

IPC Diseases and Conditions Table

Recommendations for Management of Patients

Acute Care



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Introduction

This manual is intended to support staff in caring for patients in Alberta Health Services (AHS) owned and contracted continuing care settings who have a known or suspected infectious disease or condition. It is organized in alphabetical order based on either the common or scientific spelling of the disease, condition or microorganism. For settings outside of acute care, including continuing care, corrections and community-based services refer to the [Continuing Care IPC Resource Manual Diseases and Conditions Table](#)

The most up-to-date version of the manual is the electronic version on the website. Printed copies of the document should be considered current only on the date printed.

Instructions

1: To view a disease or condition table:

- **If you know what you are looking for;** click on its first letter in the list below to move to an alphabetical index of diseases and conditions for that letter. Click on the organism or disease you are looking for to view its content.
- **If you are unsure what you are looking for;** review the **Index of Diseases and Conditions** on the next pages. Click the organism or disease you would like to see.

2: If a disease, condition or microorganism you are looking for is not listed:

- **Follow Routine Practices** and contact Infection Prevention and Control or your Zone Medical Officer of Health or designate as needed for additional information.

3: To access interactive features:

- In the specific disease or condition, click the hyperlink that you would like to view. This will open the **linked** document.
- Routine Practices and Additional Precautions (RPAP) information sheets are linked to this document and appear in the tables as follows: **Routine Practices**; **Airborne Precautions**; **Airborne and Contact Precautions**; **Contact Precautions**; **Contact and Droplet Precautions**; **Droplet Precautions**.
- Other links in this document are **underlined**.
- Additional Precautions (AP) information sheets are linked to their Precautions sign, Routine Practices (RP) information sheet and other information. Links in the RPAP information sheets are **underlined**. Click on the underlined words to access the link.
- RPAP information sheets, signs and additional resources may also be accessed by the links in the left-hand column.

Please contact Infection Prevention and Control (IPC) or your Zone Medical Officer of Health (MOH) or designate with any questions.

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A

- Abscess – (various organisms)
 - Acinetobacter* – multidrug resistant (MDRA)
 - Acquired Immunodeficiency Syndrome (AIDS)
 - Actinomycosis (*Actinomyces* spp.)
 - Adenovirus spp. –
 - Conjunctivitis
 - Cystitis
 - Gastroenteritis
 - Respiratory tract infection
 - Aeromonas* spp.
 - Amebiasis – diarrhea (*Entamoeba histolytica*)
 - AmpC
 - Anthrax – laboratory confirmed, probable or suspect case based on clinical symptoms (*Bacillus anthracis*)
 - Antibiotic-resistant organisms (ARO) –
 - Carbapenemase-producing organisms (CPO)
 - Extended-spectrum Beta-lactamase producers (ESBL) – *E. coli*, *Klebsiella* spp., others
 - Methicillin-resistant *Staphylococcus aureus* (MRSA)
 - Vancomycin-intermediate *Staphylococcus aureus* (VISA)
 - Vancomycin-resistant *Staphylococcus aureus* (VRSA)
 - Arthropod-borne virus (Arboviruses)
 - Ascariasis (*Ascaris* spp.) –
 - Roundworm – ascariasis
 - Hookworm – (*Necator americanus*, *Ancylostoma duodenale*)
 - Aspergillosis (*Aspergillus* spp.)
 - Astrovirus – diarrhea
 - Avian influenza
- ## B
- Bedbugs (*Cimex lectularius*, *C. hemipterus*)
 - BK virus
 - Blastomycosis – pneumonia (*Blastomyces dermatitidis*), skin lesions
 - Bordetella pertussis* – (whooping cough, pertussis)
 - Botulism (*Clostridium botulinum*)

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Burkholderia cepacia complex –

Non-respiratory infections

Non-respiratory infections in high-risk patients (Burn unit, BMT/Oncology Unit, ICU, CVICU)

Respiratory infection

Burkholderia pseudomallei (Meliodosis) – (aka Whitmore’s disease)

Burns (infected) – (*Staphylococcus aureus*, *Streptococcus* Group A, many other bacteria)

C

Calicivirus (family of viruses that contain norovirus –also known as Norwalk or Norwalk-like virus)

Campylobacter jejuni

Candida auris

Candidiasis (*Candida* spp.)

Carbapenemase-producing organisms (CPO) – also known as Carbapenem-resistant Enterobacteriaceae (CRE) or Carbapenem-resistant organism (CRO)

Cat-scratch fever (*Bartonella henselae*)

Cellulitis – (*Staphylococcus aureus*, *Streptococcus* Group A, many other bacteria)

Chancroid (*Haemophilus ducreyi*)

Chickenpox

Chikungunya virus (Arbovirus CHIKV)

Chlamydia (*Chlamydia trachomatis*) – Lymphogranuloma venereum

Cholera (*Vibrio cholerae*)

Citrobacter spp., MDR – Carbapenemase-producing organisms (CPO)

Clostridium difficile infection (CDI)

Clostridium perfringens – food poisoning

Clostridium perfringens – gas gangrene

Coccidioidomycosis (*Coccidioides immitis*)

Congenital rubella

Conjunctivitis – pink eye; bacterial and viral

Coronavirus – (severe acute respiratory syndrome, SARS CoV, Middle East respiratory syndrome, MERS CoV)

Coronavirus – not SARS

Coronavirus – Novel (COVID-19)

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Corynebacterium diphtheriae –

Toxigenic strain

Non-toxigenic strain

Diphtheria – cutaneous or pharyngeal

Cough, fever, acute upper respiratory tract infection –

Rhinovirus

Respiratory Syncytial Virus, [RSV]

Parainfluenza virus

Influenza

Adenovirus

Coronavirus

Bordetella pertussis

Mycoplasma pneumoniae

Cough, fever, pulmonary infiltrates in person at risk for tuberculosis (*Mycobacterium tuberculosis*)

COVID-19

Coxsackievirus disease (Enterovirus and *picornaviridae*) – hand-foot-mouth disease

Creutzfeldt-Jakob disease – classic (CJD) and variant (vCJD)

Crimean-Congo hemorrhagic fever (arbovirus)

Cro55up –

Haemophilus influenzae

Mycoplasma pneumoniae

Adenoviruses

Respiratory Syncytial Virus, [RSV]

Influenza virus

Parainfluenza virus

Measles virus

Human metapneumovirus

Cryptococcosis (*Cryptococcus neoformans*)

Cryptosporidiosis (*Cryptosporidium parvum*)

Cyclosporiasis (*Cyclospora cayetanensis*)

Cytomegalovirus

D

Decubitus ulcer, infected – pressure ulcer (various organisms)

Dengue fever (Arbovirus)

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Dermatitis, infected – (various organisms)

Diarrhea – (various organisms)

Diphtheria – cutaneous or pharyngeal

E

Eastern equine encephalitis (Arbovirus)

Ebola viral disease

Echinococcosis/Hydatidosis – (*Echinococcus granulosus*, *Echinococcus multilocularis*)

E. coli Shiga Toxin Producing

Encephalitis – (Herpes simplex virus [HSV types 1 and 2], enterovirus, arbovirus, and others)

Endometritis (puerperal sepsis) – (*Streptococcus* Group A)

Enterobacter spp., MDR – see Multidrug-resistant (MDR) gram-negative bacilli

Enterobiasis (pinworm) (oxyuriasis, *Enterobius vermicularis*)

Enteroviral infections (echovirus, coxsackie A & B)

Epiglottitis – (*Haemophilus influenzae* type B [HIB], *Streptococcus* Group A, *Staphylococcus aureus*)

Epstein-Barr virus (Human Herpes virus 4)

Erysipelas – (*Streptococcus* Group A)

Extended-spectrum Beta-lactamase producers (ESBL) – AmpC Beta-lactamase producers (AmpC), *E. coli*, *Klebsiella* spp., others

Escherichia coli O157: H7

F

Febrile respiratory illness, acute respiratory tract infection –

Rhinovirus

Respiratory syncytial virus, [RSV]

Parainfluenza virus

Influenza

Adenovirus

Coronavirus

Bordetella pertussis

Mycoplasma pneumoniae

Fever unknown origin, fever without focus (acute) – (many bacteria, viruses, fungi)

Food poisoning – (*Bacillus cereus*, *Clostridium perfringens*, *Staphylococcus aureus*, *Salmonella* spp., *Vibrio parahaemolyticus*, *Escherichia coli* O157: H7), *Listeria monocytogenes*, *Toxoplasma gondii*, *Bacillus* spp.)

G

Gas gangrene (*Clostridium* spp.)

GAS – Group A *Streptococcus* (*Streptococcus pyogenes*) –

Skin infection

Invasive GAS (iGAS)

Necrotizing fasciitis

Scarlet fever

Pharyngitis

Toxic shock syndrome

Gastroenteritis – (several bacteria, viruses, parasites)

German measles

Giardiasis (*Giardia lamblia*)

Gonococcus (*Neisseria gonorrhoeae*)

Guillain-Barré syndrome

H

Haemophilus Influenzae type B (HIB) – invasive disease – Osteomyelitis

Hansen's disease

Hantavirus

Helicobacter pylori

Hemolytic uremic syndrome (HUS) – (may be associated with *Escherichia coli* O157: H7)

Hemorrhagic fever acquired in identified endemic geographic location – (Ebola virus, Lassa virus, Marburg virus, others)

Hepatitis – A, E

Hepatitis – B, C, D, and other unspecified non-A, non-B

Herpangina (vesicular pharyngitis) – (enterovirus)

Herpes simplex –

Mucocutaneous – primary and extensive or disseminated

Mucocutaneous – recurrent

Neonatal

Type 1 (HSV-1) – gingivostomatitis, mucocutaneous

Herpes zoster

Histoplasmosis (*Histoplasma capsulatum*)

Human immunodeficiency virus (HIV)

Human metapneumovirus (HMPV)

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I

Impetigo – (*Staphylococcus aureus*, *Streptococcus* Group A – many other bacteria)

Influenza – avian

Influenza – new pandemic strain

Influenza – seasonal

Invasive GAS (iGAS)

J

No organisms at this time

K

Klebsiella spp., MDR – see multidrug-resistant (MDR) gram-negative bacilli

L

Lassa fever (Lassa virus)

Legionella (*Legionella* spp.) – Legionnaires' disease

Leprosy (*Mycobacterium leprae*) – (Hansen's disease)

Leptospirosis (*Leptospira* spp.)

Lice

Listeriosis (*Listeria monocytogenes*)

Lyme disease (*Borrelia burgdorferi*)

Lymphocytic choriomeningitis (LCM) virus

M

Malaria (*Plasmodium* spp.)

Marburg virus

Measles

Meningitis

Metapneumovirus

Methicillin-resistant *Staphylococcus aureus* (MRSA)

MERS CoV – (Middle East respiratory syndrome, severe acute respiratory syndrome, SARS CoV, coronavirus)

Molluscum contagiosum (molluscum contagiosum virus)

Mpox (monkeypox)

Mononucleosis

Morganella spp., MDR – see Multidrug-resistant (MDR) gram-negative bacilli

Mucormycosis (phycomycosis, zygomycosis) – (*Mucor* spp., *Zygomycetes* spp., *Rhizopus* spp.)

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Multidrug-resistant (MDR)* gram-negative bacilli

Mumps (mumps virus) – known case, exposed susceptible

Mycobacterium tuberculosis

Mycobacterium – non-tuberculosis (atypical) (e.g., *Mycobacterium avium* complex)

Mycoplasma pneumoniae

N

2019-nCov

Necrotizing enterocolitis

Necrotizing fasciitis

Neisseria gonorrhoeae

Neisseria meningitidis (Meningitis or Invasive Meningococcal Disease)

Nocardiosis (*Nocardia* spp.)

Norovirus

Novel Coronavirus (COVID-19)

O

Orf – parapoxvirus

Otitis, draining (*Streptococcus* Group A, *Staphylococcus aureus*, many other bacteria)

P

Parainfluenza virus

Parvovirus B19 – Fifth disease, erythema infectiosum (rash), aplastic crisis

Pediculosis (Lice) – (*Pediculus humanus*, *Phthirus pubis*)

Pertussis

Pharyngitis – (*Streptococcus* Group A, *Corynebacterium diphtheriae*, many viruses)

Plague – bubonic (*Yersinia pestis*)

Plague – pneumonic (*Yersinia pestis*)

Pleurodynia (enterovirus, coxsackie virus)

Pneumocystis jiroveci pneumonia (PJP) – formerly known as *P. carinii* (PCP)

Pneumonia – bacterial or viral infection

Poliomyelitis

Proteus spp., MDR – see multidrug-resistant (MDR) gram-negative bacilli

Providencia spp., MDR – see multidrug-resistant (MDR) gram-negative bacilli

Pseudomembranous colitis

Pseudomonas aeruginosa (Metallo-carbapenemase producing**)

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Psittacosis (ornithosis) – (*Chlamydia psittaci*)

Q

Q fever (*Coxiella burnetii*)

R

Rabies

Rash, petechial or purpuric – (potential pathogen *Neisseria meningitidis*)

Rash, vesicular – (potential pathogen Varicella virus)

Rat-bite fever –

Actinobacillus – (formerly *Streptobacillus moniliformis*)

Spirillum minus

Relapsing fever (*Borrelia* spp.)

Rhinovirus

Rickettsialpox (*Rickettsia akari*)

Ringworm (tinea) – (*Trichophyton* spp., *Microsporum* spp., *Epidermophyton* spp.)

Rocky mountain spotted fever (*Rickettsia rickettsii*)

Roseola infantum – Human Herpes virus 6 (HHV6)

Rotavirus

RSV – Respiratory Syncytial Virus

Rubella (German measles) –

Exposed susceptible contact

Acquired

Congenital

Rubeola (measles) – exposed susceptible contact and confirmed diagnosis

S

Salmonella (*Salmonella* spp.)

Sapovirus

SARS CoV – (severe acute respiratory syndrome, Coronavirus)

Scabies (*Sarcoptes scabiei*), Rash – compatible with scabies (Ectoparasite)

Scarlet fever

Schistosomiasis (*Schistosoma* spp.)

Septic arthritis – (*Haemophilus influenzae* type B [HIB] [possible in non-immune child <5 years of age], *Streptococcus* Group A, *Staphylococcus aureus*, many other bacteria)

Shigella (*Shigella* spp.)

Serratia spp.

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Shingles

Smallpox (variola major virus, variola minor virus)

Sporotrichosis (*Sporothrix schenckii*)

Staphylococcus aureus – MRSA

Staphylococcus aureus – not MRSA, and other *Streptococci*, excluding Group A

Pneumonia

Skin infection

Staphylococcal scalded skin syndrome (Ritter's disease)

Stenotrophomonas maltophilia

Streptococcus Group A (GAS)

Streptococcus, Group B (*Streptococcus agalactiae*)

Streptococcus pyogenes

Streptococcus pneumoniae

Strongyloidiasis (*Strongyloides stercoralis*)

Syphilis (*Treponema pallidum*)

T

Tapeworm (*Taenia saginata*, *Taenia solium*, *Diphyllobothrium latum*, *Hymenolepis nana*)

Tetanus (*Clostridium tetani*)

Toxic shock syndrome

Toxocariasis (*Toxocara canis*, *Toxocara cati*) Toxoplasmosis (*Toxoplasma gondii*)

Trachoma (*Chlamydia trachomatis*)

Trench fever (*Bartonella quintana*)

Treponema pallidum

Trichinosis (*Trichinella spiralis*)

Trichomoniasis (*Trichomonas vaginalis*)

Trichuriasis – whipworm (*Trichuris trichiura*)

Tuberculosis (TB) –

Extrapulmonary (Mycobacterium tuberculosis); (also *M. africanum*, *M. bovis*, *M. caprae*, *M. microti*, *M. pinnipedii*, *M. canetti*, *M. bovis BCG*)

Pulmonary disease (Mycobacterium tuberculosis); (also *M. africanum*, *M. bovis*, *M. caprae*, *M. microti*, *M. pinnipedii*, *M. canetti*, *M. bovis BCG*)

Non-Pulmonary

Tularemia (*Francisella tularensis*)

Typhoid or paratyphoid fever (*Salmonella typhi*, *Salmonella paratyphi*)

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Typhus fever (*Rickettsia typhi*, *Rickettsia prowazekii*)

U

Urinary tract infection

V

Vancomycin-intermediate *Staphylococcus aureus* (VISA)

Vancomycin-resistant *Enterococcus* (VRE)

Vancomycin-resistant *Staphylococcus aureus* (VRSA)

Varicella zoster virus – chickenpox

Chickenpox – exposed susceptible contact

Chickenpox – known case

Varicella zoster virus – Herpes Zoster: Shingles

Shingles - disseminated shingles

Shingles - exposed susceptible contact

Shingles - immunocompromised patient, localized (1 or 2 dermatomes)

Shingles - localized (1 or 2 dermatomes AND lesions that CANNOT be covered with dressings or clothing)

Shingles – localized (1 or 2 dermatomes AND lesions that CAN be covered with dressings or clothing)

Viral Hemorrhagic fever

W

West Nile (West Nile virus)

Western equine encephalitis

Whooping cough

Wound infection – (*Staphylococcus aureus*, *Streptococcus* Group A, many other bacteria)

Wuhan coronavirus

X

No organisms at this time

Y

Yaws (*Treponema pallidum*)

Yellow fever

Yersinia enterocolitica, *Yersinia pseudotuberculosis*

Z

Zika virus (*Flavivirus*)

Zoster

A

Abscess – (various organisms)

Acinetobacter–multidrug-resistant (MDRA)

Acquired Immunodeficiency Syndrome (AIDS)

Actinomycosis (*Actinomyces* spp.)

Adenovirus spp. –

Conjunctivitis

Cystitis

Gastroenteritis

Respiratory tract infection

Aeromonas spp.

