ESBL)		Contact may be indicated	May be indicated	Precautions, if indicated, are initiated and discontinued by Infection Control	Notify Infection Control
ENTEROBIASIS (Pinworm disease) <i>Enterobius vermicularis</i>		RP	No		Transmission is faecal-oral directly or indirectly through contaminated articles e.g., bedding.
ENTEROCOLITIS	See Gastroenteritis – Necrotizing Enterocolitis				
ENTEROVIRAL INFECTIONS (Coxsackie viruses, Echo viruses)	Adult	RP	No		
	Paediatric*	Contact	Yes	Continue precautions for duration of illness.	
EPIGLOTTITIS, due to <i>Haemophilus influenza</i> Type B	Adult	RP	No		Type B is a Reportable Disease.
	Paediatric*	Droplet	Yes	Continue precautions for 24 hours after start of effective therapy.	Notify Infection Control
EPSTEIN-BARR VIRUS (Infectious Mononucleosis)		RP	No		Transmitted via intimate contact with oral secretions or articles contaminated by them.
ERYSIPELAS	See Streptococcal Disease				
ERYTHEMA INFECTIONOSUM (Parvovirus B19)	Aplastic crisis	Droplet	Yes	Continue precautions for duration of hospitalization with immunocompromised persons, or 7 days with others.	
	Fifth disease	RP	No		No longer infectious by the time rash appears.
ESCHERICHIA COLI O157:H7	Adult	RP	No		Reportable Disease
	Paediatric* and incontinent or non-compliant adult	Contact	Yes	Continue precautions until stools are formed.	Notify Infection Control
EXTENDED SPECTRUM BETA-LACTAMASE-PRODUCING ENTEROBACTERIACEAE (ESBL)	See Enterobacteriaceae, Resistant				

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FIFTH DISEASE	See Erythema Infectiosum				
FOOD POISONING/FOOD BORNE ILLNESS	<i>Clostridium botulinum</i> (Botulism)	RP	No		Reportable Disease No person-to-person transmission.
	<i>Clostridium perfringens</i>	RP	No		
	Salmonella or <i>Escherichia coli</i> 0157:H7 in paediatric or incontinent adult if stool cannot be contained	Contact	Yes	Continue precautions until Salmonellosis or <i>E. coli</i> 0157:H7 are ruled out.	Reportable Disease Notify Infection Control
	Other causes	RP	No		
FRANCISELLA TULARENSIS	See Tularemla				
FURUNCULOSIS <i>Staphylococcus aureus</i>	See Abscess				
GANGRENE	Gas gangrene due to any bacteria	RP	No		No person-to-person transmission
GASTROENTERITIS	Acute infectious	Contact	Yes	Continue precautions until C.difficile and norovirus or other viral agents ruled out	Outbreaks are reportable Notify Infection Control
	Paediatric* and incontinent/non-compliant adult	Contact	Yes	Continue precautions for duration of illness.	See specific organism if identified
GERMAN MEASLES	See Rubella				
GIARDIASIS <i>Giardia lamblia</i>	Adult	RP	No		Reportable Disease
	Paediatric* and incontinent on non-compliant adult	Contact	Yes	Continue precautions until stools are formed	
GONORRHEA <i>Neisseria gonorrhoeae</i>		RP	No		Reportable Disease Sexual transmission.
GRANULOMA INGUINALE		RP	No		Sexual transmission.
HAEMOPHILUS INFLUENZAE TYPE B	Pneumonia – adult	RP	No		Reportable Disease if invasive
	Pneumonia – paediatric*	Droplet	Yes	Continue precautions until 24 hours after effective treatment	
	Meningitis	See Meningitis			
HAND, FOOT, & MOUTH DISEASE	See Enteroviral Infection				
HANTAVIRUS PULMONARY SYNDROME		RP	No		Reportable Disease No person-to-person transmission.
HANSEN’S DISEASE	See Leprosy				
HAEMORRHAGIC FEVERS (e.g., Lassa, Ebola, Marburg)		Droplet + Contact	Yes, with negative airflow, door closed if pneumonia	Continue precautions until symptoms resolve	Notify Public Health <u>Immediately</u>
		Airborne if pnueumonia			Notify Infection Control immediately

