

APPENDIX A

TYPE AND DURATION OF PRECAUTIONS RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Infection/Condition	Precautions		
	Type *	Duration †	Comments
Abscess			
Draining, major	C	DI	No dressing or containment of drainage; until drainage stops or can be contained by dressing
Draining, minor or limited	S		Dressing covers and contains drainage
Acquired human immunodeficiency syndrome (HIV)	S		
Actinomycosis	S		
Adenovirus infection, in infants and young children (also, see gastroenteritis, adenovirus)	D, C	DI	
Amebiasis	S		
Anthrax			Postexposure chemoprophylaxis; consider post-exposure vaccine(407, 644, 645)
Cutaneous	S		Contact Precautions if large amount of drainage that cannot be contained
Pulmonary	S		
Aerosolizable spore-containing powder	All,C	DE	Until decontamination of environment complete (644)
Antibiotic-associated colitis (see <i>Clostridium difficile</i>)			
Arthropod-borne viral encephalitides (eastern, western, Venezuelan equine encephalomyelitis; St Louis, California encephalitis; West Nile Virus)	S		Not transmitted from person to person except rarely by transfusion, and for West Nile virus by organ transplant, by breastmilk or transplacentally (646);Install screens in windows and doors in endemic areas Use DEET-containing mosquito repellants and clothing to cover extremities
Arthropod-borne viral fevers (dengue, yellow fever, Colorado tick fever)	S		Not transmitted from person to person except by transfusion, rarely 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 All if massive soft tissue infection with copious drainage and repeated irrigations required (51)
Avian influenza	All, D, C	14 days after onset of	All preferred (D if All rooms unavailable); N95 respiratory protection (surgical mask if N95 unavailable); eye protection (goggles, face shield)

APPENDIX A

TYPE AND DURATION OF PRECAUTIONS RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Infection/Condition	Precautions		
	Type *	Duration †	Comments
		symptoms	within 3 feet of patient); 14 days after onset of symptoms or until an alternative diagnosis is established or until diagnostic test results indicate that the patient is not infected with influenza A H5N1 virus. Human-to-human transmission inefficient and rare, but risk of reassortment with human influenza strains and emergence of pandemic strain serious concern.
Babesiosis	S		Not transmitted from person to person except by transfusion, rarely.
Blastomycosis, North American, cutaneous or pulmonary	S		Not transmitted from person to person
Botulism	S		Not transmitted from person to person
Bronchiolitis (see respiratory infections in infants and young children)	C	DI	Use mask according to Standard Precautions and until influenza and adenovirus have been ruled out as etiologic agents
Brucellosis (undulant, Malta, Mediterranean fever)	S		Not transmitted from person to person
<i>Campylobacter</i> gastroenteritis (see gastroenteritis)			
Candidiasis, all forms including mucocutaneous	S		
Cat-scratch fever (benign inoculation lymphoreticulosis)	S		Not transmitted from person to person
Cellulitis	S		
Chancroid (soft chancre)	S		
Chickenpox (see varicella)			
<i>Chlamydia trachomatis</i>			
Conjunctivitis	S		
Genital	S		
Respiratory	S		
Cholera (see gastroenteritis)			
Closed-cavity infection			
Open drain in place; limited or minor drainage	S		Contact Precautions if there is copious uncontained drainage
No drain or closed drainage system in place	S		
<i>Clostridium</i>			
<i>C. botulinum</i>	S		Not transmitted from person to person
<i>C. difficile</i> (also see gastroenteritis, <i>C. difficile</i>)	C	DI	Assess need to discontinue antibiotics Avoid the use of shared electronic thermometers (519, 647).