Amebiasis – diarrhea (*Entamoeba histolytica*)

AmpC

Anthrax – laboratory confirmed, probable or suspect case based on clinical symptoms (*Bacillus anthracis*)

Antibiotic-resistant organisms (ARO) –

Carbapenemase-producing organisms (CPO)

Extended-spectrum Beta-lactamase producers (ESBL) – *E. coli*, *Klebsiella* spp., others

Methicillin-resistant *Staphylococcus aureus* (MRSA)

Vancomycin-intermediate *Staphylococcus aureus* (VISA)

Vancomycin-resistant *Staphylococcus aureus* (VRSA)

Arthropod-borne virus (Arboviruses)

Ascariasis (*Ascaris* spp.) –

Roundworm – ascariasis

Hookworm – (*Necator americanus*, *Ancylostoma duodenale*)

Aspergillosis (*Aspergillus* spp.)

Astrovirus – diarrhea

Avian influenza

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Suspected/Known Disease or Microorganism Abscess – (various organisms)	
Clinical Presentation Abscess	
Infectious Substances Wound drainage	How it is Transmitted Direct contact and indirect contact
Precautions Needed*	Routine Practices Minor drainage contained by dressing
	Contact Precautions Major drainage not contained by dressing
Duration of Precautions Until drainage resolved or contained by dressing	
Incubation Period Not applicable	Period of Communicability Not applicable
Comments *Precautions required are in addition to <u>Routine Practices</u> <ul style="list-style-type: none"> See specific organism once identified 	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

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Suspected/Known Disease or Microorganism	
Acquired Immunodeficiency Syndrome (AIDS)	
Clinical Presentation Asymptomatic; multiple clinical presentations	
Infectious Substances Blood and certain body fluids	How it is Transmitted Mucous membranes or exposure to infected blood or body fluids, sexually transmitted
Precautions Needed	Routine Practices
Duration of Additional Precautions Not applicable	
Incubation Period Weeks to years	Period of Communicability From onset of infection
Comments <ul style="list-style-type: none"> If the patient is deceased, refer to the Alberta Bodies of Deceased Persons Regulations 	

References: [CDC \(2007\)](#)

Suspected/Known Disease or Microorganism Actinomycosis (<i>Actinomyces</i> spp.)	
Clinical Presentation Cervicofacial, thoracic or abdominal infection	
Infectious Substances Endogenous flora	How it is Transmitted No person-to-person transmission
Precautions Needed	Routine Practices
Duration of Precautions Not applicable	
Incubation Period Variable	Period of Communicability Not applicable
Comments <ul style="list-style-type: none"> • Normal flora • Infection is usually secondary to trauma 	

References: [PHAC \(2012\)](#)

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Suspected/Known Disease or Microorganism Adenovirus spp. –	<u>Conjunctivitis</u> <u>Cystitis</u> <u>Gastroenteritis</u> Respiratory tract infection
Clinical Presentation	
Conjunctivitis:	Swelling, redness and soreness of the whites of the eyes, watery discharge, itching
Cystitis:	Pain/burning during urination, frequency, urgency, suprapubic/back pain
Gastroenteritis:	Diarrhea
Respiratory tract infection:	Fever, cough, runny nose, sore throat, pneumonia
Infectious Substances Excretions and secretions	How it is Transmitted Large droplet (respiratory tract infection), Direct contact and indirect contact
Precautions Needed*	
Conjunctivitis:	Contact Precautions
Cystitis:	Routine Practices
Gastroenteritis: ADULT	Contact Precautions If patient <ul style="list-style-type: none"> • is incontinent • has stools that cannot be contained • has poor hygiene and may contaminate his/her environment
PEDIATRIC	Contact Precautions

(Continued on next page)

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Suspected/Known Disease or Microorganism Adenovirus spp. –	<u>Conjunctivitis</u> <u>Cystitis</u> <u>Gastroenteritis</u> Respiratory tract infection
Precautions Needed* (Continued from previous page)	
Respiratory tract infection:	Contact and Droplet Precautions For adult patients only: Wear fit tested N95 respirator when performing <u>Aerosol-generating medical procedures (AGMPs).</u> **
Duration of Precautions	
Conjunctivitis:	Until symptoms resolve
Cystitis:	Not applicable
Gastroenteritis:	Until symptoms have stopped for 48 hours AND after at least one normal/baseline or formed bowel movement OR until patient is continent and has good hygiene
Respiratory tract infection:	Resolution of acute respiratory infection symptoms or return to baseline
Incubation Period Late in incubation period until 14 days after onset	Period of Communicability Until acute symptoms resolve
Comments *Precautions required are in addition to <u>Routine Practices</u> Note that different strains are responsible for each disease condition <ul style="list-style-type: none"> For immunocompromised patient, precautions need to be maintained for a longer duration due to prolonged viral shedding. Refer to: <u>Infection Prevention and Control Considerations for Immunocompromised Patients</u> 	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

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Suspected/Known Disease or Microorganism <i>Aeromonas</i> spp.	
Clinical Presentation Diarrhea (sometimes called Traveler’s Diarrhea)	
Infectious Substances Feces	How it is Transmitted Direct contact and indirect contact (fecal-oral)
Precautions Needed*	Contact Precautions If patient <ul style="list-style-type: none"> • is incontinent • has stools that cannot be contained • has poor hygiene and may contaminate his/her environment
Duration of Precautions Until symptoms have stopped for 48 hours AND after at least one normal/baseline or formed bowel movement OR until patient is continent and has good hygiene	
Incubation Period 3-10 days	Period of Communicability Until symptoms resolve
Comments *Precautions required are in addition to <u>Routine Practices</u>	

References: [PHAC \(2012\)](#)

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Suspected/Known Disease or Microorganism Amebiasis – diarrhea (<i>Entamoeba histolytica</i>)	
Clinical Presentation Dysentery, diarrhea and liver abscesses	
Infectious Substances Feces	How it is Transmitted Direct contact and indirect contact (fecal-oral)
Precautions Needed*	Contact Precautions If patient <ul style="list-style-type: none"> • is incontinent • has stools that cannot be contained • has poor hygiene and may contaminate his/her environment
Duration of Precautions Until symptoms have stopped for 48 hours AND after at least one normal/baseline or formed bowel movement OR until patient is continent and has good hygiene	
Incubation Period Days to weeks	Period of Communicability Until symptoms resolve
Comments *Precautions required are in addition to <u>Routine Practices</u> <ul style="list-style-type: none"> • Transmission in setting for the mentally challenged and in a family group has been reported • Use care when handling diapered infants and mentally challenged persons 	

References: [PHAC \(2012\)](#), [CDC \(2015\)](#)

Suspected/Known Disease or Microorganism Anthrax – laboratory confirmed, probable or suspect case based on clinical symptoms (<i>Bacillus anthracis</i>)	
Clinical Presentation Skin lesions or pulmonary symptoms (shortness of breath, discomfort during breathing), fever, loss of appetite, vomiting and diarrhea	
Infectious Substances Soil and animals, including livestock; lesion drainage (very rare) <i>Bacillus anthracis</i> spores that are dormant in the environment. Enter animal or human bodies to become activated.	How it is Transmitted No person-to-person transmission, only direct contact from infected animals, animal products or source of spores. Direct Contact: Ingestion of food or drink with spores. Pulmonary inhalation of spores from bioterrorism. Spore entry via cuts/opening in the skin.
Precautions Needed	<div style="border: 1px solid black; padding: 2px; display: inline-block;">Routine Practices</div>
Duration of Precautions Not applicable	
Incubation Period 1-7 days May be up to 60 days	Period of Communicability Not applicable
Comments <ul style="list-style-type: none"> • Physician to notify Medical Officer of Health of case by fastest means possible • Decontamination and post exposure prophylaxis is necessary for exposure to aerosols in the Laboratory setting or from biological bioterrorism • If the patient is deceased, refer to the <u>Alberta Bodies of Deceased Persons Regulations</u> 	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#), [CDC \(July 2017\)](#)

<p>Suspected/Known Disease or Microorganism</p> <p>Antibiotic-resistant organisms (ARO) –</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <p><u>Carbapenemase-producing organisms (CPO)</u> <u>Methicillin-resistant Staphylococcus aureus (MRSA)</u></p> </td> <td style="width: 50%; border: none; vertical-align: top;"> <p><u>Vancomycin-intermediate Staphylococcus aureus (VISA)</u> <u>Vancomycin-resistant Staphylococcus aureus (VRSA)</u></p> </td> </tr> </table>		<p><u>Carbapenemase-producing organisms (CPO)</u> <u>Methicillin-resistant Staphylococcus aureus (MRSA)</u></p>	<p><u>Vancomycin-intermediate Staphylococcus aureus (VISA)</u> <u>Vancomycin-resistant Staphylococcus aureus (VRSA)</u></p>
<p><u>Carbapenemase-producing organisms (CPO)</u> <u>Methicillin-resistant Staphylococcus aureus (MRSA)</u></p>	<p><u>Vancomycin-intermediate Staphylococcus aureus (VISA)</u> <u>Vancomycin-resistant Staphylococcus aureus (VRSA)</u></p>		
<p>Clinical Presentation</p> <p>Infection or colonization of any body site</p>			
<p>Infectious Substances</p> <p>Infected or colonized secretions/excretions</p>	<p>How it is Transmitted</p> <p>Direct contact and indirect contact</p>		
<p>Precautions Needed*</p>	<p style="border: 1px solid green; display: inline-block; padding: 2px 10px;">Contact Precautions</p>		
<p>Duration of Precautions</p> <p>As directed by Infection Prevention and Control</p>			
<p>Incubation Period</p> <p>Variable</p>	<p>Period of Communicability</p> <p>Variable</p>		
<p>Comments</p> <p>*Precautions required are in addition to <u>Routine Practices</u></p> <ul style="list-style-type: none"> See specific organism once identified <u>Extended-spectrum Beta-lactamase producers</u> - (ESBL) only requires contact precautions for clusters or outbreaks. 			

References: [PHAC \(2012\)](#),

IPC Diseases and Conditions Table
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Suspected/Known Disease or Microorganism	
Arthropod-borne virus (Arboviruses)	
Clinical Presentation	
Encephalitis, fever, rash, arthralgia meningitis	
Infectious Substances	How it is Transmitted
Not applicable	Insect borne (vector) Rare person-to-person transmission by transfusion, and for West Nile virus by organ transplant, breast milk or transplacentally.
Precautions Needed	Routine Practices
Duration of Precautions	
Not applicable	
Incubation Period	Period of Communicability
Variable 3-21 days	
Comments	
<ul style="list-style-type: none"> • Several hundred different viruses exist. Most are limited to specific geographic areas. • Most common North American diseases caused by Arboviruses: <ul style="list-style-type: none"> • Colorado tick fever (reovirus) • West Nile encephalitis (flavivirus) • Other North American Diseases caused by Arboviruses: <ul style="list-style-type: none"> • California encephalitis (bunyavirus) • St. Louis encephalitis (flavivirus) • Western equine encephalitis (alphavirus) • Eastern equine encephalitis (alphavirus) • Powassan encephalitis (flavivirus) 	

References: [PHAC \(2012\)](#)

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Suspected/Known Disease or Microorganism	
Ascariasis (<i>Ascaris</i> spp.) –	Roundworm – ascariasis Hookworm – (<i>Necator americanus</i>, <i>Ancylostoma duodenale</i>)
Clinical Presentation	
Usually asymptomatic	
Infectious Substances	
Roundworm:	Contaminated soil or water
Hookworm:	Larvae in soil
How it is Transmitted	
Roundworm:	Ingestion of infective eggs/larvae No person-to-person transmission
Hookworm:	Acquired from larvae in soil, feces, and other contaminated surfaces through exposed skin, oral ingestion and from mother to fetus / infant No person-to-person transmission
Precautions Needed	Routine Practices
Duration of Precautions	
Not applicable	

(Continued on next page)

IPC Diseases and Conditions Table
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Suspected/Known Disease or Microorganism Ascariasis (<i>Ascaris</i> spp.) – <i>(Continued from previous page)</i>		Roundworm – ascariasis Hookworm – (<i>Necator americanus</i>, <i>Ancylostoma duodenale</i>)
Incubation Period	Roundworm: 2-8 days	
	Hookworm: 4-6 weeks	
Period of Communicability		
Not applicable		
Comments <ul style="list-style-type: none"> Ova must hatch in soil to become infectious 		

References: [PHAC \(2012\)](#), [CDC \(2007\)](#), [CDC \(2018\)](#)

IPC Diseases and Conditions Table
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Suspected/Known Disease or Microorganism Aspergillosis (<i>Aspergillus</i> spp.)	
Clinical Presentation Infection of skin, lung, wound or central nervous system	
Infectious Substances Ubiquitous in nature, particularly in decaying material and in soil, air, water and food	How it is Transmitted Inhalation of airborne spores No person-to-person transmission
Precautions Needed*	Routine Practices
	Airborne and Contact Precautions If massive soft tissue infection with copious drainage and repeated irrigations required
Duration of Precautions Not applicable	
Incubation Period Variable	Period of Communicability Not applicable
Comments *Precautions required are in addition to <u>Routine Practices</u> <ul style="list-style-type: none"> Spores may be present in dust; infection in immunocompromised patients have been associated with exposure to construction dust. Refer to: <u>Infection Prevention and Control Considerations for Immunocompromised Patients</u> 	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

IPC Diseases and Conditions Table
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Suspected/Known Disease or Microorganism Astrovirus – diarrhea	
Clinical Presentation Diarrhea	
Infectious Substances Feces	How it is Transmitted Direct contact and indirect contact (fecal-oral)
Precautions Needed*	Contact Precautions If patient <ul style="list-style-type: none"> • is incontinent • has stools that cannot be contained • has poor hygiene and may contaminate his/her environment
Duration of Precautions Until symptoms have stopped for 48 hours AND after at least one normal/baseline or formed bowel movement OR until patient is continent and has good hygiene	
Incubation Period 3 – 4 days	Period of Communicability Until symptoms resolve
Comments *Precautions required are in addition to <u>Routine Practices</u>	

References: [PHAC \(2012\)](#)

IPC Diseases and Conditions Table

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Suspected/Known Disease or Microorganism Avian influenza	
Clinical Presentation Respiratory tract infection, conjunctivitis	
Infectious Substances Excreta of birds Possibly human respiratory tract secretions	How it is Transmitted Direct contact, indirect contact and large droplets
Precautions Needed*	<div style="border: 1px solid orange; padding: 5px;">Contact and Droplet Precautions</div> Perform an Infection Prevention and Control Risk Assessment (IPC RA) and wear fit tested N95 respirator when performing Aerosol-generating medical procedures (AGMPs).**
Duration of Precautions Until acute symptoms resolve. In the case of outbreak, patients are to remain on precautions for 5 days from the onset of acute illness OR until they are over the acute illness and have been afebrile X 48 hours, as indicated by AHS Guidelines for Outbreak Prevention, Control and Management in Acute Care and Facility Living Sites .	
Incubation Period 7 days or less, often 2-5 days	Period of Communicability Unknown
Comments *Precautions required are in addition to Routine Practices <ul style="list-style-type: none"> • Contact Infection Prevention and Control for discontinuation of precautions • Most human infections by animal/bird influenza viruses are thought to result from direct contact with infected birds/animals • For current information on Avian influenza, see Human Health Issues Related to Domestic Avian Influenza in Canada available at http://www.phac-aspc.gc.ca/influenza/index-eng.php http://www.phac-aspc.gc.ca/publicat/daio-enia/9-eng.php ** For complete list of AGMPs	

References: [PHAC \(2012\)](#), [CDC \(2017\)](#)

Aerosol-Generating Medical Procedure (AGMP)

General Information

This list of procedures was reviewed by an expert working group made up of infection prevention and control physicians, workplace health and safety physicians, infection prevention and control professionals, epidemiologists and respiratory therapists.

- Prior to each patient interaction, the healthcare provider must assess the task, the patient, and the environment by performing an [Infection Prevention and Control Risk Assessment \(IPC RA\)](#).
- AGMP require an N95 respirator if the adult patient has respiratory illness (RI) of unknown etiology; or confirmed infection with viral respiratory organism, or other emerging/novel respiratory pathogens; or suspected or confirmed viral hemorrhagic fever.
- AGMP require an N95 respirator if the pediatric patient has respiratory illness (RI) of unknown etiology; or confirmed infection with suspected or confirmed influenza (all strains), COVID-19, or other emerging/novel respiratory pathogens; or suspected or confirmed viral hemorrhagic fever.

For a complete list of AGMP and non-AGMP procedures, refer to the [Aerosol-Generating Medical Procedure Guidance Tool](#)

Precautions Needed –

In addition to Routine Practices

Contact and Droplet Precautions

Replace surgical/procedure mask with a fit-tested N95 respirator for AGMP procedure

Refer to [Aerosol Generating Medical Procedures \(AGMP\) in Progress Sign](#)

- Place patient in a private room with hard walls and a door; close door to reduce traffic into the room.
- If available within the care unit, place patient in airborne isolation room (AIR); transport of patient to access AIR is not advisable.
- Ask visitors and non-essential staff to leave the room.
- Replace the surgical/procedure mask with a fit-tested N95 respirator during the AGMP for all adult patients.
- In pediatrics, there is a paucity of data and therefore N95 respirators are only used with suspected or confirmed **influenza** (all strains), **COVID-19**, **VHF** and emerging viral infections
- There is no settle time required after AGMP is complete.

Duration of use of N95 –

Until AGMP is complete

Note: Any other additional precautions that have been instituted (e.g., droplet, contact and droplet) are to be continued based on symptoms and/or diagnosis.