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HEPATITIS, VIRAL Hepatitis A & E	Adult	RP	No		Reportable Disease
	Paediatric* and incontinent or non-compliant adult	Contact	Yes	Duration of precautions: < 3 years: duration of hospital stay >3 years: one week from symptoms onset	
Hepatitis B & C (including Delta)		RP	No		Reportable Disease Report to Occupational Health if health care provider has percutaneous or mucous membrane exposure
HERPANGINA	See Enterovirus				
HERPES SIMPLEX	Encephalitis	RP	No		Reportable Disease
	Mucocutaneous – recurrent	RP	No		Gloves for contact with lesions.
	Disseminated/severe	Contact	Yes	Continue precautions until lesions crusted and dry.	
	Neonatal infection, and infants born to mothers with active genital herpes until neonatal infection ruled out	Contact		Continue precautions for duration of symptoms	Reportable Disease Notify Infection Control
HISTOPLASMOSIS <i>Histoplasma capsulatum</i>		RP	No		No person-to-person transmission
HIV		RP	No		Reportable Disease Report to Occupational Health if health care provider has percutaneous or mucous membrane exposure
HOOKWORM DISEASE <i>Ancylostomiasis</i>		RP	No		No person-to-person transmission
HUMAN HERPESVIRUS 6 (Roseola)	See Roseola				
IMPETIGO	See Abscess				
INFECTIOUS MONONUCLEOSIS	See Epstein-Barr virus				
INFLUENZA (seasonal)		Droplet + Contact	Yes	Continue precautions for 5 days after onset of illness.	Reportable Disease Notify Infection Control

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KAWASAKI SYNDROME		RP	No		
LASSA FEVER	See Haemorrhagic Fevers				
LEGIONNAIRES' DISEASE <i>Legionella pneumophila</i>		RP	No		Reportable Disease Notify Infection Control No person-to-person transmission.
LEPROSY (Hansen's disease) <i>Mycobacterium leprae</i>		RP	No		Reportable Disease
LEPTOSPIROSIS <i>Leptospira sp.</i>		RP	No		No person-to-person transmission
LICE	See Pediculosis				
LISTERIOSIS <i>Listeria monocytogenes</i>		RP	No		Reportable Disease
LYME DISEASE <i>Borrelia burgdorferi</i>		RP	No		Reportable Disease No person-to-person transmission
LYMPHOCYTIC CHORIOMENINGITIS (Aseptic meningitis)		RP	No		No person-to-person transmission
LYMPHOGRANULOMA VENEREUM	See Chlamydia trachomatis				
MALARIA <i>Plasmodium species</i>		RP	No		Reportable Disease No person-to-person transmission, except by blood transfusion
MARBURG VIRUS	See haemorrhagic Fevers				
MEASLES (Rubeola)		Airborne	Yes, with negative airflow, door closed	Continue precautions for four days after start of rash, and for duration of illness in immunocompromised patients.	Reportable Disease Notify Infection Control. Only immune staff should enter the room.
MENINGITIS	Aetiology unknown- adult	Droplet	Yes		Reportable Disease
	Aetiology unknown- paediatric*	Droplet + Contact	Yes		
	<i>Haemophilus influenza</i> type B – adult	RP	No		
	<i>Haemophilus influenza</i> type B – paediatric*	Droplet	Yes	Continue precautions for 24 hours after start of effective therapy.	Reportable Disease Notify Infection Control
	Meningococcal (<i>Neisseria meningitides</i>)	Droplet	Yes	Continue precautions for 24 hours after start of effective therapy.	
	Other bacterial	RP	No		
	Viral – adult (“aseptic”)	RP	No		
	Viral – paediatric*	Contact	Yes		Reportable Disease See also Enteroviral