APPENDIX A

TYPE AND DURATION OF PRECAUTIONS RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Infection/Condition	Precautions		
	Type *	Duration †	Comments
			Ensure consistent environmental cleaning and disinfection.
<i>C. perfringens</i>			
Food poisoning	S		Not transmitted from person to person
Gas gangrene	S		Not transmitted from person to person
Coccidioidomycosis (valley fever)			
Draining lesions	S		Not transmitted from person to person
Pneumonia	S		Not transmitted from person to person
Colorado tick fever	S		Not transmitted from person to person
Congenital rubella	C	Until 1 yr. of age	Standard Precautions if nasopharyngeal and urine cultures neg. after 3 mos. of age
Conjunctivitis			
Acute bacterial	S		
<i>Chlamydia</i>	S		
Gonococcal	S		
Acute viral (acute hemorrhagic)	C	DI	
Corona virus associated with SARS (SARS-CoV) (see severe acute respiratory syndrome)			
Coxsackie virus disease (see enteroviral infection)			
Creutzfeldt-Jakob disease CJD, vCJD	S		Use disposable instruments or special sterilization/disinfection for surfaces, objects contaminated with neural tissue if CJD or vCJD suspected and has not been R/O; No special burial procedures(4, 7, 103)
Croup (see respiratory infections in infants and young children)			
Cryptococcosis	S		Not transmitted from person to person
Cryptosporidiosis (see gastroenteritis)			
Cysticercosis	S		Not transmitted from person to person
Cytomegalovirus infection, neonatal or immunosuppressed	S		No additional precautions for pregnant HCWs
Decubitus ulcer (pressure sore) infected			
Major	C	DI	If no dressing or containment of drainage; until drainage stops or can be contained by dressing
Minor or limited	S		If dressing covers and contains drainage

APPENDIX A

TYPE AND DURATION OF PRECAUTIONS RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Infection/Condition	Precautions		
	Type *	Duration †	Comments
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 neg.
Pharyngeal	D	CN	Until 2 cultures taken 24 hrs. apart neg.
Ebola viral hemorrhagic fever (see viral hemorrhagic fevers)			
Echinococcosis (hydatidosis)	S		Not transmitted from person to person
Echovirus (see enteroviral infection)			
Encephalitis or encephalomyelitis (see specific etiologic agents)			
Endometritis	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)			
Enteroviral infections	S		Use Contact Precautions for diapered or incontinent children for duration of illness and to control institutional outbreaks
Epi­glottitis, due to <i>Haemophilus influenzae</i> type b	D	U 24 hrs	
Epstein-Barr virus infection, including infectious mononucleosis	S		
Erythema infectiosum (also see Parvovirus B19)	S		
<i>Escherichia coli</i> gastroenteritis (see gastroenteritis)			
Food poisoning			
Botulism	S		Not transmitted from person to person
<i>C. perfringens</i> or <i>welchii</i>	S		Not transmitted from person to person
Staphylococcal	S		Not transmitted from person to person
Furunculosis, staphylococcal	S		
Infants and young children	C	DI	
Gangrene (gas gangrene)	S		Not transmitted from person to person
Gastroenteritis	S		Use Contact 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

APPENDIX A

TYPE AND DURATION OF PRECAUTIONS RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Infection/Condition	Precautions		
	Type *	Duration †	Comments
Adenovirus	S		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks
<i>Campylobacter</i> species	S		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks
Cholera	S		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks
<i>C. difficile</i>	C	DI	Assess need to discontinue antibiotics Avoid the use of shared electronic thermometers (519, 647); ensure consistent environmental cleaning and disinfection.
<i>Cryptosporidium</i> species	S		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks
<i>E. coli</i>			
Enteropathogenic O157:H7 and other shiga toxin-producing strains	S		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks
Other species	S ^j		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks
<i>Giardia lamblia</i>	S		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks
Noroviruses	S		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks. Persons who clean areas heavily contaminated with feces or vomit should wear masks; ensure consistent environmental cleaning and disinfection. (648)
Rotavirus	C	DI	Ensure consistent environmental cleaning and disinfection; prolonged shedding may occur in the immunocompromised
<i>Salmonella</i> species (including <i>S. typhi</i>)	S		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks
<i>Shigella</i> species	S		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks
<i>Vibrio parahaemolyticus</i>	S		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks

APPENDIX A

TYPE AND DURATION OF PRECAUTIONS RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Infection/Condition	Precautions		
	Type *	Duration †	Comments
Viral (if not covered elsewhere)	S		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks
<i>Yersinia enterocolitica</i>	S		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks
German measles (see rubella; see congenital rubella)			
Giardiasis (see gastroenteritis)			
Gonococcal ophthalmia neonatorum (gonorrhoeal ophthalmia, acute conjunctivitis of newborn)	S		
Gonorrhea	S		
Granuloma inguinale (Donovanosis, granuloma venereum)	S		
Guillain-Barré' syndrome	S		Not an infectious condition
Hand, foot, and mouth disease (see enteroviral infection)			
Hantavirus pulmonary syndrome	S		Not transmitted from person to person
<i>Helicobacter pylori</i>	S		
Hepatitis, viral			
Type A	S		Provide hepatitis A vaccine postexposure as recommended(649)
Diapered or incontinent patients	C		Maintain Contact 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
Type B-HbsAg positive; acute or chronic	S		See specific recommendations for care of patients in hemodialysis centers (10)
Type C and other unspecified non-A, non-B	S		See specific recommendations for care of patients in hemodialysis centers (10)
Type D (seen only with hepatitis B)	S		
Type E	S		Use Contact Precautions for diapered or incontinent individuals for the duration of illness
Type G	S		
Herpangina (see enteroviral infection)			
Herpes simplex (<i>Herpesvirus hominis</i>)			
Encephalitis	S		