B

Bedbugs (*Cimex lectularius*, *C. hemipterus*)

BK Virus

Blastomycosis – pneumonia (*Blastomyces dermatitidis*), skin lesions

Bordetella pertussis – (whooping cough, pertussis)

Botulism (*Clostridium botulinum*)

Bronchiolitis – (frequently caused by Respiratory Syncytial Virus)

Brucellosis – undulant fever, Malta fever, Mediterranean fever

Burkholderia cepacia complex–

Non-respiratory infections

Non-respiratory infections in high-risk patients (Burn unit, BMT/Oncology Unit, ICU, CVICU)

Respiratory Infection

Burkholderia pseudomallei (Meliodosis) – (aka Whitmore’s disease)

Burns (infected) – (*Staphylococcus aureus*, *Streptococcus* Group A, many other bacteria)

Suspected/Known Disease or Microorganism	
Bedbugs (<i>Cimex lectularius</i>, <i>C. hemipterus</i>)	
Clinical Presentation	
Small, hard, swollen, white welts that become inflamed and itchy. Bites are usually in rows.	
Infectious Substances	How it is Transmitted
Bed clothes, mattresses, headboards, dresser tables, clothing, soft toys, suitcases, purses. Tend to hide in items that are within 2.5M/8ft of where people sleep and come out of hiding after dark.	Insect borne Direct contact and indirect contact No person-to-person transmission, but requires direct personal contact with infested material
Precautions Needed	Routine Practices
Duration of Precautions	
Not applicable	
Incubation Period	Period of Communicability
Not applicable Bites may take 1–14 days to appear	Not applicable
Comments	
<ul style="list-style-type: none"> If it becomes apparent that a patient has bedbugs at home or they are visible on admission, have all belongings that are potentially infested (see Infectious Substances above) placed in sealed plastic bags or taken straight home. Refer to the Bedbug Management Protocol for Healthcare Workers 	

References: [PHAC \(2012\)](#)

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Suspected/Known Disease or Microorganism BK Virus	
Clinical Presentation Fever and non-specific respiratory infection and hemorrhagic and non-hemorrhagic cystitis, pneumonitis, encephalitis, and hepatitis in <u>immunocompromised patients</u> . Possible neoplastic agent.	
Infectious Substances Respiratory secretions, transplacental, infected transplanted kidney organs	How it is Transmitted Direct contact and indirect contact Mother to fetus in utero Transplanted organs
Precautions Needed	Routine Practices
Duration of Precautions Not applicable	
Incubation Period Exhibits primary infection in early childhood and latent infection later in life	Period of Communicability Not applicable
Comments	

References: [IDSA \(July 2001\)](#), [Harvard \(2002\)](#)

Suspected/Known Disease or Microorganism	
Blastomycosis – pneumonia (<i>Blastomyces dermatitidis</i>), skin lesions	
Clinical Presentation	
Respiratory infection (fever, cold-like symptoms: cough, runny nose, sore throat); pneumonia (shortness of breath, discomfort during breathing).	
Skin lesions may develop when the infection disseminates from the lungs. Skin lesions can be nodular, verrucous or ulcerative and typically appear on the face or distal extremities.	
Infectious Substances	How it is Transmitted
Spores from moist soil	Inhalation of spore-laden dust No person-to-person transmission
Precautions Needed	Routine Practices
Duration of Precautions	
Not applicable	
Incubation Period	Period of Communicability
21-105 days	Not applicable
Comments	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

Suspected/Known Disease or Microorganism <i>Bordetella pertussis</i> – (whooping cough, pertussis)	
Clinical Presentation Irritating, violent coughing without inhalation followed by high pitched crowing or “whoop”, vomiting after coughing, non-specific respiratory tract infection in infants	
Infectious Substances Respiratory secretions	How it is Transmitted Large droplets
Precautions Needed*	Droplet Precautions
Duration of Precautions Until 3 weeks after onset of paroxysms if not treated or until after 5 days of effective antimicrobial treatment	
Incubation Period Average 9-10 days; range of 6-20 days	Period of Communicability At onset of mild respiratory tract symptoms (catarrhal stage) until 3 weeks after onset of paroxysms or coughing if not treated
Comments *Precautions required are in addition to <u>Routine Practices</u> <ul style="list-style-type: none"> Consult physician regarding chemoprophylaxis for close contacts 	

References: [PHAC \(2012\)](#)

Suspected/Known Disease or Microorganism Botulism (<i>Clostridium botulinum</i>)	
Clinical Presentation Nausea, vomiting, diarrhea, flaccid paralysis, cranial nerve palsies	
Infectious Substances Toxin producing spores in soil, agricultural products, honey, and animal intestine	How it is Transmitted Ingestion of spores/toxin in contaminated food; wounds contaminated by soil No person-to-person transmission
Precautions Needed	Routine Practices
Duration of Precautions Not applicable	
Incubation Period Variable	Period of Communicability Not applicable
Comments <ul style="list-style-type: none"> • Physician to notify Medical Officer of Health of case by fastest means possible • May be bioterrorism related 	

References: [PHAC \(2012\)](#)

Suspected/Known Disease or Microorganism	
Bronchiolitis – (frequently caused by Respiratory Syncytial Virus)	
Clinical Presentation Fever, cough, runny nose, sore throat	
Infectious Substances Respiratory secretions	How it is Transmitted Direct contact, indirect contact and large droplets
Precautions Needed*	
Bacterial:	Routine Practices
ADULT Viral or Unknown:	Contact and Droplet Precautions
Duration of Precautions Resolution of acute respiratory infection symptoms or return to baseline. Refer to clinical presentation for examples of symptoms.	
Incubation Period Variable	Period of Communicability Until acute symptoms resolve
Comments <p>*Precautions required are in addition to <u>Routine Practices</u></p> <ul style="list-style-type: none"> • Contact Infection Prevention and Control for cohorting considerations - may cohort individuals infected with the same virus • Minimize exposure to immunocompromised patients, children with chronic cardiac or lung disease, nephritic syndrome, neonates. These patients should not be cohorted. Refer to: <u>Infection Prevention and Control Considerations for Immunocompromised Patients</u> 	

References: [PHAC \(2012\)](#)

Suspected/Known Disease or Microorganism	
Brucellosis – undulant fever, Malta fever, Mediterranean fever	
Clinical Presentation	
Continued, intermittent or irregular fever, headache, weakness, profuse sweating, arthralgia	
Infectious Substances	How it is Transmitted
Infected animals and tissues such as cattle, sheep, goats, bison, wild hogs, elk, moose and camels and their byproducts such as milk, feces	Possible direct contact Acquired from contact through breaks in skin tissues with infected animals or ingestion of unpasteurized dairy products from infected animals Rarely person-to-person transmission
Precautions Needed	Routine Practices
Duration of Precautions	
Not applicable	
Incubation Period	Period of Communicability
Weeks to months	Not applicable
Comments	

References: [PHAC \(2012\)](#), [CDC \(2010\)](#)

Suspected/Known Disease or Microorganism	
<i>Burkholderia cepacia</i> complex –	Non-respiratory infections Non-respiratory infections in high-risk patients (Burn unit, BMT/Oncology unit, ICU, CVICU) Respiratory Infection
Clinical Presentation	
Non-Respiratory infections:	Based on site of infection. Clinical symptoms may vary including skin and soft-tissue infections, surgical wound infections and UTI infections
Respiratory infections:	Exacerbation of chronic lung disease in patients with cystic fibrosis
Infectious Substances	
Non-Respiratory infections:	Potentially skin and body fluids
Respiratory infections:	Respiratory secretions
How it is Transmitted	
Non-Respiratory infections:	Direct contact and indirect contact
Respiratory infections:	Direct contact and indirect contact and large droplets
Precautions Needed*	
Non-Respiratory infections:	Routine Practices
Non-Respiratory infections in high-risk patients:	Contact Precautions
Respiratory infections: <i>(Continued on next page)</i>	Contact and Droplet Precautions

Suspected/Known Disease or Microorganism <i>Burkholderia cepacia</i> complex –		Non-respiratory infections Non-respiratory infections in high-risk patients (Burn unit, BMT/Oncology Unit, ICU, CVICU) Respiratory Infection
(continued from previous page)		
Duration of Precautions		
Non-Respiratory infections:	Not applicable	
Non-Respiratory infections in high-risk patients:	As directed by Infection Prevention and Control	
Respiratory infections:	As directed by Infection Prevention and Control	
Incubation Period Variable	Period of Communicability Variable	
Comments *Precautions required are in addition to <u>Routine Practices</u> <ul style="list-style-type: none"> • Causes infection only in individuals with cystic fibrosis (CF) or chronic granulomatous disease (CGD) • Do not room with patient with cystic fibrosis (CF) who is not infected or colonized with <i>Burkholderia cepacia</i> 		

References: [CDC \(2007\)](#), [Govan JR, Brown PH, Maddison J, et al. \(1993\)](#)

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Suspected/Known Disease or Microorganism <i>Burkholderia pseudomallei</i> (Melioidosis) – (aka Whitmore’s disease)	
Clinical Presentation Acute or localized infections including ulcers, skin abscesses, pulmonary infections (bronchitis and pneumonia), bloodstream and disseminated infections (abscess formation in multiple organs)	
Infectious Substances Contaminated soil and water	How it is Transmitted Inhalation or ingestion of contaminated soil, dust or water or contact through skin abrasions or openings No person-to-person transmission
Precautions Needed	Routine Practices
Duration of Precautions Not applicable	
Incubation Period 1-21 days but in some cases as long as years	Period of Communicability Not applicable
Comments <ul style="list-style-type: none"> <i>Burkholderia pseudomallei</i> is predominately found in tropical regions such as SE Asia and Northern Australia Incubation period can depend on inoculum- with high inoculum symptoms can develop in a few hours 	

References: [PHAC \(2012\)](#), [CDC \(2016\)](#)

Suspected/Known Disease or Microorganism Burns (infected) – (<i>Staphylococcus aureus</i>, <i>Streptococcus</i> Group A, many other bacteria)	
Clinical Presentation Local signs may include purulent drainage, conversion of a partial-thickness injury to a full-thickness wound, worsening cellulitis of surrounding normal tissue or lab results indicating infection.	
Infectious Substances Wound drainage	How it is Transmitted Direct contact and indirect contact
Precautions Needed*	Routine Practices Minor drainage contained by dressing
	Contact Precautions Major drainage not contained by dressing
Duration of Precautions Until drainage resolved or contained by dressing	
Incubation Period Variable	Period of Communicability Variable
Comments *Precautions required are in addition to <u>Routine Practices</u> <ul style="list-style-type: none"> • See specific organism once identified 	

References: [PHAC \(2012\)](#)

C

Calicivirus (family of viruses that contain norovirus –also known as Norwalk or Norwalk-like virus)

Campylobacter jejuni

Candida auris

Candidiasis (*Candida* spp.)

Carbapenemase-producing organisms (CPO) – also known as Carbapenem-resistant Enterobacteriaceae (CRE) or Carbapenem-resistant organism (CRO)

Cat-scratch fever (*Bartonella henselae*)

Cellulitis – (*Staphylococcus aureus*, *Streptococcus* Group A, many other bacteria)

Chancroid (*Haemophilus ducreyi*)

Chickenpox

Chikungunya virus (Arbovirus CHIKV)

Chlamydia (*Chlamydia trachomatis*) – Lymphogranuloma venereum

Cholera (*Vibrio cholerae*)

Citrobacter spp., MDR – Carbapenemase-producing organisms (CPO)

Clostridium difficile infection (CDI)

Clostridium perfringens – food poisoning

Clostridium perfringens – gas gangrene

Coccidioidomycosis (*Coccidioides immitis*)

Congenital rubella

Conjunctivitis – pink eye; bacterial and viral

Coronavirus – (Severe acute respiratory syndrome, SARS CoV, Middle East respiratory syndrome, MERS CoV)

Coronavirus – not SARS

Coronavirus – Novel (COVID-19)

Corynebacterium diphtheriae –

 Toxigenic strain

 Non-toxigenic strain

 Diphtheria – cutaneous or pharyngeal

Cough, Fever, Acute upper respiratory tract infection –

 Rhinovirus

 Respiratory syncytial virus, [RSV]

 Parainfluenza virus

 Influenza

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Adenovirus

Coronavirus

Bordetella pertussis

Mycoplasma pneumoniae

Cough, Fever, pulmonary infiltrates in person at risk for tuberculosis (*Mycobacterium tuberculosis*)

COVID-19

Coxsackievirus disease (Enterovirus and *picornaviridae*) – Hand-foot-mouth disease

Creutzfeldt-Jakob disease – classic (CJD) and variant (vCJD)

Crimean-Congo hemorrhagic fever (arbovirus)

Croup –

Haemophilus influenzae

Mycoplasma pneumoniae

Adenoviruses

Respiratory Syncytial Virus, [RSV]

Influenza virus

Parainfluenza virus

Measles virus

Human metapneumovirus

Cryptococcosis (*Cryptococcus neoformans*)

Cryptosporidiosis (*Cryptosporidium parvum*)

Cyclosporiasis (*Cyclospora cayetanensis*)

Cytomegalovirus

Suspected/Known Disease or Microorganism Calicivirus (family of viruses that contain norovirus – also known as Norwalk or Norwalk-like virus)	
Clinical Presentation Acute onset nausea, vomiting, diarrhea	
Infectious Substances Feces, emesis/vomit	How it is Transmitted Direct contact, indirect contact (fecal-oral), and large droplets (vomiting)
Precautions Needed*	Contact Precautions
	Contact and Droplet Precautions if patient is actively vomiting
Duration of Precautions	
ADULT	Until symptoms have stopped for 48 hours and after at least one normal or formed bowel movement
PEDIATRIC	Extend duration of isolation to 5 days after resolution of symptoms in children
Incubation Period 12 hours-4 days	Period of Communicability Duration of viral shedding, usually 48 hours after diarrhea resolves
Comments *Precautions required are in addition to <u>Routine Practices</u> <ul style="list-style-type: none"> For immunocompromised patient, precautions need to be maintained for a longer duration due to prolonged viral shedding. Refer to: <u>Infection Prevention and Control Considerations for Immunocompromised Patients</u> Common causes of outbreaks. Refer to <u>AHS Guidelines for Outbreak Prevention, Control and Management in Acute Care and Facility Living Sites</u>. 	

References: [PHAC \(2012\)](#)

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Suspected/Known Disease or Microorganism <i>Campylobacter jejuni</i>	
Clinical Presentation Diarrhea (possibly bloody), abdominal pain and fever	
Infectious Substances Feces	How it is Transmitted Direct contact and indirect contact (fecal-oral), and ingestion of contaminated food and water
Precautions Needed*	Contact Precautions If patient <ul style="list-style-type: none"> • is incontinent • has stools that cannot be contained • has poor hygiene and may contaminate his/her environment
Duration of Precautions Until symptoms have stopped for 48 hours AND after at least one normal/baseline or formed bowel movement OR until patient is continent and has good hygiene	
Incubation Period 2-5 days	Period of Communicability Until symptoms resolve
Comments *Precautions required are in addition to <u>Routine Practices</u>	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

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Suspected/Known Disease or Microorganism <i>Candida auris</i>	
Clinical Presentation Infection or colonization at any body site	
Infectious Substances Skin, infected or colonized secretions, excretions	How it is Transmitted Direct contact and indirect contact
Precautions Needed*	Contact Precautions Sporicidal Cleaning
Duration of Precautions At least 2 negative specimens collected at least 1 week apart from all previously positive sites are needed before discontinuing precautions. The patient should not be on antifungal medications active against <i>C. auris</i> at the time of these assessments (wait 1 week following antifungal treatment). Assessments should involve testing swabs of the axilla, groin and sites yielding <i>C. auris</i> on previous cultures. Contact Infection Prevention and Control for discontinuation of precautions.	
Incubation Period Variable	Period of Communicability Variable
Comments *Precautions required are in addition to <u>Routine Practices</u> <ul style="list-style-type: none"> <i>C. auris</i> can be misidentified by commercial identification systems such as Vitek-2 and API-20C, <i>C. auris</i> can be correctly identified by MALDI-TOF. 	

References: [Schwartz, I. S., & Hammond, G. W. \(2017\). First reported case of multidrug-resistant *Candida auris* in Canada. *Canada Communicable Disease Report*, 43\(7/8\), 150.](#)

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Suspected/Known Disease or Microorganism Candidiasis (<i>Candida</i> spp.)	
Clinical Presentation Mucocutaneous lesions, systemic disease	
Infectious Substances Mucocutaneous secretions and excretions	How it is Transmitted Not applicable
Precautions Needed	Routine Practices
Duration of Precautions Not applicable	
Incubation Period Variable	Period of Communicability Not applicable
Comments Refer to specific page if organism is identified as <u><i>Candida auris</i> multidrug-resistant</u>	

References: [CDC \(2007\)](#)

<p>Suspected/Known Disease or Microorganism</p> <p>Carbapenemase-producing organisms (CPO) – also known as Carbapenem-resistant Enterobacteriaceae (CRE) or Carbapenem-resistant organism (CRO)</p> <p>Gram negative bacilli including the following but not exclusive:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; padding: 5px;"><u><i>E. coli</i></u>,</td> <td style="width: 33%; padding: 5px;"><u><i>Providencia spp.</i></u>,</td> <td style="width: 33%; padding: 5px;"><u><i>Morganella spp.</i></u>,</td> </tr> <tr> <td style="padding: 5px;"><u><i>Klebsiella spp.</i></u>,</td> <td style="padding: 5px;"><u><i>Proteus spp.</i></u>,</td> <td style="padding: 5px;"><u><i>Salmonella spp.</i></u>,</td> </tr> <tr> <td style="padding: 5px;"><u><i>Serratia spp.</i></u>,</td> <td style="padding: 5px;"><u><i>Citrobacter spp.</i></u>,</td> <td style="padding: 5px;"><i>Hafnia spp.</i></td> </tr> <tr> <td></td> <td style="padding: 5px;"><u><i>Enterobacter spp.</i></u>,</td> <td></td> </tr> </table>		<u><i>E. coli</i></u> ,	<u><i>Providencia spp.</i></u> ,	<u><i>Morganella spp.</i></u> ,	<u><i>Klebsiella spp.</i></u> ,	<u><i>Proteus spp.</i></u> ,	<u><i>Salmonella spp.</i></u> ,	<u><i>Serratia spp.</i></u> ,	<u><i>Citrobacter spp.</i></u> ,	<i>Hafnia spp.</i>		<u><i>Enterobacter spp.</i></u> ,	
<u><i>E. coli</i></u> ,	<u><i>Providencia spp.</i></u> ,	<u><i>Morganella spp.</i></u> ,											
<u><i>Klebsiella spp.</i></u> ,	<u><i>Proteus spp.</i></u> ,	<u><i>Salmonella spp.</i></u> ,											
<u><i>Serratia spp.</i></u> ,	<u><i>Citrobacter spp.</i></u> ,	<i>Hafnia spp.</i>											
	<u><i>Enterobacter spp.</i></u> ,												
<p>Clinical Presentation Infection or colonization of any body site</p>													
<p>Infectious Substances Infected or colonized secretions/excretions</p>	<p>How it is Transmitted Direct contact and indirect contact</p>												
<p>Precautions Needed*</p>	<p style="border: 1px solid green; display: inline-block; padding: 2px 10px;">Contact Precautions</p>												
<p>Duration of Precautions As directed by Infection Prevention and Control</p>													
<p>Incubation Period Variable</p>	<p>Period of Communicability Variable</p>												
<p>Comments</p> <p>*Precautions required are in addition to <u>Routine Practices</u></p> <ul style="list-style-type: none"> • See specific organism once identified • Any of the above listed organisms if they are reported to be resistant to ≥1 carbapenem antibiotic (i.e., at least one of ertapenem, imipenem, meropenem, or doripenem) • Lab report may identify organism as CPO, MBL 													