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Meningococcal Disease <i>Neisseria meningitides</i>		Droplet	Yes	Continue precautions for 24 hours after start of effective therapy.	Reportable Disease Notify Infection Control
MRSA Methicillin-resistant <i>Staphylococcus aureus</i>		Contact (+ Droplet if in sputum and coughing)	Yes	Continue precautions until discontinued by infection control.	
MUMPS <i>(Infectious parotitis)</i>		Droplet	Yes	Continue precautions for five days after onset of swelling.	Reportable Disease Notify Infection Control
MYCOBACTERIA Nontuberculosis, atypical e.g. <i>Mycobacterium avium</i>		RP	No		No person-to-person transmission.
MYCOBACTERIUM TUBERCULOSIS	See Tuberculosis				
MYCOPLASMA PNEUMONIA		Droplet	Yes	Continue precautions for duration of illness.	
NECROTIZING ENTEROCOLITIS		RP	No		Cohorting ill infants + Contact Precautions may be indicated for clusters/outbreaks. Unknown if transmissible.
NECROTIZING FASCIITIS	See Streptococcal Disease, Group A				
NEISSERIA MENINGITIDIS	See Meningococcal Disease				
NOROVIRUS		Contact	Yes	Continue precautions until 48 hours after resolution of symptoms	Outbreaks Reportable Notify Infection Control
OPHTHALMIA NEONATORUM	See Conjunctivitis				
PARAINFLUENZA VIRUS		Droplet + Contact	Yes	Continue precautions for duration of symptoms.	Cohorting may be necessary during outbreaks.
PARATYPHOID FEVER <i>Salmonella paratyphi</i>		RP	No		Reportable Disease
PARVOVIRUS B19	See Erythema Infectiosum				

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PEDICULOSIS (Lice)		RP, plus gloves for direct patient contact	No	Continue precautions for 24 hours after application of pediculicide.	
PERTUSSIS (Whooping Cough) <i>Bordetella pertussis</i>		Droplet	Yes	Continue precautions for five days after start of treatment or three weeks if not treated	Reportable Disease Notify Infection Control
PINWORMS	See Enterobiasis				
PLAGUE <i>Yersinia pestis</i>	Pneumonic	Droplet	Yes	Continue precautions for 48 hours of effective therapy.	Reportable Disease
	Bubonic	RP	No		Notify Infection Control
PLEURODYNIA	See Enteroviral Infection				
PNEUMONIA Aetiology Unknown		Droplet + Contact	Yes	Continue precautions until aetiology established or clinical improvement on empiric therapy	
POLIOMYELITIS		Contact	Yes	Continue precautions for 6 weeks after onset of illness	Reportable Disease Notify Infection Control
PSEUDOMEMBRANOUS COLITIS	See <i>Clostridium difficile</i>				
PSITTACOSIS (Ornithosis) <i>Chlamydia psittaci</i>	See Chlamydia				
PHARYNGITIS	Adult	RP	No		
	Paediatric*	Droplet + Contact	Yes	Continue precautions for duration of illness, or 24 hours of effective therapy if Group A streptococcus	
Q FEVER <i>Coxiella burnetii</i>		RP	No		Reportable Disease No person-to-person transmission
RABIES Rhabdovirus		RP	No		Reportable Disease Notify Infection Control Person-to-person transmission not documented except via corneal transplantation. Open wound/mucous membrane exposure to saliva of a patient should be considered for prophylaxis
RESISTANT ORGANISMS	See Antibiotic-Resistant Organisms				