APPENDIX A

TYPE AND DURATION OF PRECAUTIONS RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Infection/Condition	Precautions		
	Type *	Duration †	Comments
Mucocutaneous, disseminated or primary, severe	C	Until lesions dry and crusted	
Mucocutaneous, recurrent (skin, oral, genital)	S		
Neonatal	C	Until lesions dry and crusted	Also, for asymptomatic,exposed infants delivered vaginally or by C-section and if mother has active infection and membranes have been ruptured for more than 4 to 6 hrss until infant surface cultures obtained at 24-36 hrs. of age neg after 48 hrs incubation (650, 651)
Herpes zoster (varicella-zoster)			
Disseminated disease in any patient Localized disease in immunocompromised patient	All,C	DI	Susceptible HCWs should not enter room if immune caregivers are available; if entry is required, susceptibles must wear nose/mouth protection; once disseminated disease has been ruled out discontinue All,C. Provide exposed susceptibles post exposure vaccine within 5 days or place unvaccinated exposed susceptibles on administrative leave for 10-21days
Localized in patient with intact immune system with lesions that can be contained/covered	S	DI	Susceptible HCWs should not provide direct patient care when other immune caregivers are available.
Histoplasmosis	S		Not transmitted from person to person
Human immunodeficiency virus (HIV)	S		Post-exposure chemoprophylaxis for high risk blood exposures(353)
Impetigo	C	U 24 hrs	
Infectious mononucleosis	S		
Influenza	D	5 days except DI in immuno compromised persons	Private room when available or cohort; avoid placement with high-risk patients; keep doors closed; mask patient when transported out of room; chemoprophylaxis/vaccine to control/prevent outbreaks (408)
Avian influenza (see Avian influenza)			
Kawasaki syndrome	S		Not an infectious condition
Lassa fever (see viral hemorrhagic fevers)			
Legionnaires' disease	S		
Leprosy	S		
Leptospirosis	S		
Lice (head [pediculosis], body, pubic)	C	U 24 hrs	

APPENDIX A

TYPE AND DURATION OF PRECAUTIONS RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Infection/Condition	Precautions		
	Type *	Duration †	Comments
Listeriosis	S		Person-to-person transmission rare (652)
Lyme disease	S		Not transmitted from person to person
Lymphocytic choriomeningitis	S		Not transmitted from person to person
Lymphogranuloma venereum	S		
Malaria	S		Not transmitted from person to person except through transfusion, rarely; install screens in windows and doors in endemic areas; use DEET-containing mosquito repellents and clothing to cover extremities
Marburg virus disease (see hemorrhagic fevers)			
Measles (rubeola)	All	DI	Susceptible HCWs should not enter room if immune care providers are available; wear nose/mouth protection regardless of immune status; no recommendation for type of protection, i.e. surgical mask or respirator; post-exposure vaccine within 72 hrs. or immune globulin within 6 days
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
Bacterial, gram-negative enteric, in neonates	S		
Fungal	S		
<i>Haemophilus influenzae</i> , type b known or suspected	D	U 24 hrs	
<i>Listeria monocytogenes</i>	S		Not transmitted from person to person
<i>Neisseria meningitidis</i> (meningococcal) known or suspected	D	U 24 hrs	
<i>Streptococcus pneumoniae</i>	S		
Tuberculosis	S		Concurrent, active pulmonary disease or draining cutaneous lesions necessitate addition of airborne precautions
Other diagnosed bacterial	S		
Meningococcal disease: sepsis, pneumonia, meningitis	D	U 24 hrs	Postexposure chemoprophylaxis for household contacts, HCWs exposed to respiratory secretions; postexposure vaccine only if outbreak.
<i>Molluscum contagiosum</i>	S		
Monkeypox	All,C	Until lesions crusted	See www.cdc.gov/ncidod/monkeypox for most current recommendations.