References: [CDC \(2011\)](#), [PHAC \(2010\)](#)

Suspected/Known Disease or Microorganism Cat-scratch fever (<i>Bartonella henselae</i>)	
Clinical Presentation Fever, lymphadenopathy (swelling and pain of the lymph nodes with night sweats and weight loss)	
Infectious Substances Infected domestic cats	How it is Transmitted Infection occurs via scratch, bite, lick or other exposure to a cat No person-to-person transmission
Precautions Needed	Routine Practices
Duration of Precautions Not applicable	
Incubation Period 16-22 days	Period of Communicability Not applicable
Comments	

References: [PHAC \(2012\)](#)

Suspected/Known Disease or Microorganism Cellulitis – (<i>Staphylococcus aureus</i>, <i>Streptococcus</i> Group A, many other bacteria)	
Clinical Presentation Inflammation or infection of cellular or subcutaneous tissue	
Infectious Substances Wound drainage if present	How it is Transmitted Direct contact and indirect contact
Precautions Needed*	
Minor drainage contained by dressing	<div style="border: 1px solid black; padding: 2px; display: inline-block;">Routine Practices</div>
Major drainage not contained by dressing	<div style="border: 1px solid green; padding: 2px; display: inline-block;">Contact Precautions</div>
PEDIATRIC Periorbital cellulitis in children <5 years old may be caused by <i>H. influenzae</i>	<div style="border: 1px solid orange; padding: 2px; display: inline-block;">Droplet Precautions</div>
Duration of Precautions Until drainage resolved or contained by dressings PEDIATRIC Periorbital cellulitis in children <5 years old may be discontinued after 24 hours of effective antimicrobial therapy.	
Incubation Period Not applicable	Period of Communicability Not applicable
Comments *Precautions required are in addition to Routine Practices <ul style="list-style-type: none"> • See specific organism once identified 	

References: [PHAC \(2012\)](#)

IPC Diseases and Conditions Table
 Recommendations for Management of Patients
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Suspected/Known Disease or Microorganism Chancroid (<i>Haemophilus ducreyi</i>)	
Clinical Presentation Genital ulcers, papules or pustules	
Infectious Substances Drainage	How it is Transmitted Sexually transmitted
Precautions Needed	Routine Practices
Duration of Precautions Not applicable	
Incubation Period 3-5 days	Period of Communicability As long as ulcerations remain unhealed
Comments <ul style="list-style-type: none"> Chancroid rarely spreads from the genital tract and does not cause systemic disease 	

References: [PHAC \(2012\)](#)

Suspected/Known Disease or Microorganism Chikungunya virus (Arbovirus CHIKV)	
Clinical Presentation Fever, joint pain, headache, muscle pain, joint swelling and rash	
Infectious Substances <i>Aedes albopictus</i> mosquitoes	How it is Transmitted Insect borne No person-to-person transmission
Precautions Needed	Routine Practices
Duration of Precautions Not applicable	
Incubation Period Not applicable	Period of Communicability Not applicable
Comments	

References: [CDC \(2007\)](#)

Suspected/Known Disease or Microorganism	
Chlamydia (<i>Chlamydia trachomatis</i>) – Lymphogranuloma venereum	
Clinical Presentation Genital tract infections (cervicitis, urethritis in females, urethritis, epididymitis in males), pneumonia, conjunctivitis, trachoma, inguinal adenopathy	
Infectious Substances Conjunctival and genital secretions	How it is Transmitted Sexually transmitted, mother to newborn at birth Trachoma: Direct contact and indirect contact
Precautions Needed	Routine Practices
Duration of Precautions Not applicable	
Incubation Period Variable	Period of Communicability As long as organism present in secretions
Comments <ul style="list-style-type: none"> Physician to Notify Medical Officer of Health 	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

IPC Diseases and Conditions Table
Recommendations for Management of Patients
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Suspected/Known Disease or Microorganism Cholera (<i>Vibrio cholerae</i>)	
Clinical Presentation Profuse watery diarrhea, nausea with or without vomiting	
Infectious Substances Contaminated food or water, feces	How it is Transmitted Direct contact, indirect contact and ingestion of contaminated food or water
Precautions Needed*	Contact Precautions If patient <ul style="list-style-type: none"> • is incontinent • has stools that cannot be contained • has poor hygiene and may contaminate his/her environment
Duration of Precautions Until symptoms have stopped for 48 hours AND after at least one normal/baseline or formed bowel movement OR until patient is continent and has good hygiene	
Incubation Period 0.5-5 days	Period of Communicability Until symptoms resolve
Comments *Precautions required are in addition to <u>Routine Practices</u> <ul style="list-style-type: none"> • Physician to Notify Medical Officer of Health of case by fastest means possible 	

References: [CDC \(2007\)](#), [WHO \(2017\)](#)

IPC Diseases and Conditions Table
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Suspected/Known Disease or Microorganism <i>Citrobacter</i> spp., MDR – <u>Carbapenemase-producing organisms (CPO)</u>	
Clinical Presentation Infection or colonization at any body site	
Infectious Substances Infected or colonized secretions, excretions	How it is Transmitted Direct contact and indirect contact
Precautions Needed*	Contact Precautions
Duration of Precautions As directed by Infection Prevention and Control	
Incubation Period Variable	Period of Communicability Variable
Comments *Precautions required are in addition to <u>Routine Practices</u> <ul style="list-style-type: none"> • Precautions are dependent on organism type and antibiotic susceptibility pattern. • Lab report may identify organism as a CPO, MBL 	

References: [PHAC \(2012\)](#)

Suspected/Known Disease or Microorganism <i>Clostridium difficile</i> infection (CDI) – including Pseudomembranous colitis	
Clinical Presentation Diarrhea, abdominal cramping and discomfort, toxic megacolon, pseudomembranous colitis. In rare cases, a symptomatic patient will present with ileus or colonic distention.	
Infectious Substances Feces	How it is Transmitted Direct contact and indirect contact
Precautions Needed*	Contact Precautions Sporicidal Cleaning
Duration of Precautions Until symptoms have stopped for 48 hours and after at least one normal or formed bowel movement. A negative <i>Clostridium difficile</i> test is not required to discontinue Contact Precautions Sporicidal Cleaning .	
Incubation Period Variable	Period of Communicability Until symptoms resolve
Comments *Precautions required are in addition to <u>Routine Practices</u> <ul style="list-style-type: none"> • Use soap and water for hand washing, alcohol-based hand rubs are not as effective • Bacterial spores persist in the environment so careful cleaning is required 	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#), [Cohen et al. \(2010\)](#)

IPC Diseases and Conditions Table
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Suspected/Known Disease or Microorganism <i>Clostridium perfringens</i> – food poisoning	
Clinical Presentation Gastroenteritis (abdominal pain, severe diarrhea)	
Infectious Substances Feces or soil contaminated food	How it is Transmitted Foodborne No person-to-person transmission
Precautions Needed	Routine Practices
Duration of Precautions Not applicable	
Incubation Period 6-24 (typically 8-12) hours	Period of Communicability Not applicable
Comments	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

Suspected/Known Disease or Microorganism <i>Clostridium perfringens</i> – gas gangrene	
Clinical Presentation Breakdown of muscle tissue (myonecrosis). Severe pain, edema, tenderness, pallor, discoloration, hemorrhagic bullae and production of gas at wound site.	
Infectious Substances Feces, soil, water	How it is Transmitted Infection occurs through contamination of wounds (fractures, cuts, bullet wounds) with soil or any foreign material contaminated with <i>C. perfringens</i> No person-to-person transmission
Precautions Needed*	Contact Precautions if wound drainage present and not contained by dressing
Duration of Precautions If on Contact Precautions , discontinue isolation when drainage resolved or contained by dressing.	
Incubation Period 10 hours-5 days	Period of Communicability Not applicable
Comments *Precautions required are in addition to <u>Routine Practices</u> <ul style="list-style-type: none"> Clinical manifestations of gas gangrene are caused by exotoxins produced by <i>C. perfringens</i> 	

References: [PHAC \(2011\)](#)

IPC Diseases and Conditions Table
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 Acute Care | 60

Suspected/Known Disease or Microorganism Coccidioidomycosis (<i>Coccidioides immitis</i>)	
Clinical Presentation Pneumonia, draining lesions	
Infectious Substances Spores from soil and dust in endemic areas and exudates from infected host	How it is Transmitted Inhalation of spores No person-to-person transmission
Precautions Needed	Routine Practices
Duration of Precautions Not applicable	
Incubation Period 1-4 weeks	Period of Communicability Not applicable
Comments <ul style="list-style-type: none"> • Transmission occurs by inhalation of spores in soil and dust as well as exudates from infected individuals • Exercise care when changing or discarding dressings, casts or other materials that may be contaminated with exudate 	

References: [PHAC \(2012\)](#)

IPC Diseases and Conditions Table
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Suspected/Known Disease or Microorganism	
Congenital rubella	
Clinical Presentation	
Congenital rubella syndrome in the newborn (mild fever, rash with diffuse red spots and skin eruptions of irregular round shapes)	
Infectious Substances	How it is Transmitted
Urine and nasopharyngeal secretions	Direct contact, indirect contact and large droplets
Precautions Needed*	Contact and Droplet Precautions
Duration of Precautions	
Precautions will be required during any admission during the first year of life unless nasopharyngeal and urine cultures are done at > 3 months of age and are negative	
Incubation Period	Period of Communicability
Not applicable	Prolonged shedding in respiratory tract and urine can be up to one year
Comments	
*Precautions required are in addition to <u>Routine Practices</u>	
Important Note:	
<ul style="list-style-type: none"> • Only immune persons should enter the room • Proof of immunity includes <ul style="list-style-type: none"> ○ written documentation of receipt of > 1 dose of a rubella-containing vaccine administered on or after the first birthday, or ○ laboratory evidence of immunity (IgG); or • Non-immune persons should not enter except in urgent or compassionate circumstances • If immunity is unknown, assume person is non-immune 	

References: [PHAC \(2012\)](#), [WHO \(2012\)](#)

IPC Diseases and Conditions Table
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Suspected/Known Disease or Microorganism	
Conjunctivitis – pink eye: bacterial and viral	
Clinical Presentation Swelling of the conjunctiva, redness and soreness of the whites of the eyes, purulent discharge, itching or irritation. Tends to involve only one eye in bacterial conjunctivitis and both eyes in viral conjunctivitis.	
Infectious Substances Eye discharge	How it is Transmitted Direct contact and indirect contact
Precautions Needed*	
ADULT Bacterial: Viral	Routine Practices Contact Precautions
PEDIATRIC Bacterial: Viral:	Contact Precautions Contact and Droplet Precautions if respiratory symptoms present
Duration of Precautions	
ADULT Bacterial: Not applicable Viral: Until symptoms resolve or a non-viral cause is found	
PEDIATRIC Bacterial: Until 24 hours of effective antimicrobial therapy completed Viral: Until symptoms resolve or a non-viral cause is found	

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<p>Suspected/Known Disease or Microorganism</p> <p>Conjunctivitis – pink eye: bacterial and viral</p> <p><i>(Continued from previous page)</i></p>	
<p>Incubation Period</p> <p>Bacterial: Variable</p> <p>Viral: Adenovirus: 2-14 days Picornavirus (Enterovirus 70 or coxsackievirus): 24-48hr</p>	<p>Period of Communicability</p> <p>Bacterial: During active infection</p> <p>Viral: Up to 14 days</p>
<p>Comments</p> <p>*Precautions required are in addition to <u>Routine Practices</u></p> <p>Bacterial:</p> <ul style="list-style-type: none"> • Most common bacterial causes are: <i>Staphylococcus aureus</i>, <i>Haemophilus influenzae</i>, <i>Streptococcus pneumoniae</i>, <i>Moraxella catarrhalis</i> • Bacterial conjunctivitis is less common in children older than 5 years of age <p>Viral:</p> <ul style="list-style-type: none"> • The most common cause of viral conjunctivitis is Adenovirus, followed by Picornavirus, Rubella, Rubeola and Herpesviruses. • See <u>Adenovirus – Conjunctivitis</u> for more information • See <u>Enterovirus</u> for more information • See specific organism once identified 	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

IPC Diseases and Conditions Table
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Suspected/Known Disease or Microorganism <u>Coronavirus – (Severe acute respiratory syndrome, SARS CoV, Middle East respiratory syndrome, MERS CoV)</u>	
Clinical Presentation Fever cough, runny nose, sore throat, body aches, pneumonia (shortness of breath, discomfort during breathing)	
Infectious Substances Respiratory secretions and exhaled droplets and airborne particles	How it is Transmitted Direct contact, indirect contact and large droplets
Precautions Needed*	Contact and Droplet Precautions Perform an Infection Prevention and Control Risk Assessment (IPC RA) and wear fit tested N95 respirator when performing Aerosol-generating medical procedures (AGMPs) .** For more information refer to Interim Guidance-Novel Coronavirus
Duration of Precautions Duration of precautions will be determined on a case-by-case basis and in conjunction with Infection Prevention and Control, and the Medical Officer of Health.	
Incubation Period 3-10 days	Period of Communicability Unknown / variable
Comments *Precautions required are in addition to Routine Practices <ul style="list-style-type: none"> • Physician to Notify Medical Officer of Health of case by fastest means possible • Contact Infection Prevention and Control for discontinuation of precautions • Minimize exposure to immunocompromised patients, children with chronic cardiac or lung disease, nephritic syndrome, neonates. These patients should not be cohorted. Refer to: Infection Prevention and Control Considerations for Immunocompromised Patients • Immunocompromised patient additional precautions need to be maintained for a longer duration due to prolonged viral shedding. ** For complete list of AGMPs	

References: [PHAC \(2016\)](#)

IPC Diseases and Conditions Table
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Suspected/Known Disease or Microorganism Coronavirus – not SARS	
Clinical Presentation Sore throat, runny nose, coughing, sneezing	
Infectious Substances Respiratory secretions	How it is Transmitted Direct contact, indirect contact and possible large droplets
Precautions Needed*	Contact and Droplet Precautions
Duration of Precautions Resolution of acute respiratory infection symptoms or return to baseline. Refer to clinical presentation for examples of symptoms.	
Incubation Period 2-4 days	Period of Communicability Duration of symptoms
Comments <p>*Precautions required are in addition to <u>Routine Practices</u></p> <ul style="list-style-type: none"> Contact Infection Prevention and Control for discontinuation of additional precautions For immunocompromised patient, precautions need to be maintained for a longer duration due to prolonged viral shedding. Refer to: <u>Infection Prevention and Control Considerations for Immunocompromised Patients</u> Minimize exposure to immunocompromised patients, children with chronic cardiac or lung disease, nephritic syndrome, neonates. These patients should not be cohorted. 	