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RESPIRATORY INFECTIONS, acute febrile		Droplet + Contact	Yes	Continue precautions until symptoms improve or infectious cause identified.	See specific organism, if identified
RESPIRATORY SYNCYTIAL VIRUSE (RSV)		Droplet + Contact	Yes	Continue precautions for duration of illness	
REYE’S SYNDROME		RP	No		May be associated with viral infection.
RHEUMATIC FEVER		RP	No		Complication of a Group A streptococcal infection.
RHINOVIRUS	See Common Cold				
RINGWORM	See Tinea				
ROSEOLA INFANTUM (Exanthem Subitum, Sixth disease, HHV6)		RP	No		Transmission requires close, direct personal contact
ROTAVIRUS		Contact	Yes	Continue precautions until formed stool.	
ROUNDWORM	See Ascariasis				
RUEBELLA (German Measles)	Acquired	Droplet	Yes	Continue precautions for seven days after onset of rash	Reportable Disease Notify Infection Control
	Congenital	Droplet + Contact	Yes	Continue precautions for one year after birth, unless urine and nasopharyngeal cultures done after three months of age are negative.	Only immune staff should provide care. Pregnant health care providers should not provide care regardless of immune status.
SALMONELLOSIS <i>Salmonella species</i>	Adult	RP	No		Reportable Disease Notify Infection Control
	Paediatric* and incontinent or non-compliant adult	Contact	Yes	Continue precautions until formed stool.	
SEVERE ACUTE RESPIRATORY SYNDROME (SARS) or Acute Respiratory Illness with travel to high risk geographical area		Droplet + Contact N95 respirator for aerosol-generating procedures	Yes	Continue precautions 10 days following resolution for fever if respiratory symptoms have also resolved.	Reportable Disease Notify Public Health <u>immediately</u> Notify Infection Control <u>immediately</u>
SCABIES <i>Saroptes scabei</i>	Limited, “typical”	RP, gloves for skin contact	No	Continue precautions until 24 hours after application of scabicide.	
	Crusted, “Norwegian”	Contact	Yes		
SCALDED SKIN SYNDROME	See Abscess, major				
SHIGELLOSIS <i>Shigella species</i>	See Gastroenteritis				
SHINGLES	See Varicella Zoster				

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SMALLPOX	See Variola				
STAPHYLOCOCCAL DISEASE <i>Staphylococcus aureus</i>	Food poisoning	See food poisoning/Food-borne illness			
	Skin, wound, or burn infection	See Abscess			
	Pneumonia – adult	RP	No		
	Pneumonia – paediatric*	Droplet	Yes	Continue precautions until 24 hours of effective therapy	
	Toxic Shock Syndrome (TSS)	RP	No		
STREPTOCOCCAL DISEASE Group A <i>Streptococcus</i>	Skin, wound or burn infection, including necrotizing fasciitis	Droplet + Contact	Yes	Continue precautions until 24 hours of effective treatment.	Reportable Disease if invasive Notify Infection Control
	Toxic shock-like syndrome (TSLs)	Droplet + Contact	Yes		
	Pneumonia	Droplet	Yes		
	Pharyngitis/scarlet fever – paediatric*	Droplet	Yes		
	Endometritis (Puerperal Sepsis)	RP	No		
	Pharyngitis/scarlet fever – adult				
GROUP B STREPTOCOCCUS	Neonatal	RP	No		Reportable Disease Notify Infection Control
<i>Streptococcus pneumonia</i> (pneumococcus)		RP	No		
STRONGYLOIDIASIS <i>Strongyloides stercoralis</i>		RP	No		May cause disseminated disease in immunocompromised
SYPHILIS <i>Treponema pallidum</i>		RP, gloves for contact with skin lesions			Reportable Disease
TAPEWORM DISEASE <i>Diphyllobothrium latum</i> (fish) <i>Hymenolepis nana</i> , <i>Taenia saginata</i> (beef) <i>Taenia solium</i> (Pork)		RP	No		Autoinfection possible.
TETANUS <i>Clostridium tetani</i>		RP	No		Reportable Disease No person-person transmission.
TINEA (Fungus infection) dermatophytosis dermatomycosis, ringworm)		RP	No		Thorough cleaning of bath and shower after use. No shared combs or brushes.