APPENDIX A

TYPE AND DURATION OF PRECAUTIONS RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Infection/Condition	Precautions		
	Type *	Duration †	Comments
			Pre- and post-exposure smallpox vaccine recommended for exposed HCWs
Mucormycosis	S		
Multidrug-resistant organisms (MDROs), infection or colonization (e.g., MRSA, VRE, VISA, ESBLs)	S/C		MDROs judged by the infection control program, based on local, state, regional, or national recommendations, to be of clinical and epidemiologic significance. Contact Precautions required in settings with evidence of ongoing transmission, acute care settings with increased risk for transmission or wounds that cannot be contained by dressings; see Recommendations and Appendix B, recommendations for management options; criteria for discontinuing precautions not established. Contact state health department for guidance regarding new or emerging MDRO
Mumps (infectious parotitis)	D	U 9 days	After onset of swelling; susceptible HCWs should not provide care if immune caregivers are available.
Mycobacteria, nontuberculosis (atypical)			
Pulmonary	S		
Wound	S		
<i>Mycoplasma pneumonia</i>	D	DI	
Necrotizing enterocolitis	S		Contact Precautions when cases temporally clustered (653-655)
Nocardiosis, draining lesions, or other presentations	S		
Norovirus (see gastroenteritis)			
Norwalk agent gastroenteritis (see gastroenteritis)			
Orf	S		
Parainfluenza virus infection, respiratory in infants and young children	C	DI	
Parvovirus B19	D		Maintain precautions for duration of hospitalization when chronic disease occurs in an immunodeficient patient. For patients with transient aplastic crisis or red-cell crisis, maintain precautions for 7 days. Duration of precautions for immunosuppressed patients with persistently positive PCR not defined (656)
Pediculosis (lice)	C	U 24 hrs after treatment	
Pertussis (whooping cough)	D	U 5 days	Private room preferred. Cohorting an option. Post-exposure chemoprophylaxis for household contacts and HCWs

APPENDIX A

TYPE AND DURATION OF PRECAUTIONS RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Infection/Condition	Precautions		
	Type *	Duration †	Comments
			with prolonged exposure to respiratory secretions.
Pinworm infection	S		
Plague (<i>Yersinia pestis</i>)			
Bubonic	S		
Pneumonic	D	U 72 hrs	Antimicrobial prophylaxis for exposed HCW.
Pneumonia			
Adenovirus	D, C	DI	
Bacterial not listed elsewhere (including gram-negative bacterial)	S		
<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 (221)
<i>B. cepacia</i> in patients without CF(see Multidrug-resistant organisms)			
<i>Chlamydia</i>	S		
Fungal	S		
<i>Haemophilus influenzae</i> , type b			
Adults	S		
Infants and children	D	U 24 hrs	
<i>Legionella spp.</i>	S		
Meningococcal	D	U 24 hrs	
Multidrug-resistant bacterial (see multidrug-resistant organisms)			
<i>Mycoplasma</i> (primary atypical pneumonia)	D	DI	
Pneumococcal	S		
<i>Pneumocystis carinii</i>	S		Avoid placement in the same room with an immunocompromised patient.
<i>Staphylococcus aureus</i>	S		
<i>Streptococcus</i> , group A			
Adults	S		
Infants and young children	D	U 24 hrs	
Varicella-zoster	All	DI	Contact Precautions if skin lesions present
Viral			

APPENDIX A

TYPE AND DURATION OF PRECAUTIONS RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Infection/Condition	Precautions		
	Type *	Duration †	Comments
Adults	S		
Infants and young children (see respiratory infectious disease, acute)			
Poliomyelitis	C		
Prion disease (See Creutzfeld-Jacob Disease)			
Psittacosis (ornithosis)	S		Not transmitted from person to person
Q fever	S		
Rabies	S	DI	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		
Relapsing fever	S		
Resistant bacterial infection or colonization (see multidrug-resistant organisms)			
Respiratory infectious disease, acute (if not covered elsewhere)			
Adults	S		
Infants and young children	C	DI	Also see syndromes or conditions listed in Table 6
Respiratory syncytial virus infection, in infants, young children and immunocompromised adults	C	DI	
Reye's syndrome	S		Not an infectious condition
Rheumatic fever	S		Not an infectious condition
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		
Ringworm (dermatophytosis, dermatomycosis, tinea)	S		
Ritter's disease (staphylococcal scalded skin syndrome)	S		
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)			