References: [PHAC \(2012\)](#)

IPC Diseases and Conditions Table
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Suspected/Known Disease or Microorganism	
<i>Corynebacterium diphtheriae</i> –	Toxigenic strain Non-toxigenic strain Diphtheria – cutaneous or pharyngeal
Clinical Presentation	
Non-toxigenic strain:	Skin or nasopharyngeal ulcerative lesion (lesions are asymmetrical with grayish white membranes surrounded with swelling and redness)
Diphtheria – cutaneous or pharyngeal: Toxigenic strain:	Cutaneous (skin) or nasopharyngeal ulcerative lesions. Nasopharyngeal lesions are asymmetric with grayish white membranes.
Infectious Substances Lesion drainage and/or nasopharyngeal secretions	How it is Transmitted Direct contact, indirect contact and large droplets
Precautions Needed*	
Toxigenic strain:	Contact and Droplet Precautions
Non-toxigenic strain:	Routine Practices
Diphtheria – cutaneous or pharyngeal:	Contact Precautions - Cutaneous Droplet Precautions - Pharyngeal
Duration of Precautions	
Toxigenic strain:	Until two cultures from skin lesions and/or both nose and throat cultures are negative
Diphtheria – cutaneous or pharyngeal:	Until after antimicrobial therapy is complete AND two cultures from skin lesions and/or both nose and throat cultures, collected at least 24 hours apart, are negative

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Suspected/Known Disease or Microorganism <i>Corynebacterium diphtheriae</i> – <i>(Continued from previous page)</i>		Toxigenic strain Non-toxigenic strain Diphtheria – cutaneous or pharyngeal
Incubation Period 2-5 days		
Period of Communicability		
Toxigenic strain:	If untreated, 2 weeks to several months If treated with appropriate antibiotics, 48hr	
Diphtheria – cutaneous or pharyngeal:	If untreated, 2 weeks to several months	
Comments All Cases: *Precautions required are in addition to <u>Routine Practices</u> <ul style="list-style-type: none"> • Physician to Notify Medical Officer of Health of case by fastest means possible • Cultures should be taken at least 24 hours apart and at least 24 hours after the completion of antimicrobial treatment. If cultures are not available, maintain precautions until 2 weeks after completion of antimicrobial therapy. • Toxigenic strains produce diphtheria toxin. Not all <i>Corynebacterium diphtheriae</i> strains produce this toxin. • All isolates of <i>C. diphtheriae</i> and <i>Corynebacterium spp.</i> need to be tested by the laboratory for toxigenicity. Diphtheria – cutaneous or pharyngeal: <ul style="list-style-type: none"> • Consult physician regarding chemoprophylaxis for close contacts 		

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

IPC Diseases and Conditions Table
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Acute Care | 68

<p>Suspected/Known Disease or Microorganism</p> <p>Cough, Fever, Acute upper respiratory tract infection – many viruses including:</p>	<p><u>Rhinovirus</u> <u>Respiratory syncytial virus, [RSV]</u> <u>Parainfluenza virus</u> <u>Influenza</u> <u>Adenovirus</u> <u>Coronavirus</u> <u>Bordetella pertussis</u> <u>Mycoplasma pneumoniae</u></p>
<p>Clinical Presentation Cough, fever, sore throat, runny nose</p>	
<p>Infectious Substances Respiratory secretions</p>	<p>How it is Transmitted Direct contact, indirect contact and large droplets</p>
<p>Precautions Needed*</p>	<p>Contact and Droplet Precautions</p> <ul style="list-style-type: none"> • AGMP require an N95 respirator if the adult patient has respiratory illness (RI) of unknown etiology; or confirmed infection with viral respiratory organism, or other emerging/novel respiratory pathogens; or suspected or confirmed viral hemorrhagic fever. • AGMP require an N95 respirator if the pediatric patient has respiratory illness (RI) of unknown etiology; or confirmed infection with suspected or confirmed influenza (all strains), COVID-19, or other emerging/novel respiratory pathogens; or suspected or confirmed viral hemorrhagic fever. <p>Droplet Precautions – Bordetella Pertussis, Mycoplasma pneumoniae</p>
<p>Duration of Precautions</p> <p>Resolution of acute respiratory infection symptoms or return to baseline. Refer to clinical presentation for examples of symptoms.</p>	
<p>Incubation Period Variable (Continued on next page)</p>	<p>Period of Communicability Variable / Duration of symptoms</p>

<p>Suspected/Known Disease or Microorganism</p> <p>Cough, Fever, Acute upper respiratory tract infection – many viruses including:</p> <p><i>(Continued from previous page)</i></p>	<p><u>Rhinovirus</u> <u>Respiratory syncytial virus, [RSV]</u> <u>Parainfluenza virus</u> <u>Influenza</u> <u>Adenovirus</u> <u>Coronavirus</u> <u>Bordetella pertussis</u> <u>Mycoplasma pneumoniae</u></p>
<p>Comments</p> <p>*Precautions required are in addition to <u>Routine Practices</u> See specific organism once identified</p> <ul style="list-style-type: none"> • Contact Infection Prevention and Control for cohorting considerations - may cohort individuals infected with the same virus once identified • Minimize exposure of immunocompromised patients, children with chronic cardiac or lung diseases, nephritic syndrome, neonates. These patients should not be cohorted. Refer to: <u>Infection Prevention and Control Considerations for Immunocompromised Patients</u> <ul style="list-style-type: none"> • Refer to <u>AHS Guidelines for Outbreak Prevention, Control and Management in Acute Care and Facility Living Sites</u>. • Patients may have prolonged post-viral dry cough for weeks but this may not represent ongoing acute illness • If TB suspected, see <u>Tuberculosis (TB)</u> 	

References: [PHAC \(2012\)](#)

IPC Diseases and Conditions Table
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Suspected/Known Disease or Microorganism Cough, Fever, Pulmonary infiltrates in person at risk for tuberculosis (<i>Mycobacterium tuberculosis</i>)	
Clinical Presentation Fever, weight loss, cough, night sweats, abnormal chest x-ray	
Infectious Substances Exhaled airborne particles	How it is Transmitted Airborne
Precautions Needed*	Airborne Precautions
Duration of Precautions Until tuberculosis is ruled out by another diagnosis that explains the clinical syndrome OR results of three sputum smears for AFB are negative and clinician agrees that TB is no longer being suspected. OR if Confirmed Cases, until: <ol style="list-style-type: none"> 1. Receipt of 2 weeks effective treatment, AND 2. Clinical improvement, AND 3. Three (3) consecutive negative Acid-Fast Bacilli sputums collected following the Provincial Laboratory's Guide to Services document. If multi-drug-resistant tuberculosis, until culture negative. 	
Incubation Period Not applicable <i>(Continued on next page)</i>	Period of Communicability Until infectious etiology ruled out If TB confirmed, while organisms are in sputum

Suspected/Known Disease or Microorganism

Cough, fever, pulmonary infiltrates in person at risk for tuberculosis (*Mycobacterium tuberculosis*)

(Continued from previous page)

Comments

*Precautions required are in addition to Routine Practices

- **Physician to Notify Medical Officer of Health of case by fastest means possible**
- Young children with tuberculosis are rarely infectious as they usually have a weak cough and do not have cavitory disease so may not require **Airborne Precautions**. **Airborne Precautions** should be implemented until an expert in tuberculosis management deems the patient non-infectious.
- Household/close contacts visiting pediatric patients admitted with suspected or confirmed TB should remain in the patient's room and when leaving the room should wear a procedure mask until active TB disease can be ruled out in the visiting contacts.
- If the patient is deceased, refer to the Alberta Bodies of Deceased Persons Regulations.

• **Discharge Settle Time**

Non-negative pressure rooms:

- Do not admit a new patient into this room for at least 2 hours. If entering room before 2 hours and non-immune, wear an N95 respirator.

Negative pressure rooms:

- Do not admit a new patient into this room for at least 45 minutes. If entering room before 45 minutes, and non-immune, wear an N95 respirator.
- Alternatively, if specific air exchange rates for the room are known, refer to Table 1: Air Clearance Rates to determine

References: PHAC (2012)

Suspected/Known Disease or Microorganism

COVID-19 (Novel Coronavirus, 2019-nCoV) - including all variants
****INTERIM RECOMMENDATIONS as of July 2024****

Clinical Presentation

Fever, new onset of cough or worsening chronic cough, new or worsening shortness of breath or difficulty breathing, sore throat, runny nose. Extended symptoms may include chills, painful swallowing, stuffy nose, headache, muscle or joint ache, feeling unwell, fatigue or severe exhaustion, nausea, vomiting, diarrhea or unexpected loss of appetite, loss of sense of smell or taste, conjunctivitis (pink eye). May cause pneumonia, severe acute respiratory syndrome and kidney failure.

Infectious Substances

Respiratory secretions

How it is Transmitted

Droplet, indirect and direct contact.

Precautions Needed*

Full recommendations [here](#)

Contact and Droplet Precautions

Perform an [Infection Prevention and Control Risk Assessment \(IPC RA\)](#) and wear fit tested N95 respirator when performing [Aerosol-generating medical procedures \(AGMPs\)](#).**

Door may remain open except during AGMP.

Duration of Precautions

Duration of precautions will be determined on a case-by-case basis, based on [Discontinuation of Contact and Droplet Precautions for COVID-POSITIVE Patients in Acute Care](#).

Incubation Period

Symptoms may take up to 7 days to appear after exposure.

Period of Communicability

Unknown

Comments

*Precautions required are in addition to [Routine Practices](#)

- <https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-ncov-ed-ucc-triage-algorithm.pdf>
- Minimize exposure to immunocompromised patients, children with chronic cardiac or lung disease, nephritic syndrome, neonates. These patients should not be cohorted with others, confirmed positive COVID-19 patients may be cohorted together. *(Continued on next page)*

Suspected/Known Disease or Microorganism

COVID-19 (Novel Coronavirus, 2019-nCoV)
****INTERIM RECOMMENDATIONS as of July 2024****

(Continued from previous page)

Use [Discontinuation of Contact and Droplet Precautions for COVID-POSITIVE Patients in Acute Care](#).

- In case of questions, contact Infection Prevention and Control.
- For immunocompromised patient, precautions need to be maintained for a longer duration due to prolonged viral shedding. Refer to: [Infection Prevention and Control Considerations for Immunocompromised Patients](#)

WHO <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/infection-prevention-and-control>

Public Health Agency of Canada updates <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html>

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Suspected/Known Disease or Microorganism	
Coxsackievirus disease (Enterovirus and <i>Picornaviridae</i>) – Hand-foot-mouth disease	
Clinical Presentation	
Fever, meningitis, encephalitis, hemorrhagic conjunctivitis (swelling, redness and soreness of the whites of the eyes, itching, with added damage to the vessel of the eye causing bleeding), lesions or rash to hands, feet and/or buttocks, possible sore throat, vomiting and/or diarrhea may also be present.	
Infectious Substances	How it is Transmitted
Respiratory secretions, feces, blister fluid	Direct contact with secretions and indirect contact (fecal-oral)
Precautions Needed*	
ADULT	Routine Practices
PEDIATRIC	Contact Precautions
Duration of Precautions	
ADULT	Not Applicable
PEDIATRIC	Until symptoms are resolved
Incubation Period	Period of Communicability
3-5 days	During acute states of illness, potentially longer if patient remains incontinent
Comments	
*Precautions required are in addition to <u>Routine Practices</u>	

References: [PHAC \(2012\)](#)

Suspected/Known Disease or Microorganism Creutzfeldt-Jakob disease – classic (CJD) and variant (vCJD)	
Clinical Presentation Subacute onset of confusion, progressive dementia, chronic encephalopathy	
Infectious Substances Tissues of infected animals and humans High Risk Tissues (CJD): Brain including dura mater, spinal cord, eyes High Risk Tissues (vCJD): Same as CJD but includes tonsils	How it is Transmitted Contaminated instrumentation (classical), ingestion of central nervous system tissue
Precautions Needed	Routine Practices Except special precautions are needed for surgery and autopsy in all suspect cases
Duration of Precautions Not applicable	
Incubation Period Months to years	Period of Communicability Highest level of infectivity during symptomatic illness
Comments *Special precautions for surgery and autopsy: <ul style="list-style-type: none"> • Immediately consult Infection Prevention and Control if patient requires surgery or invasive procedure(s). • Information is available on Insite Home > Teams > Clinical Services > Policy Department > AHS Wide Policies > Prion Disease (Creutzfeldt-Jacob Disease) Precautions for the Surgical Patient (Adult or Child) • If the patient is deceased, refer to the Alberta Bodies of Deceased Persons Regulations. 	

References: [PHAC \(2007\)](#)

IPC Diseases and Conditions Table
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Suspected/Known Disease or Microorganism	
Crimean-Congo hemorrhagic fever (Arbovirus)	
Clinical Presentation	
Headache, fever, back pain, joint pain, stomach pain, vomiting, red eyes, red, throat, petechiae, jaundice, mood change, bruising, bleeding.	
History of travel and/or contact with persons and non-human primates from endemic countries must be considered at triage.	
Infectious Substances	How it is Transmitted
Blood and body fluids shed from sick domestic animals and/or humans, tick bite	Direct contact, indirect contact, large droplets and tick bite
Precautions Needed*	
Refer to the Contact and Droplet Precautions Suspect/Confirmed Ebola Virus Disease . Single-patient room and dedicated bathroom is required. Room door to remain closed to limit access to room.	Contact and Droplet Precautions
Refer to the PPE Requirements for Suspect/Confirmed Viral Hemorrhagic Fever (VHF) (Ebola) for details on donning, doffing and disposal of PPE. Post donning posters for PPE used on the wall of the Donning/Doffing room.	Perform an Infection Prevention and Control Risk Assessment (IPC RA) and wear fit tested N95 respirator when performing Aerosol-generating medical procedures (AGMPs) .**
Maintain a log of all people entering the patient's room.	
Duration of Precautions	
Until symptoms resolve <i>and</i> directed by Infection Prevention and Control	
Incubation Period	Period of Communicability
1-3 days after exposure via tick bite	Until all symptoms resolve
5-6 days after contact with infected blood or tissue	

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Suspected/Known Disease or Microorganism

Crimean-Congo hemorrhagic fever (Arbovirus)

(Continued from previous page)

Comments

*Precautions required are in addition to [Routine Practices](#)

- **Physician to notify Medical Officer of Health of case by fastest means possible**
- For general information visit the AHS [Ebola webpage](#). Infection Prevention and Control (IPC) & Workplace Health and Safety (WHS) Ebola Virus Disease (EVD) Guidance are based on currently available scientific evidence and guidelines and are subject to review and change as new information becomes available
- If the patient is deceased, refer to the [Alberta Bodies of Deceased Persons Regulations](#)

** ***For complete list of AGMPs***

References: [PHAC \(2015\)](#)

IPC Diseases and Conditions Table
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Suspected/Known Disease or Microorganism Croup – <u><i>Haemophilus influenzae</i></u> <u><i>Mycoplasma pneumoniae</i></u> <u>Adenovirus</u> <u>Respiratory Syncytial Virus, [RSV]</u> <i>(Continued from previous page)</i>		<u>Influenza virus</u> <u>Aerosol-generating medical procedures (AGMPs)</u> <u>Parainfluenza virus</u> <u>Measles virus</u> <u>Human metapneumovirus</u>
Precautions Needed* <i>(continued)</i>	Droplet Precautions – Mycoplasma pneumoniae	
	Airborne Precautions If Measles (Rubeola) suspected	
Duration of Precautions Resolution of acute respiratory infection symptoms or return to baseline. Refer to clinical presentation for examples of symptoms.		
Incubation Period Variable	Period of Communicability Duration of symptoms	
Comments *Precautions required are in addition to <u>Routine Practices</u> See specific organism once identified		

References: [PHAC \(2012\)](#)

Suspected/Known Disease or Microorganism Cryptococcosis (<i>Cryptococcus neoformans</i>)	
Clinical Presentation Meningitis (usually in immunocompromised patient), pulmonary cryptococcosis, disseminated cryptococcosis	
Infectious Substances Bird droppings	How it is Transmitted Presumably inhalation of the fungal spores or possibly through infected transplanted organs No person-to-person transmission
Precautions Needed	Routine Practices
Duration of Precautions Not applicable	
Incubation Period Unknown	Period of Communicability Not applicable
Comments	

References: [PHAC \(2012\)](#)

Suspected/Known Disease or Microorganism Cryptosporidiosis (<i>Cryptosporidium parvum</i>)	
Clinical Presentation Diarrhea, cramps, weight loss, nausea and headaches	
Infectious Substances Feces (Fecal oocysts)	How it is Transmitted Direct contact and indirect contact (fecal-oral)
Precautions Needed*	Contact Precautions If patient <ul style="list-style-type: none"> • is incontinent • has stools that cannot be contained • has poor hygiene and may contaminate his/her environment
Duration of Precautions Until symptoms have stopped for 48 hours AND after at least one normal/baseline or formed bowel movement OR until patient is continent and has good hygiene	
Incubation Period 1-12 days	Period of Communicability From onset of symptoms until several weeks after symptoms are resolved
Comments *Precautions required are in addition to <u>Routine Practices</u>	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

Suspected/Known Disease or Microorganism Cyclosporiasis (<i>Cyclospora cayetanensis</i>)	
Clinical Presentation Vomiting, diarrhea, weight loss, abdominal pain, nausea, fever, or may be asymptomatic	
Infectious Substances Contaminated water, fruits and vegetables. Imported, fresh raspberries, other fruits and lettuce from central America	How it is Transmitted Fecal-oral ingestion of contaminated food or water Direct person-to-person transmission unlikely
Precautions Needed	Routine Practices
Duration of Precautions Not applicable	
Incubation Period 2-14 days	Period of Communicability Not applicable
Comments	

References: [PHAC \(2012\)](#)

Suspected/Known Disease or Microorganism	
Cytomegalovirus	
Clinical Presentation	
Usually asymptomatic; congenital infection, retinitis, disseminated infection in immunocompromised person. Infection may cause a mononucleosis-like-syndrome with prolonged fever (lasting 2-3 weeks), malaise, atypical lymphocytosis, cervical lymphadenitis, mild hepatitis, and encephalitis	
Infectious Substances	How it is Transmitted
Saliva, genital secretions, urine, breast milk, transplanted organs or stem cells, blood products	Sexual Contact and Direct Contact Vertical mother to child in utero, at birth or through breast milk Transfusion, transplantation
Precautions Needed	Routine Practices
Duration of Precautions	
Not applicable	
Incubation Period	Period of Communicability
Unknown for person-to-person transmission 3-12 weeks for blood transfusions, 1-4 months for tissue transplants	NEONATES: 5-6 years ADULTS: Variable, linked to immuno-suppressed status
Comments	
<ul style="list-style-type: none"> Requires intimate personal contact for transmission No additional protective measures are required for pregnant healthcare providers Disease is often due to reactivation in the patient rather than transmission of infection 	

References: [PHAC \(2012\)](#)

D

Decubitus ulcer, infected – pressure ulcer (various organisms)

Dengue fever (Arbovirus)

Dermatitis, infected – (various organisms)

Diarrhea – (various organisms)

Diphtheria – cutaneous or pharyngeal

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Suspected/Known Disease or Microorganism	
Decubitus ulcer, infected – pressure ulcer (various organisms)	
Clinical Presentation Abscess, draining pressure sores	
Infectious Substances Wound drainage	How it is Transmitted Direct contact and indirect contact
Precautions Needed*	Routine Practices Minor drainage contained by dressing
	Contact Precautions Major drainage not contained by dressing
Duration of Precautions Until drainage resolved or contained by dressings	
Incubation Period Not applicable	Period of Communicability Not applicable
Comments *Precautions required are in addition to <u>Routine Practices</u> <ul style="list-style-type: none"> See specific organism once identified 	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

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Suspected/Known Disease or Microorganism Dengue fever (Arbovirus)	
Clinical Presentation Fever, joint pain, rash	
Infectious Substances Infected mosquito saliva	How it is Transmitted Bite of infected mosquito No person-to-person transmission
Precautions Needed	Routine Practices
Duration of Precautions Not applicable	
Incubation Period 3-14 days	Period of Communicability Not applicable
Comments	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

Suspected/Known Disease or Microorganism Dermatitis, infected – (various organisms)	
Clinical Presentation Multiple presentations on skin: inflammation, rash, blisters, scaly patches	
Infectious Substances Drainage	How it is Transmitted Direct contact and indirect contact
Precautions Needed*	Routine Practices Minor drainage contained by dressing
	Contact Precautions Major drainage not contained by dressing
Duration of Precautions Until symptoms resolve or return to baseline	
Incubation Period Variable	Period of Communicability Until infectious etiology ruled out
Comments <p>*Precautions required are in addition to <u>Routine Practices</u>.</p> <ul style="list-style-type: none"> • See specific organism once identified • If compatible with scabies take appropriate precautions pending diagnosis 	