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TOXOPLASMOSIS <i>Toxoplasma gondii</i>		RP	No		No person-to-person transmission except vertical.
TOXIC SHOCK SYNDROME	See Staphylococcal & Streptococcal Disease				
TRENCHMOUTH	See Vincent's angina				
TRICHINOSIS <i>Trichinella spiralis</i>		RP	No		Reportable Disease No person-to-person transmission
TRICHOMONIASIS <i>Trichomonas vaginalis</i>		RP	No		Sexual Transmission
TUBERCULOSIS <i>Mycobacterium tuberculosis</i>	Extrapulmonary, no draining lesions	RP	No		Reportable Disease Notify Infection Control Assess for concurrent pulmonary TB.
	Extrapulmonary, draining lesions	Airborne	Yes, with negative airflow and door closed	Continue precautions until drainage ceased or three consecutive negative AFB smears	
	Pulmonary – confirmed or suspected laryngeal disease	Airborne	Yes, with negative airflow and door closed	Continue precautions until TB ruled out. If confirmed, until patient has received two weeks of effective therapy, is improving clinically and has three consecutive sputum smears negative for AFB, collected 24 hours apart. If multidrug-resistant TB, until culture negative.	Reportable Disease Notify Infection Control
	Skin-test positive with no evidence of current disease	RP	No		Latent Tuberculosis infection (LTBI)
TULAREMIA <i>Francisella tularensis</i>		RP	No		Reportable Disease No person-to-person transmission. Notify Microbiology laboratory if suspected, as aerosols from cultures are infectious.
TYPHOID FEVER <i>Salmonella typhi</i>		RP	No		Reportable Disease
TYPHUS <i>Rickettsia species</i>		RP	No		Transmitted through close personal contact, but not in

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					absence of lice.
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URINARY TRACT INFECTION		RP	No		
VANCOMYCIN-RESISTANT ENTEROCOCCUS (VRE)	See VRE				
VANCOMYCIN-RESISTANT STAPHYLOCOCCUS AUREUS (VRSA)	See VRSA				
VARICELLA (Chickenpox)		Airborne	Yes, with negative air flow and door closed	Continue precautions until all vesicles have crusted and for at least five days.	Reportable Disease Notify Infection Control Neonates born to mothers with active varicella should be isolated at birth. Only immune staff should enter the room.
VARICELLA ZOSTER (Shingles, Zoster) <i>Herpes zoster</i>	Immunocompromised patient or disseminated	Airborne	Yes, with negative air flow and door closed	Continue precautions until all lesions have crusted and dried.	Reportable Disease Only immune staff should enter the room.
	Localized in all other patients	RP	No		Roommates and staff must be immune to chicken pox.
VARIOLA (Smallpox)		Airborne + Contact	Yes, with negative air flow and door closed	Continue precautions until all lesions have crusted and separated (3 to 4 weeks)	Report to Public Health immediately Notify Infection Control immediately.
VIBRIO	See Gastroenteritis or Cholera				
VINCENT'S ANGINA (Trench mouth)		RP	No		
VIRAL DISEASES – Respiratory (If not covered elsewhere)		Droplet + Contact	Yes		See also specific disease/organism.
VRE Vancomycin-resistant Enterococcus		Contact	Yes	Continue precautions until discontinued by Infection Control	Notify Infection Control
VRSA Vancomycin-resistant <i>Staphylococcus aureus</i>		Contact	Yes	Continue precautions for duration of hospital stay	Notify Infection Control

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WEST NILE VIRUS (WNV)	See Arthropod-borne Viral Fevers				
WHOOPING COUGH	See Pertussis				
WOUND INFECTIONS	See Abscess				
YELLOW FEVER	See Arthropod-borne Viral Fevers				
YERSINIA ENTEROCOLITICA	See Gastroenteritis				
YERSINIA PESTIS	See Plague				
ZOSTER	See Herpes Zoster				

[Based on Health Canada's 'Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Health Care' and the Center for Disease Control's '2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Health Care Settings']