APPENDIX A

TYPE AND DURATION OF PRECAUTIONS RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Infection/Condition	Precautions		
	Type *	Duration †	Comments
Rubella (German measles) (also see congenital rubella)	D	U 7 days after onset of rash	Susceptible HCWs should not enter room if immune caregivers are available. Wear nose/mouth protection e.g., surgical mask, regardless of immune status.
Rubeola (see measles)			
Severe acute respiratory syndrome (SARS)	All, D,C	DI plus 10 days after resolution of fever, provided respiratory symptoms are absent or improving	All preferred; D if All rooms unavailable. N95 or higher respiratory protection; surgical mask if N95 unavailable; eye protection (goggles, face shield); aerosol-producing procedures and “supershedders” highest risk for transmission; vigilant environmental disinfection (see www.cdc.gov/ncidoc/sars)
Salmonellosis (see gastroenteritis)			
Scabies	C	U 24	
Scalded skin syndrome, staphylococcal (Ritter's disease)	S		Contact Precautions for 24 hours after initiation of effective therapy if outbreak within a unit
Schistosomiasis (bilharziasis)	S		
Shigellosis (see gastroenteritis)			
Smallpox (variola; see vaccinia for management of vaccinated persons)	All,C	DI	Until all scabs have crusted and separated (3-4 weeks). Non-vaccinated HCWs should not provide care when immune HCWs are available; N95 or higher respiratory protection required for susceptible and successfully vaccinated individuals; postexposure vaccine within 4 days of exposure protective.
Sporotrichosis	S		
<i>Spirillum minus</i> disease (rat-bite fever)	S		
Staphylococcal disease (<i>S aureus</i>)			
Skin, wound, or burn			
Major ^a	C	DI	No dressing or dressing does not contain drainage adequately
Minor or limited ^b	S		Dressing covers and contains drainage adequately
Enterocolitis	S		Use Contact Precautions for diapered or incontinent children for duration of illness
Multidrug-resistant (see multidrug-resistant organisms)			

APPENDIX A

TYPE AND DURATION OF PRECAUTIONS RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Infection/Condition	Precautions		
	Type *	Duration †	Comments
Pneumonia	S		
Scalded skin syndrome	S		
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			
Major	C	U 24 hrs	No dressing or dressing does not contain drainage adequately
Minor or limited	S		Dressing covers and contains drainage adequately
Endometritis (puerperal sepsis)	S		
Pharyngitis in infants and young children	D	U 24 hrs	
Pneumonia in infants and young children	D	U 24 hrs	
Scarlet fever in infants and young children	D	U 24 hrs	
Serious invasive disease, e.g. necrotizing fasciitis, toxic shock syndrome	D	U24 hrs	Contact Precautions for draining wound as above; follow rec. for antimicrobial prophylaxis in selected conditions (409)
Streptococcal disease (group B streptococcus), neonatal	S		
Streptococcal disease (not group A or B) unless covered elsewhere	S		
Multidrug-resistant (see multidrug-resistant organisms)			
Strongyloidiasis	S		
Syphilis			
Latent (tertiary) and seropositivity without lesions	S		
Skin and mucous membrane, including congenital, primary, secondary	S		
Tapeworm disease			
<i>Hymenolepis nana</i>	S		Not transmitted from person to person
<i>Taenia solium</i> (pork)	S		
Other	S		
Tetanus	S		Not transmitted from person to person
Tinea (e.g., fungus infection, dermatophytosis, dermatomycosis, ringworm)	S		
Toxoplasmosis	S		