References: [PHAC \(2012\)](#)

Suspected/Known Disease or Microorganism Diarrhea – (various organisms)	
Clinical Presentation Diarrhea	
Infectious Substances Feces	How it is Transmitted Direct contact and indirect contact (fecal-oral)
Precautions Needed*	Contact Precautions If patient <ul style="list-style-type: none"> • is incontinent • has stools that cannot be contained • has poor hygiene and may contaminate his/her environment
Duration of Precautions Until symptoms have stopped for 48 hours AND after at least one normal/baseline or formed bowel movement OR until patient is continent and has good hygiene	
Incubation Period Variable	Period of Communicability Until symptoms resolve OR infectious etiology ruled out
Comments *Precautions required are in addition to <u>Routine Practices</u> <ul style="list-style-type: none"> • See specific organism once identified 	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

E

Eastern equine encephalitis (Arbovirus)
Ebola viral disease
Echinococcosis/Hydatidosis – (*Echinococcus granulosus*, *Echinococcus multilocularis*)
E. coli Shiga Toxin Producing
Encephalitis – (Herpes simplex virus [HSV types 1 and 2], Enterovirus, Arbovirus, and others)
Endometritis (puerperal sepsis) – (*Streptococcus* Group A)
Enterobacter spp., MDR – see Multidrug-resistant (MDR) gram-negative bacilli
Enterobiasis (pinworm) (oxyuriasis, *Enterobius vermicularis*)
Enteroviral infections (Echovirus, Coxsackie A & B)
Epiglottitis – (*Haemophilus influenzae* type B [HIB], *Streptococcus* Group A, *Staphylococcus aureus*)
Epstein-Barr virus (Human Herpes virus 4)
Erysipelas – (*Streptococcus* Group A)
Extended-spectrum Beta-lactamase producers (ESBL) – AmpC Beta-lactamase producers (AmpC), *E. coli*, *Klebsiella* spp., others
Escherichia coli O157: H7

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Suspected/Known Disease or Microorganism	
Eastern equine encephalitis (Arbovirus)	
Clinical Presentation	
Fever, encephalomyelitis (headache, chills, vomiting, disorientation, seizures)	
Infectious Substances	How it is Transmitted
Aedes mosquito bite (virus found in birds, bats, and possibly rodents)	Bite of infected mosquito No person-to-person transmission
Precautions Needed	Routine Practices
Duration of Precautions	
Not applicable	
Incubation Period	Period of Communicability
4-10 days	Not applicable
Comments	
<ul style="list-style-type: none"> Physician to Notify Medical Officer of Health of case by fastest means possible 	

References: [CDC \(2007\)](#)

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Suspected/Known Disease or Microorganism	
Ebola viral disease	
Clinical Presentation	
Fever, myalgias, pharyngitis, nausea, vomiting and diarrhea Hemorrhagic fever in late clinical presentation History of travel and/or contact with persons and non-human primates from endemic countries must be considered at triage	
Infectious Substances	How it is Transmitted
Blood, body fluids and respiratory secretions	Direct contact, indirect contact and large droplets
Precautions Needed	
Refer to the Contact and Droplet Precautions Suspect/Confirmed Ebola Virus Disease Single-patient room and dedicated bathroom is required. Room door to remain closed to limit access to room. Refer to the PPE Requirements for Suspect/Confirmed Ebola Virus Disease for details on donning, doffing and disposal of PPE. Post donning posters for PPE used on the wall of the Donning/Doffing room. Maintain a log of all people entering the patient's room.	Suspect/Confirmed Hemorrhagic Fever (Ebola) Contact and Droplet Precautions Perform an Infection Prevention and Control Risk Assessment (IPC RA) and wear fit tested N95 respirator when performing Aerosol-generating medical procedures (AGMPs) .**
Duration of Precautions	
Until symptoms resolve <i>and</i> directed by Infection Prevention and Control	
Incubation Period	Period of Communicability
2-21 days	Until all symptoms resolve

(Continued on next page)

Suspected/Known Disease or Microorganism

Ebola viral disease

(Continued from previous page)

Comments

*Precautions required are in addition to Routine Practices

- **Physician to notify Medical Officer of Health of case by fastest means possible**
- For general information visit the AHS [Ebola webpage](#). Infection Prevention and Control (IPC) & Workplace Health and Safety (WHS) Ebola Virus Disease (EVD) Guidance are based on currently available scientific evidence and guidelines and are subject to review and change as new information becomes available.
- If the patient is deceased, refer to the [Alberta Bodies of Deceased Persons Regulations](#)

** *For complete list of [AGMPs](#)*

References: [PHAC \(2015\)](#), [CDC \(2007\)](#)

Suspected/Known Disease or Microorganism	
Echinococcosis/Hydatidosis – (<i>Echinococcus granulosus</i>, <i>Echinococcus multilocularis</i>)	
Clinical Presentation	
Cyst present in various organs, typically asymptomatic except for noticeable mass. Rupture or leaking cysts can cause anaphylactic reactions or even death.	
Infectious Substances	How it is Transmitted
Worm eggs in feces from infected dogs. Contaminated food, soil, and water. Fur may be contaminated.	Fecal-oral No person-to-person transmission
Precautions Needed	Routine Practices
Duration of Precautions	
Not applicable	
Incubation Period	Period of Communicability
12 months to years	Not applicable
Comments	

References: [CDC \(2007\)](#)

Suspected/Known Disease or Microorganism E. coli Shiga Toxin Producing	
Clinical Presentation Asymptomatic or various infections	
Infectious Substances Depends on location of colonized/infected body sites	How it is Transmitted Direct contact and indirect contact
Precautions Needed	Routine Practices
Duration of Precautions As directed by Infection Prevention and Control	
Incubation Period Variable	Period of Communicability Variable
Comments <p>*Precautions required are in addition to <u>Routine Practices</u></p> <ul style="list-style-type: none"> • Lab report may identify as AmpC or AmpC producing organism • Lab report may identify as an ESBL or ESBL producing organism • When clusters or outbreaks occur IPC may initiate Contact Precautions 	

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Suspected/Known Disease or Microorganism	
Encephalitis – (Herpes simplex virus [HSV types 1 and 2], enterovirus, arbovirus, and others)	
Clinical Presentation	
Acute onset febrile illness with altered level of consciousness, +/- focal neurological deficits and seizures	
Infectious Substances	How it is Transmitted
Feces and respiratory secretions	Direct contact, indirect contact and large droplets
Precautions Needed*	
ADULT	Routine Practices
PEDIATRIC	Contact and Droplet Precautions
Duration of Precautions	
ADULT	Not applicable
PEDIATRIC	Until specific etiology established
Incubation Period	Period of Communicability
Not applicable	ADULT: Not applicable PEDIATRIC: Until specific etiology established
Comments	
*Precautions required are in addition to <u>Routine Practices</u>	
<ul style="list-style-type: none"> • See specific organism once identified • May be associated with measles, mumps, Varicella, <i>Mycoplasma pneumoniae</i>, Epstein-Barr virus (EBV) 	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

Suspected/Known Disease or Microorganism	
Endometritis (puerperal sepsis) – (<i>Streptococcus</i> Group A)	
Clinical Presentation Abdominal distension or swelling, abnormal vaginal bleeding or discharge, fever, lower abdominal pain	
Infectious Substances Not applicable	How it is Transmitted Not applicable
Precautions Needed*	Contact and Droplet Precautions if invasive Group A <i>Streptococcus</i> suspected
Duration of Precautions Not applicable	
Incubation Period Not applicable	Period of Communicability Not applicable except for Invasive Group A <i>streptococcus</i> with 24 hours of antimicrobial therapy
Comments *Precautions required are in addition to <u>Routine Practices</u>	

References: [CDC \(2007\)](#)

Suspected/Known Disease or Microorganism	
Enterobiasis (pinworm) (oxyuriasis, <i>Enterobius vermicularis</i>)	
Clinical Presentation Nocturnal perianal itching. Occasionally ulcer-like bowel lesions.	
Infectious Substances Ova in perianal region, contaminated fomites	How it is Transmitted Direct contact and indirect contact (fecal-oral)
Precautions Needed	Routine Practices
Duration of Precautions Not applicable	
Incubation Period 1-2 months	Period of Communicability Until host colonization no longer occurs
Comments <ul style="list-style-type: none"> • There can be secondary bacterial infection due to the irritation and scratching of the anal area • All household contacts and caretakers of the infected person should be treated at the same time • Careful handling of contaminated linens and undergarments 	

References: [CDC \(2007\)](#)

IPC Diseases and Conditions Table
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Suspected/Known Disease or Microorganism	
Enteroviral infections (Echovirus, Coxsackie A & B)	
Clinical Presentation Respiratory tract infection (fever, cold-like symptoms: cough, runny nose, sore throat), headache, upset stomach, diarrhea or skin infections that appear as a rash, blisters or mouth blisters	
Infectious Substances Respiratory secretions, fecal and infective secretions or blister fluid	How it is Transmitted Direct contact, indirect contact and droplet
Precautions Needed*	
Duration of Precautions Resolution of acute respiratory infection symptoms or return to baseline. Refer to clinical presentation for examples of symptoms.	
Incubation Period 2-10 days	Period of Communicability Contact and Droplet Precautions For adult patients only: Perform an Infection Prevention and Control Risk Assessment (IPC RA) and wear fit-tested N95 respirator when performing <u>Aerosol-generating medical procedures (AGMPs)</u> .**resolution of acute respiratory infection symptoms or return to baseline.
Comments *Precautions required are in addition to Routine Practices	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

Suspected/Known Disease or Microorganism Epiglottitis – (<i>Haemophilus influenzae</i> type B [HIB], <i>Streptococcus</i> Group A, <i>Staphylococcus aureus</i>)	
Clinical Presentation Sore throat, muffling or change in voice, difficulty speaking or swallowing, fever	
Infectious Substances Respiratory secretions	How it is Transmitted Direct contact and indirect contact
Precautions Needed*	Droplet Precautions
Duration of Precautions 24 hours of effective antimicrobial therapy for all identified organisms	
Incubation Period 2-4 days for HIB 1-3 days for Strep A	Period of Communicability Until after 24 hours of effective antimicrobial therapy completed
Comments *Precautions required are in addition to <u>Routine Practices</u> <ul style="list-style-type: none"> • See specific organism once identified. • Only invasive <i>Haemophilus influenzae</i> type B is considered a notifiable disease 	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

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Suspected/Known Disease or Microorganism Epstein-Barr virus – (Human Herpes virus 4)	
Clinical Presentation Infectious mononucleosis; fever, sore throat, lymphadenopathy, splenomegaly, rash	
Infectious Substances Saliva, transplanted organs and stem cells, blood, semen	How it is Transmitted Direct oropharyngeal route via saliva; transplantation
Precautions Needed	Routine Practices
Duration of Precautions Not applicable	
Incubation Period 30-50 days	Period of Communicability Prolonged; pharyngeal excretion “may be intermittent or persistent for years”
Comments	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

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Suspected/Known Disease or Microorganism Erysipelas – (Streptococcus Group A)	
Clinical Presentation Purulent inflammation of cellular or subcutaneous tissue	
Infectious Substances Wound drainage	How it is Transmitted Direct contact and indirect contact
Precautions Needed*	Routine Practices Minor drainage contained by dressing
	Contact Precautions Major drainage not contained by dressing
Duration of Precautions Until drainage resolved or contained by dressing	
Incubation Period Not applicable	Period of Communicability Not applicable
Comments *Precautions required are in addition to <u>Routine Practices</u>	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

Suspected/Known Disease or Microorganism Extended-spectrum Beta-lactamase producers (ESBL) – AmpC Beta-lactamase producers (AmpC), <i>E. coli</i>, <i>Klebsiella</i> spp., others	
Clinical Presentation Asymptomatic or various infections	
Infectious Substances Depends on location of colonized/infected body sites	How it is Transmitted Direct contact and indirect contact
Precautions Needed	Routine Practices
Duration of Precautions As directed by Infection Prevention and Control	
Incubation Period Variable	Period of Communicability Variable
Comments *Precautions required are in addition to <u>Routine Practices</u> <ul style="list-style-type: none"> • Lab report may identify as AmpC or AmpC producing organism • Lab report may identify as an ESBL or ESBL producing organism • When clusters or outbreaks occur IPC may initiate Contact Precautions 	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

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Suspected/Known Disease or Microorganism <i>Escherichia coli</i> O157: H7	
Clinical Presentation Diarrhea, stomach cramps, vomiting, hemolytic uremic syndrome (HUS), thrombotic thrombocytopenic purpura	
Infectious Substances Feces	How it is Transmitted Ingestion of contaminated food, direct contact and indirect contact
Precautions Needed*	<p style="border: 1px solid green; padding: 2px;">Contact Precautions</p> <p>If patient</p> <ul style="list-style-type: none"> • is incontinent • has stools that cannot be contained • has poor hygiene and may contaminate his/her environment <p>If HUS: please see Hemolytic-uremic syndrome (HUS)</p>
Duration of Precautions Until symptoms have stopped for 48 hours and after at least one normal or formed bowel movement OR patient is continent. If HUS: Until two (2) successive negative stool samples for <i>E. coli</i> O157: H7 or 10 days after onset of diarrhea and symptoms have resolved.	
Incubation Period 10 hours to 10 days	Period of Communicability Until symptoms resolve
Comments <p>*Precautions required are in addition to Routine Practices</p> <ul style="list-style-type: none"> • A wide variety of foods have been associated with <i>E. coli</i> O157:H7 including raw and undercooked beef, unpasteurized apple juice, cider, milk (raw) and raw milk products, untreated drinking water; and contaminated raw uncooked fruit and vegetables. 	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

F

Febrile respiratory illness, Acute respiratory tract infection –

Rhinovirus

Respiratory syncytial virus, [RSV]

Parainfluenza virus

Influenza

Adenovirus

Coronavirus

Bordetella pertussis

Mycoplasma pneumoniae

Fever unknown origin, fever without focus (acute) – (many bacteria, viruses, fungi)

Food poisoning – (*Bacillus cereus*, *Clostridium perfringens*, *Staphylococcus aureus*, *Salmonella* spp., *Vibrio parahaemolyticus*, *Escherichia coli* O157: H7), *Listeria monocytogenes*, *Toxoplasma gondii*, *Bacillus* spp.)

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Suspected/Known Disease or Microorganism Febrile respiratory illness, Acute respiratory tract infection – <u>Rhinovirus</u> <u>Respiratory Syncytial Virus, [RSV]</u> <u>Parainfluenza virus</u> <u>Influenza</u>		<u>Adenovirus</u> <u>Coronavirus</u> <u>Bordetella pertussis</u> <u>Mycoplasma pneumoniae</u>
Clinical Presentation Fever, cough, runny nose, sneezing		
Infectious Substances Respiratory secretions	How it is Transmitted Direct contact, indirect contact and large droplets	
Precautions Needed*	Contact and Droplet Precautions	
	Droplet Precautions - <i>Bordetella pertussis</i> , <i>Mycoplasma pneumonia</i>	
Duration of Precautions Resolution of acute respiratory infection symptoms or return to baseline. Refer to comments or clinical presentation for examples of symptoms.		
Incubation Period Variable	Period of Communicability Duration of symptoms	
Comments *Precautions required are in addition to <u>Routine Practices</u> <ul style="list-style-type: none"> • See specific organism once identified • Contact Infection Prevention and Control for cohorting considerations - may cohort individuals infected with the same virus once identified • Minimize exposure of immunocompromised patients, children with chronic cardiac or lung disease, nephritic syndrome, neonates. These patients should not be cohorted. Refer to: <u>Infection Prevention and Control Considerations for Immunocompromised Patients</u> • Patients may have prolonged post-viral dry cough for weeks but this may not represent ongoing acute illness 		

References: [PHAC \(2012\)](#)

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Suspected/Known Disease or Microorganism	
Fever unknown origin, fever without focus (acute) – (many bacteria, viruses, fungi)	
Clinical Presentation Fever	
Infectious Substances Feces and respiratory secretions	How it is Transmitted Direct contact and indirect contact
Precautions Needed*	
ADULT	Routine Practices
PEDIATRIC	Contact and Droplet Precautions
Duration of Precautions	
ADULT	Not applicable
PEDIATRIC	Variable, depending on etiology
Incubation Period ADULT - Not applicable PEDIATRIC - Variable	Period of Communicability ADULT - Not applicable PEDIATRIC - Variable, depending on etiology of illness
Comments	
*Precautions required are in addition to <u>Routine Practices</u>	
<ul style="list-style-type: none"> • See specific organism once identified • For outbreaks: Refer to <u>AHS Guidelines for Outbreak Prevention, Control and Management in Acute Care and Facility Living Sites</u>, OR <u>AHS Guidelines for Outbreak Prevention, Control and Management in Supportive Living and Home Living Sites</u>. 	

References: [PHAC \(2012\)](#)

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Suspected/Known Disease or Microorganism Food poisoning – (<i>Bacillus cereus</i>, <i>Clostridium perfringens</i>, <i>Staphylococcus aureus</i>, <i>Salmonella</i> spp., <i>Vibrio parahaemolyticus</i>, <i>Escherichia coli</i> O157: H7), <i>Listeria monocytogenes</i>, <i>Toxoplasma gondii</i>, <i>Bacillus</i> spp.)	
Clinical Presentation Nausea, vomiting, diarrhea, abdominal cramps/pain	
Infectious Substances Feces	How it is Transmitted Foodborne, direct contact and indirect contact (fecal-oral)
Precautions Needed*	Contact Precautions If patient <ul style="list-style-type: none"> • is incontinent • has stools that cannot be contained • has poor hygiene and may contaminate his/her environment
	Contact and Droplet Precautions If actively vomiting
Duration of Precautions Until symptoms have stopped for 48 hours AND after at least one normal/baseline or formed bowel movement OR until patient is continent and has good hygiene	
Incubation Period Not applicable	Period of Communicability Variable
Comments *Precautions required are in addition to <u>Routine Practices</u> <ul style="list-style-type: none"> • See specific organism once identified 	

References: [PHAC \(2012\)](#)

G

Gas gangrene (*Clostridium* spp.)