APPENDIX A

TYPE AND DURATION OF PRECAUTIONS RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Infection/Condition	Precautions		
	Type *	Duration †	Comments
Toxic shock syndrome (staphylococcal disease, streptococcal disease)	S		
Trachoma, acute	S		
Trench mouth (Vincent's angina)	S		
Trichinosis	S		
Trichomoniasis	S		
Trichuriasis (whipworm disease)	S		
Tuberculosis (<i>M. tuberculosis</i>)			
Extrapulmonary, draining lesion including scrofula)	All,C		Discontinue precautions only when patient is improving clinically, and drainage has ceased or there are three consecutive negative cultures of continued drainage (495, 496). Examine for evidence of active pulmonary tuberculosis.
Extrapulmonary, no draining lesion, meningitis	S		Examine for evidence of pulmonary tuberculosis.
Pulmonary or laryngeal disease, confirmed	All		Discontinue precautions only when patient on effective therapy is improving clinically and has three consecutive sputum smears negative for acid-fast bacilli collected on separate days.
Pulmonary or laryngeal disease, suspected	All		Discontinue precautions only when the likelihood of infectious TB disease is deemed negligible, and 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
Skin-test positive with no evidence of current active disease	S		
Tularemia			BSL 2 laboratory only for processing cultures
Draining lesion	S		Not transmitted from person to person
Pulmonary	S		Not transmitted from person to person
Typhoid (<i>Salmonella typhi</i>) fever (see gastroenteritis)			
Typhus, endemic and epidemic	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 HCWs have contact with active vaccination sites and

APPENDIX A

TYPE AND DURATION OF PRECAUTIONS RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Infection/Condition	Precautions		
	Type [*]	Duration [†]	Comments
			care for persons with adverse vaccinia events; if unvaccinated, only HCWs without contraindications to vaccine may provide care.
Vaccination site care (including autoinoculated areas)	S		Vaccination recommended for vaccinators; for newly vaccinated HCWs: semi-permeable dressing over gauze until scab separates, with dressing change as fluid accumulates, ~3-5 days; gloves, hand hygiene for dressing change; vaccinated HCW or HCW without contraindication to vaccine for dressing changes.
Eczema vaccinatum	C	Until lesions dry and crusted, scabs separated	For contact with virus-containing lesions and exudative material
Fetal vaccinia	C		
Generalized vaccinia	C		
Progressive vaccinia			
Postvaccinia encephalitis	S		
Blepharitis or conjunctivitis	S/C		Use Contact Precautions if there is copious drainage
Iritis or keratitis	S		
Vaccinia-associated erythema multiforme (Stevens Johnson Syndrome)	S		Not an infectious condition
Secondary bacterial infection (e.g., <i>S. aureus</i> , group A beta hemolytic streptococcus)	S/C		Follow organism-specific (strep, staph most frequent) recommendations and consider magnitude of drainage
Varicella	All,C	Until lesions dry and crusted	Susceptible HCWs should not enter room if immune caregivers are available; wear nose/mouth protection regardless of immune status; no recommendation for type of protection, i.e. surgical mask or respirator; in immunocompromised host with varicella pneumonia, prolong duration of precautions after lesions crusted; post-exposure vaccine within 120 hours; VZIG within 96 hours for post-exposure prophylaxis for susceptible exposed persons for whom vaccine is contraindicated, including immunocompromised persons, pregnant women, newborns whose mother's varicella onset is ≤5days before delivery or within 48 hrs after delivery
Variola (see smallpox)			
<i>Vibrio parahaemolyticus</i> (see gastroenteritis)			
Vincent's angina (trench mouth)	S		

APPENDIX A

TYPE AND DURATION OF PRECAUTIONS RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Infection/Condition	Precautions		
	Type *	Duration †	Comments
Viral hemorrhagic fevers due to Lassa, Ebola, Marburg, Crimean-Congo fever viruses	All, C	DI	Add eye protection, double gloves, leg and shoe coverings, and impermeable gowns, according to hemorrhagic fever specific barrier precautions. See Table 4. Notify public health officials immediately if Ebola is suspected (47, 657) (www.bt.cdc.gov)
Viral respiratory diseases (not covered elsewhere)			
Adults	S		
Infants and young children (see respiratory infectious disease, acute)			
Whooping cough (see pertussis)			
Wound infections			
Major	C	DI	No dressing or dressing does not contain drainage adequately
Minor or limited	S		Dressing covers and contains drainage adequately
<i>Yersinia enterocolitica</i> gastroenteritis (see gastroenteritis)			
Zoster (varicella-zoster) (see herpes zoster)			
Zygomycosis (phycomycosis, mucormycosis)	S		

Type of Precautions: All, Airborne Infection Isolation; C, Contact; D, Droplet; S, Standard; when A, C, and D are specified, also use S.

† Duration of precautions: CN, until off antimicrobial treatment and culture-negative; DI, duration of illness (with wound lesions, DI means until wounds stop draining); DE, until environment completely decontaminated; U, until time specified in hours (hrs) after initiation of effective therapy;

Unknown: criteria for establishing eradication of pathogen has not been determined.