GAS – Group A *Streptococcus* (*Streptococcus pyogenes*) –

Skin infection

Invasive iGAS (iGAS)

Necrotizing fasciitis

Scarlet fever

Pharyngitis

Toxic shock syndrome

Gastroenteritis – (several bacteria, viruses, parasites)

German measles

Giardiasis (*Giardia lamblia*)

Gonococcus (*Neisseria gonorrhoeae*)

Guillain-Barré syndrome

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Suspected/Known Disease or Microorganism Gas gangrene (<i>Clostridium</i> spp.)	
Clinical Presentation Crepitus abscesses myonecrosis	
Infectious Substances Normal gut flora, soil	How it is Transmitted No person-to-person transmission
Precautions Needed*	Contact Precautions if wound drainage present and not contained by dressing
Duration of Precautions If on Contact Precautions , discontinue isolation when drainage is contained by dressings	
Incubation Period Variable	Period of Communicability Not applicable
Comments *Precautions required are in addition to <u>Routine Practices</u>	

References: [PHAC \(2012\)](#)

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Suspected/Known Disease or Microorganism	Skin Infection	Invasive GAS (iGAS)	Scarlet Fever	Pharyngitis	Toxic shock syndrome
GAS – Group A <i>Streptococcus</i> (<i>Streptococcus pyogenes</i>) –					
Clinical Presentation	Wound or burn infection, skin infection, impetigo, cellulitis	Pneumonia, epiglottitis, meningitis, bacteremia, septic arthritis, necrotizing fasciitis, myonecrosis, toxic shock syndrome	Pharyngitis, “slapped cheek” rash, lace-like trunk and extremities rash, arthropathy in adults	Sneezing, coughing, fever, headache, sore throat	High fever, diffuse macular rash, hypotension, multisystem organ involvement
Infectious Substances	Infected body fluids	Respiratory secretions and wound drainage	Respiratory secretions		Skin exudates and drainage if wounds or skin lesions present
How it is Transmitted	Direct contact and indirect contact	Direct contact and indirect contact and large droplets	Large droplets	Direct contact and indirect contact and large droplets	Direct contact and indirect contact
Precautions Needed*	Contact Precautions if wound drainage present and not contained by dressing	Contact and Droplet Precautions	ADULT - PEDIATRIC - <u>Contact and Droplet Precautions</u>	ADULT - <u>Droplet Precautions</u> - If unable to cover cough PEDIATRIC - <u>Contact and Droplet Precautions</u>	Contact Precautions – if wounds or skin lesions present and not contained by dressings
Duration of Precautions	Until 24 hours of effective antimicrobial therapy completed		ADULT - Not applicable PEDIATRIC - Until 24 hours of effective antimicrobial therapy completed	Variable depending on organism until 24 hours of effective antimicrobial therapy completed	Until drainage is contained
Incubation Period	Variable	Typically 1-3 days	2-5 days	Variable	
Period of Communicability	Until 24 hours of effective antimicrobial therapy completed	10-21 days in untreated, uncomplicated cases Until 24 hours of effective antimicrobial therapy completed	While organism present in respiratory secretions (10-21 days if not treated) Until 24 hours of effective antimicrobial therapy completed	ADULT - Until acute symptoms resolve PEDIATRIC - Until acute symptoms resolve If Group A <i>Streptococcus</i> - Until 24 hours of effective antimicrobial therapy completed	Variable
Comments	<ul style="list-style-type: none"> • Precautions required are in addition to <u>Routine Practices</u>. • Physician to notify Medical Officer of Health of case by fastest means possible • Invasive: (Definition) The presence of a microorganism in an otherwise sterile site. (E.g., bloodstream, cerebrospinal fluid, etc.) • Exposed contacts of invasive disease may require prophylaxis • If the patient is deceased, refer to the <u>Alberta Bodies of Deceased Persons Regulations</u>. • NOTE: All other <i>Streptococcus</i> species are managed with <u>Routine Practices</u> 				

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

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Suspected/Known Disease or Microorganism	
Gastroenteritis – (several bacteria, viruses, parasites)	
Clinical Presentation Diarrhea and/or vomiting	
Infectious Substances Feces, emesis	How it is Transmitted Direct contact and indirect contact (fecal-oral)
Precautions Needed*	Contact Precautions If patient <ul style="list-style-type: none"> • is incontinent • has stools that cannot be contained • has poor hygiene and may contaminate his/her environment
	Contact and Droplet Precautions If actively vomiting
Duration of Precautions Until symptoms have stopped for 48 hours and after at least one normal or formed bowel movement OR patient is continent and infectious cause ruled out	
Incubation Period Variable	Period of Communicability Until symptoms resolve
Comments *Precautions required are in addition to <u>Routine Practices</u> <ul style="list-style-type: none"> • See specific organism once identified • For outbreaks: Refer to <u>AHS Guidelines for Outbreak Prevention, Control and Management in Acute Care and Facility Living Sites</u>, OR <u>AHS Guidelines for Outbreak Prevention, Control and Management in Supportive Living and Home Living Sites</u>. 	

References: [PHAC \(2012\)](#), [Public Health England \(2017\)](#)

IPC Diseases and Condition Table
Recommendations for Managements of Patients
Acute Care | 112

Suspected/Known Disease or Microorganism Giardiasis (<i>Giardia lamblia</i>)	
Clinical Presentation Diarrhea, abdominal cramps, bloating, flatulence, dehydration	
Infectious Substances Feces	How it is Transmitted Direct contact and indirect contact (fecal-oral)
Precautions Needed*	Contact Precautions If patient <ul style="list-style-type: none"> • is incontinent • has stools that cannot be contained • has poor hygiene and may contaminate his/her environment
Duration of Precautions Until symptoms have stopped for 48 hours AND after at least one normal/baseline or formed bowel movement OR until patient is continent and has good hygiene	
Incubation Period 5-25 weeks	Period of Communicability 2-6 weeks, may continue for months
Comments *Precautions required are in addition to <u>Routine Practices</u>	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

Suspected/Known Disease or Microorganism Gonococcus (<i>Neisseria gonorrhoeae</i>)	
Clinical Presentation Ophthalmia neonatorum, gonorrhoea, arthritis, pelvic inflammatory disease	
Infectious Substances Exudates from lesions	How it is Transmitted Mother to child, sexual contact and rarely direct/indirect contact
Precautions Needed	Routine Practices
Duration of Precautions Not applicable	
Incubation Period 2-7 days	Period of Communicability May extend for months in untreated individuals
Comments	

References: [PHAC \(2012\)](#)

Suspected/Known Disease or Microorganism Guillain-Barré syndrome	
Clinical Presentation Acute infective polyneuritis with motor weakness and abolition of tendon reflexes	
Infectious Substances Not applicable	How it is Transmitted Not applicable
Precautions Needed	Routine Practices
Duration of Precautions Not applicable	
Incubation Period Not applicable	Period of Communicability Not applicable
Comments <ul style="list-style-type: none"> May follow within weeks of a respiratory or gastrointestinal infection, e.g., <i>Mycoplasma pneumoniae</i>, <i>Campylobacter jejuni</i> 	

References: [CDC \(2015\)](#)

H

Haemophilus Influenzae type B (HIB) – invasive disease – Osteomyelitis

Hansen's Disease

Hantavirus

Helicobacter pylori

Hemolytic uremic syndrome (HUS) – (may be associated with *Escherichia coli* O157: H7)

Hemorrhagic fever acquired in identified endemic geographic location – (Ebola virus, Lassa virus, Marburg virus, others)

Hepatitis – A, E

Hepatitis – B, C, D, and other unspecified non-A, non-B

Herpangina (vesicular pharyngitis) – (Enterovirus)

Herpes simplex –

 Mucocutaneous – primary and extensive or disseminated

 Mucocutaneous – recurrent

 Neonatal

 Type 1 (HSV-1) – gingivostomatitis, mucocutaneous

Herpes zoster

Histoplasmosis (*Histoplasma capsulatum*)

Human immunodeficiency virus (HIV)

Human metapneumovirus (HMPV)

Suspected/Known Disease or Microorganism <i>Haemophilus Influenzae</i> type B (HIB) – invasive disease – Osteomyelitis	
Clinical Presentation	
<i>Haemophilus Influenzae</i> type B (HIB):	Pneumonia, epiglottitis, meningitis, bacteremia, septic arthritis, cellulitis
Osteomyelitis:	Inflammation, fever, wound drainage
Infectious Substances Respiratory secretions if HIB	How it is Transmitted Direct contact and large droplets if HIB
Precautions Needed*	
ADULT	Routine Practices
PEDIATRIC	Droplet Precautions if HIB suspected or confirmed
Duration of Precautions	
ADULT	Not applicable
PEDIATRIC	Until 24 hours of effective antimicrobial therapy completed
Incubation Period Approximately 2-4 days	Period of Communicability If HIB, infectious in the week prior to onset of illness and during the illness until treated. HIB is communicable until 24 hours of effective antimicrobial therapy completed.

(Continued on next page)

Suspected/Known Disease or Microorganism

***Haemophilus Influenzae* type B (HIB) – invasive disease –
Osteomyelitis**

(Continued from previous page)

Comments

*Precautions required are in addition to Routine Practices

- **Physician to Notify Medical Officer of Health of case by fastest means possible**
- Consult physician regarding chemoprophylaxis for close contacts <48 months old, who are not immune.
- Household contacts of infected children should also receive prophylaxis
- Masks recommended for visitors who will have extensive close contact with non-immune infants.
- Invasive *Haemophilus influenzae* type B is a notifiable disease

References: [CDC \(2007\)](#) [PHAC \(2012\)](#) [PHAC \(2014\)](#)

IPC Diseases and Condition Table
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Acute Care | 118

Suspected/Known Disease or Microorganism	
Hantavirus	
Clinical Presentation Fever, fatigue, muscle aches, pneumonia	
Infectious Substances Acquired from inhalation of rodent droppings, urine, and saliva	How it is Transmitted Except for the Andes hantavirus, the virus does not spread through person-to-person contact Person-to-person transmission is very rare
Precautions Needed	Routine Practices
Duration of Precautions Not applicable	
Incubation Period Symptoms may develop between 1 and 5 weeks after exposure	Period of Communicability Not applicable
Comments <ul style="list-style-type: none"> Physician to notify Medical Officer of Health of case by fastest means possible 	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

IPC Diseases and Condition Table
Recommendations for Managements of Patients
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Suspected/Known Disease or Microorganism <i>Helicobacter pylori</i>	
Clinical Presentation Gastritis, duodenal and gastric ulcers	
Infectious Substances Stool and gastric biopsies	How it is Transmitted Direct contact (possibly oral-fecal or fecal-oral) Transmission may also occur through food-borne, airborne, or waterborne pathways, as the water sewage system has been found to be an agent of dissemination
Precautions Needed	Routine Practices
Duration of Precautions Not applicable	
Incubation Period 3-10 days	Period of Communicability Not applicable
Comments <ul style="list-style-type: none"> Humans are likely the major reservoir. 	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

Suspected/Known Disease or Microorganism	
Hemolytic uremic syndrome (HUS) – (may be associated with <i>Escherichia coli</i> O157: H7)	
Clinical Presentation Diarrhea, hemolytic-uremic syndrome (HUS), thrombocytopenia purpura Symptoms of HUS vary. Patients may present with seizures, stroke, kidney issues, blood transfusion requirements	
Infectious Substances Feces and respiratory secretions	How it is Transmitted Direct contact and indirect contact (fecal-oral)
Precautions Needed*	Contact Precautions If patient <ul style="list-style-type: none"> • is incontinent • has stools that cannot be contained • has poor hygiene and may contaminate his/her environment
Duration of Precautions If HUS: Until two (2) successive negative stool samples for <i>E. coli</i> O157: H7 or 10 days after onset of diarrhea and symptoms have resolved.	
Incubation Period Most <i>E. coli</i> strains, 10 hours to 6 days <i>E. coli</i> O157:H7, 1-10 days	Period of Communicability Until 2 stools are negative for <i>E. coli</i> O157:H7 or 10 days after onset of diarrhea
Comments *Precautions required are in addition to <u>Routine Practices</u> <ul style="list-style-type: none"> • A wide variety of foods have been associated with <i>E. coli</i> O157:H7 including raw and undercooked beef, unpasteurized apple juice, cider, milk (raw) and raw milk products, untreated drinking water; and contaminated raw uncooked fruit and vegetables. 	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

Suspected/Known Disease or Microorganism Hemorrhagic fever acquired in identified endemic geographic location – (Ebola virus, Lassa virus, Marburg virus, others)	
Clinical Presentation Variable. Often fever, fatigue, dizziness, muscle aches, exhaustion. Signs of bleeding under the skin, internal organs, or other body orifices. History of travel and/or contact with persons and non-human primates from endemic countries must be considered at triage.	
Infectious Substances Blood, bloody body fluids and respiratory secretions	How it is Transmitted Direct contact, indirect contact and large droplets
Precautions Needed*	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> Contact and Droplet Precautions </div> Perform an Infection Prevention and Control Risk Assessment (IPC RA) and wear fit tested N95 respirator when performing Aerosol-generating medical procedures (AGMPs) .**
Refer to the Contact and Droplet Precautions Suspect/Confirmed Ebola Virus Disease Single-patient room and dedicated bathroom is required. Room door to remain closed to limit access to room. Refer to the PPE Requirements for Suspect/Confirmed Ebola Virus Disease for details on donning, doffing and disposal of PPE. Post donning posters for PPE used on the wall of the Donning/Doffing room. Maintain a log of all people entering the patient's room.	
Duration of Precautions Until symptoms resolve <i>and</i> directed by Infection Prevention and Control	
Incubation Period Variable	Period of Communicability Variable
Comments *Precautions required are in addition to Routine Practices <ul style="list-style-type: none"> • Physician to Notify Medical Officer of Health of case by fastest means possible • For general information visit the AHS Ebola webpage. Infection Prevention and Control (IPC) & Workplace Health and Safety (WHS) Ebola Virus Disease (EVD) Guidance are based on currently available scientific evidence and guidelines and are subject to review and change as new information becomes available. • If the patient is deceased, refer to the Alberta Bodies of Deceased Persons Regulations ** For complete list of AGMPs	

References: [PHAC \(2015\)](#), [CDC \(2007\)](#)

IPC Diseases and Condition Table
Recommendations for Managements of Patients
Acute Care | 122

Suspected/Known Disease or Microorganism Hepatitis – A, E	
Clinical Presentation Hepatitis, anicteric acute febrile illness	
Infectious Substances Feces and fecal-contaminated food or water	How it is Transmitted Direct contact and indirect contact (fecal-oral)
Precautions Needed*	Contact Precautions If patient <ul style="list-style-type: none"> • is incontinent • has stools that cannot be contained • has poor hygiene and may contaminate his/her environment
Duration of Precautions	
ADULT	Until one week after onset of jaundice
PEDIATRIC	Children 3-14yrs of age - for 2 weeks after onset of symptoms Children >14yrs of age - for 1 week after onset of symptoms
Incubation Period Hepatitis A: 28-30 days (range 15-50 days) Hepatitis E: 26-42 days	Period of Communicability Hepatitis A: Two (2) weeks before to one (1) week after onset of symptoms; shedding is prolonged in the newborn (up to 6 months) Hepatitis E: fecal shedding continues at least two (2) weeks

(Continued on next page)

Suspected/Known Disease or Microorganism

Hepatitis – A, E

(Continued from previous page)

Comments

*Precautions required are in addition to Routine Practices

- **Physician to Notify Medical Officer of Health of case by fastest means possible**
- Virus excretion in stool has been demonstrated from 1 week prior to onset up to 30 days after the onset of jaundice
- Post-exposure prophylaxis indicated for non-immune contacts with significant exposure to Hepatitis A, if within two weeks of exposure

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

Suspected/Known Disease or Microorganism	
Hepatitis – B, C, D, and other unspecified non-A, non-B	
Clinical Presentation Often asymptomatic; hepatitis	
Infectious Substances Blood and certain body fluids, including saliva, semen, cerebrospinal fluid, vaginal, synovial, pleural, peritoneal, pericardial, amniotic fluids	How it is Transmitted Mucosal or percutaneous exposure to infective body fluids includes mom to newborn
Precautions Needed	Routine Practices Please note: patients in Hemodialysis centers may require additional precautions**
Duration of Precautions Not applicable	
Incubation Period Weeks to 6 months	Period of Communicability From onset of infection
Comments <ul style="list-style-type: none"> • Physician to Notify Medical Officer of Health of case by fastest means possible • If the patient is deceased, refer to the Alberta Bodies of Deceased Persons Regulations • Contact Workplace Health and Safety (WHS) immediately if healthcare provider has percutaneous, non-intact skin or mucous membrane exposure <p>**Please contact Infection Prevention and Control – Refer to: Recommendations for Preventing Transmission of Infections Among Chronic Hemodialysis Patients</p>	

References: [PHAC \(2015\)](#), [CDC \(2007\)](#)

IPC Diseases and Condition Table
Recommendations for Managements of Patients
Acute Care | 125

Suspected/Known Disease or Microorganism	
Herpangina (vesicular pharyngitis) – (Enterovirus)	
Clinical Presentation	
Fever, headache, loss of appetite, sore throat, ulcers in mouth and throat	
Infectious Substances	How it is Transmitted
Feces, respiratory secretions, blister fluid	Direct contact and indirect contact (fecal-oral)
Precautions Needed*	
ADULT	Routine Practices
PEDIATRIC	Contact Precautions
	<p>If patient</p> <ul style="list-style-type: none"> • is incontinent • has stools that cannot be contained • has poor hygiene and may contaminate his/her environment
Duration of Precautions	
ADULT	Not Applicable
PEDIATRIC	<p>Until symptoms have stopped for 48 hours AND after at least one normal/baseline or formed bowel movement</p> <p>OR until patient is continent and has good hygiene</p>
Incubation Period	Period of Communicability
3-6 days for non-poliovirus	Duration of symptoms
Comments	
*Precautions required are in addition to <u>Routine Practices</u>	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

Suspected/Known Disease or Microorganism Herpes simplex –	Herpes simplex Mucocutaneous primary and extensive or disseminated	Herpes simplex Mucocutaneous – recurrent	Herpes simplex Neonatal	Herpes simplex Type 1 (HSV-1) – Gingivostomatitis, mucocutaneous
Clinical Presentation	Disseminated or primary and extensive	Not Applicable	Not Applicable	Gingivostomatitis: Fever, redness and swelling of gingivae and oral mucosa, ulcerative lesions Mucocutaneous: Disseminated or primary and extensive
Infectious Substances	Skin or mucosal lesions, oral secretions, genital secretions	Skin or mucosal lesions, oral secretions	Mucosal lesions; possibly all body secretions and excretions	Oral secretions membranes Skin or mucosal lesions
How it is Transmitted	Direct contact (sexual, mother to child at birth)	Direct contact with herpetic lesions or secretions Virus may also be shed when patient is asymptomatic	Direct contact	
Precautions Needed*	<u>Contact Precautions</u>	<u>Routine Practices</u>	<u>Contact Precautions</u> for infants delivered vaginally (or by C-section if membranes have been ruptured more than 4 hours) to women with active genital HSV infections	<u>Contact Precautions</u>
Duration of Precautions	Until lesions resolve	Not Applicable	Birth to 6 weeks of age	Until lesions resolve
Incubation Period	2 days to 2 weeks	Not Applicable	Duration of symptoms, until lesions are dry and crusted Until neonatal HSV infection has been ruled out for asymptomatic exposed infants delivered vaginally (or by C-section if membranes have been ruptured more than 4 hours) to women with active genital HSV infections	2 days to 2 weeks
Period of Communicability	While lesions present	Not Applicable	Duration of symptoms	While lesions present
Comments	<p>*Precautions required are in addition to <u>Routine Practices</u></p> <ul style="list-style-type: none"> • A patient with herpetic lesions should not be roomed with newborns, children with eczema, burned patients or immunocompromised patients. <p>Refer to: http://www.albertahealthservices.ca/assets/healthinfo/ipc/hi-ipc-immunocompromised-patients.pdf</p>			

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

IPC Diseases and Condition Table
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Suspected/Known Disease or Microorganism Histoplasmosis (<i>Histoplasma capsulatum</i>)	
Clinical Presentation Pneumonia, lymphadenopathy, fever	
Infectious Substances Acquired from spores in soil	How it is Transmitted Inhalation of spores Rarely person-to-person transmission, sometimes occurs with organ transplantation
Precautions Needed	Routine Practices
Duration of Precautions Not applicable	
Incubation Period 3-17 days	Period of Communicability Not applicable
Comments	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

Suspected/Known Disease or Microorganism Human immunodeficiency virus (HIV)	
Clinical Presentation Asymptomatic; multiple clinical presentations	
Infectious Substances Blood and body fluids including cerebrospinal fluid, semen, vaginal, synovial, pleural, peritoneal, pericardial, and amniotic fluids and breast milk	How it is Transmitted Mucosal or percutaneous exposure to infective body fluids, sexual transmission, mother to child
Precautions Needed	Routine Practices
Duration of Precautions Not applicable	
Incubation Period Weeks to years	Period of Communicability From onset of infection, until death
Comments <ul style="list-style-type: none"> • If the patient is deceased, refer to the Alberta Bodies of Deceased Persons Regulations • Contact Workplace Health and Safety immediately if healthcare provider has percutaneous, non-intact skin or mucous membrane exposure 	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

IPC Diseases and Condition Table
Recommendations for Managements of Patients
Acute Care | 129

Suspected/Known Disease or Microorganism	
Human metapneumovirus (HMPV)	
Clinical Presentation Cough, fever, nasal congestion, shortness of breath	
Infectious Substances Respiratory secretions	How it is Transmitted Direct contact, indirect contact and large droplets
Precautions Needed*	Contact and Droplet Precautions For adult patients only: Wear fit tested N95 respirator when performing <u>Aerosol-generating medical procedures (AGMPs)</u> .**
Duration of Precautions Resolution of acute respiratory infection symptoms or return to baseline. Refer to clinical presentation for examples of symptoms.	
Incubation Period 3-5 days	Period of Communicability Duration of symptoms
Comments *Precautions required are in addition to <u>Routine Practices</u> <ul style="list-style-type: none"> • Contact Infection Prevention and Control for discontinuation of precautions • Minimize exposure to immunocompromised patients, children with chronic cardiac or lung disease, nephritic syndrome, neonates. These patients should not be cohorted. Refer to: <u>Infection Prevention and Control Considerations for Immunocompromised Patients</u> • Immunocompromised patient additional precautions need to be maintained for a longer duration due to prolonged viral shedding. 	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

IPC Diseases and Condition Table
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I

Impetigo – (*Staphylococcus aureus*, *Streptococcus* Group A – many other bacteria)

Influenza – avian

Influenza – new pandemic strain

Influenza – seasonal

Invasive GAS (iGAS)

IPC Diseases and Condition Table
 Recommendations for Managements of Patients
 Acute Care | 131

Suspected/Known Disease or Microorganism Impetigo – (<i>Staphylococcus aureus</i>, <i>Streptococcus</i> Group A – many other bacteria)	
Clinical Presentation Skin lesions	
Infectious Substances Drainage from lesions	How it is Transmitted Direct contact and indirect contact
Precautions Needed*	Routine Practices Minor drainage contained by dressing
	Contact Precautions Major drainage not contained by dressing
Duration of Precautions Variable	
Incubation Period Variable, depending on causative organism	Period of Communicability As long as organism in drainage
Comments *Precautions required are in addition to <u>Routine Practices</u> <ul style="list-style-type: none"> • See specific organism once identified 	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

IPC Diseases and Condition Table
Recommendations for Managements of Patients
Acute Care | 132

Suspected/Known Disease or Microorganism Influenza – new pandemic strain	
Clinical Presentation Fever, cough, muscle aches, fatigue, sore throat, pneumonia	
Infectious Substances Respiratory secretions	How it is Transmitted Direct contact, indirect contact, droplets and airborne particles
Precautions Needed*	<u>Pandemic Influenza Precautions:</u>
	Perform an Infection Prevention and Control Risk Assessment (IPC RA) and wear fit tested N95 respirator when performing <u>Aerosol-generating medical procedures (AGMPs)</u> .**
Duration of Precautions Duration of precautions will be determined on a case-by-case basis and in conjunction with Infection Prevention and Control, and the Medical Officer of Health.	
Incubation Period Unknown, possibly 1-7 days	Period of Communicability Unknown
Comments <p>*Precautions required are in addition to <u>Routine Practices</u></p> <ul style="list-style-type: none"> • If private room is unavailable, consider cohorting patients during outbreaks • Minimize exposure to immunocompromised patients, children with chronic cardiac or lung disease, nephritic syndrome, neonates. These patients should not be cohorted. Refer to: <u>Infection Prevention and Control Considerations for Immunocompromised Patients</u> • Immunocompromised patient additional precautions need to be maintained for a longer duration due to prolonged viral shedding. Contact Infection Prevention and Control for discontinuation of precautions. • Refer to <u>AHS Guidelines for Outbreak Prevention, Control and Management in Acute Care and Facility Living Sites</u>. • ** <i>For complete list of AGMPs</i> 	

References: [PHAC \(2012\)](#)

IPC Diseases and Condition Table
Recommendations for Managements of Patients
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Suspected/Known Disease or Microorganism	
Influenza – seasonal	
Clinical Presentation Fever, cough, muscle aches, fatigue, sore throat, runny nose, sneezing	
Infectious Substances Respiratory secretions	How it is Transmitted Direct contact, indirect contact and large droplets
Precautions Needed	Contact and Droplet Precautions Perform an Infection Prevention and Control Risk Assessment (IPC RA) and wear fit tested N95 respirator when performing Aerosol-generating medical procedures (AGMPs) .**
Duration of Precautions Until symptom resolution/improvement to pre-existing or new baseline for at least 48 hours. Refer to Discontinuation of Additional Precautions for Suspected or Confirmed Respiratory Virus Infection .	
Incubation Period 1-3 days	Period of Communicability Duration of symptoms
Comments *Precautions required are in addition to Routine Practices <ul style="list-style-type: none"> • If private room is unavailable, consider cohorting patients during outbreaks • Minimize exposure of immunocompromised patients, children with chronic cardiac or lung disease, neonates • Patients may have prolonged post-viral dry cough for weeks but this may not represent ongoing acute illness • For immunocompromised patient, precautions need to be maintained for a longer duration due to prolonged viral shedding. Refer to: Infection Prevention and Control Considerations for Immunocompromised Patients • Contact Infection Prevention and Control for discontinuation of precautions ** For complete list of AGMPs	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

J

No organisms at this time

K

Klebsiella spp., MDR – see Multidrug-resistant (MDR) gram-negative bacilli

L

Lassa fever (Lassa virus)

Legionella (*Legionella* spp.) – Legionnaires' disease

Leprosy (*Mycobacterium leprae*) – (Hansen's disease)

Leptospirosis (*Leptospira* spp.)

Lice

Listeriosis (*Listeria monocytogenes*)

Lyme disease (*Borrelia burgdorferi*)

Lymphocytic choriomeningitis (LCM) virus

IPC Diseases and Condition Table
Recommendations for Managements of Patients
Acute Care | 135

Suspected/Known Disease or Microorganism	
Lassa fever (Lassa virus)	
Clinical Presentation Gradual onset of fever, malaise, weakness, headache, pharyngitis, cough, nausea and vomiting. Disease may progress to hemorrhaging (in gums, eyes, or nose), respiratory distress, repeated vomiting, facial swelling, pain in the chest, back, and abdomen, shock and deafness. History of travel and/or contact with persons and non-human primates from endemic countries must be considered at triage.	
Infectious Substances Blood and body fluids, respiratory secretions, possibly urine and stool	How it is Transmitted Direct contact, indirect contact and large droplets
Precautions Needed*	
Refer to the Contact and Droplet Precautions Suspect/Confirmed Ebola Virus Disease Single-patient room and dedicated bathroom is required. Room door to remain closed to limit access to room. Refer to the PPE Requirements for Suspect/Confirmed Ebola Virus Disease for details on donning, doffing and disposal of PPE. Post donning posters for PPE used on the wall of the Donning/Doffing room. Maintain a log of all people entering the patient's room.	Contact and Droplet Precautions Perform an Infection Prevention and Control Risk Assessment (IPC RA) and wear fit tested N95 respirator when performing Aerosol-generating medical procedures (AGMPs) .**
Duration of Precautions Until symptoms resolve <i>and</i> directed by Infection Prevention and Control	
Incubation Period 5-21 days	Period of Communicability Until 3-9 weeks after onset

(Continued on next page)

Suspected/Known Disease or Microorganism

Lassa fever (Lassa virus)

(Continued from previous page)

Comments

*Precautions required are in addition to Routine Practices

- **Physician to Notify Medical Officer of Health of case by fastest means possible**
- For general information visit the AHS [Ebola webpage](#).
- Infection Prevention and Control (IPC) & Workplace Health and Safety (WHS) Ebola Virus Disease (EVD) Guidance are based on currently available scientific evidence and guidelines and are subject to review and change as new information becomes available
- If the patient is deceased, refer to the [Alberta Bodies of Deceased Persons Regulations](#)

** **For complete list of [AGMPs](#)**

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

Suspected/Known Disease or Microorganism Legionella (<i>Legionella</i> spp.) – Legionnaires’ disease	
Clinical Presentation Severe pneumonia, muscle aches, tiredness, headaches, dry cough and fever Sometimes diarrhea occurs and confusion may develop	
Infectious Substances Contaminated water	How it is Transmitted Acquired from contaminated water by inhalation or aspiration No person-to-person transmission
Precautions Needed	Routine Practices
Duration of Precautions Not applicable	
Incubation Period 2-14 days	Period of Communicability Not applicable
Comments	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

Suspected/Known Disease or Microorganism Leprosy (<i>Mycobacterium leprae</i>) – Hansen’s disease	
Clinical Presentation Chronic disease of skin, nerves, joints, and nasopharyngeal mucosa; loss of sensation on affected areas of skin	
Infectious Substances Nasal and respiratory secretions	How it is Transmitted Direct contact (requires prolonged and extensive personal contact)
Precautions Needed	<div style="border: 1px solid black; padding: 2px; display: inline-block;">Routine Practices</div>
Duration of Precautions Not applicable	
Incubation Period 1-20 years	Period of Communicability Until treatment is established
Comments	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

IPC Diseases and Condition Table
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Suspected/Known Disease or Microorganism Leptospirosis (<i>Leptospira</i> spp.)	
Clinical Presentation Fever, jaundice, aseptic meningitis, headache, chills, muscle pain	
Infectious Substances Leptospire may be excreted in urine for usually 1 month but has been observed as long as 11 months after the acute illness	How it is Transmitted Through skin contact with urine or tissues of infected animals or water contaminated with the urine of infected animals Rare person-to-person transmission
Precautions Needed	Routine Practices
Duration of Precautions Not applicable	
Incubation Period 2-26 days	Period of Communicability Not applicable
Comments	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

IPC Diseases and Condition Table
Recommendations for Managements of Patients
Acute Care | 140

Suspected/Known Disease or Microorganism Listeriosis (<i>Listeria monocytogenes</i>)	
Clinical Presentation Fever, muscle aches, meningitis, diarrhea/gastrointestinal symptoms, congenital or neonatal infection	
Infectious Substances Contaminated food	How it is Transmitted Foodborne: Acquired from ingestion of contaminated food Congenital transmission: mother to fetus in utero or newborn at birth Rare person-to-person transmission
Precautions Needed	Routine Practices
Duration of Precautions Not applicable	
Incubation Period Average 21 days	Period of Communicability Not applicable
Comments <ul style="list-style-type: none"> • Physician to Notify Medical Officer of Health • Rare nosocomial outbreaks reported in newborn nurseries attributed to contaminated equipment or materials • Although relatively rare, human listeriosis is often severe and mortality rates can approach 50% https://www.canada.ca/en/public-health/services/laboratory-biosafety-biosecurity/pathogen-safety-data-sheets-risk-assessment/listeria-monocytogenes.html 	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

IPC Diseases and Condition Table
Recommendations for Managements of Patients
Acute Care | 141

Suspected/Known Disease or Microorganism Lyme disease (<i>Borrelia burgdorferi</i>)	
Clinical Presentation Fever, arthritis, meningitis, headache, fatigue, characteristic skin rash called erythema migraines	
Infectious Substances Infected tick bite	How it is Transmitted Tick-borne (blacklegged or deer ticks) No person-to-person transmission
Precautions Needed	Routine Practices
Duration of Precautions Not applicable	
Incubation Period Rash occurs in 3-30 days after exposure	Period of Communicability Not applicable
Comments <ul style="list-style-type: none"> • Physician to Notify Medical Officer of Health. • Infection in humans is incidental and is acquired most frequently during blood feeding by the infected tick. In most cases, the tick must be attached for 36-48 hours or more before the Lyme disease bacterium can be transmitted. Infected people are often unaware that they have been bitten. 	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

IPC Diseases and Condition Table
 Recommendations for Managements of Patients
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Suspected/Known Disease or Microorganism	
Lymphocytic choriomeningitis (LCM) virus	
Clinical Presentation	
Fever, cough, malaise, myalgia, headache, photophobia, nausea, vomiting, adenopathy, and sore throat. Progression to meningitis, encephalitis, meningoencephalitis	
Infectious Substances	How it is Transmitted
	Through skin or mucous membrane contact with rodents, inhalation of aerosolised virus (through dust), ingestion of contaminated food Congenital transmission: mother to fetus in utero No person-to-person transmission
Precautions Needed	Routine Practices
Duration of Precautions	
Not applicable	
Incubation Period	Period of Communicability
8-13 days, 15-21 days before any meningeal symptoms appear	Not applicable
Comments	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

M

Malaria (*Plasmodium* spp.)

Marburg virus

Measles

Meningitis

Metapneumovirus

Methicillin-resistant *Staphylococcus aureus* (MRSA)

MERS CoV – (Middle East respiratory syndrome, severe acute respiratory syndrome, SARS CoV, coronavirus)

Molluscum contagiosum (molluscum contagiosum virus)

Mpox (monkeypox)

Mononucleosis

Morganella spp., MDR – see Multidrug-resistant (MDR) gram-negative bacilli

Mucormycosis (phycomycosis, zygomycosis) – (*Mucor* spp., *Zygomycetes* spp., *Rhizopus* spp.)

Multidrug-resistant (MDR)* gram-negative bacilli

Mumps (mumps virus) – Known case, Exposed susceptible

Mycobacterium tuberculosis

Mycobacterium – non-tuberculosis (atypical) (e.g., *Mycobacterium avium* complex)

Mycoplasma pneumoniae

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Suspected/Known Disease or Microorganism Malaria (<i>Plasmodium</i> spp.)	
Clinical Presentation Fever, chills, body aches, headache, general malaise (these are symptoms common to a range of infections, recent travel history must be considered)	
Infectious Substances Blood	How it is Transmitted Mosquito bite Rare person-to-person transmission
Precautions Needed	Routine Practices
Duration of Precautions Not applicable	
Incubation Period Variable	Period of Communicability Not applicable
Comments <ul style="list-style-type: none"> • Infection in humans is incidental and is acquired most frequently during blood feeding by the infected mosquito • Can be transmitted via blood transfusion • Physician to Notify Medical Officer of Health 	

References: [PHAC \(2012\)](#), [CDC \(2015\)](#)

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Suspected/Known Disease or Microorganism	
Marburg virus	
Clinical Presentation	
Fever, myalgias, pharyngitis, nausea, vomiting and diarrhea. Maculopapular rash after day 5 of onset of symptoms and Hemorrhagic fever in late clinical presentation.	
History of travel and/or contact with persons and non-human primates from endemic countries must be considered at triage.	
Infectious Substances	How it is Transmitted
Blood, body fluids and respiratory secretions	Direct contact, indirect contact and large droplets
Precautions Needed*	
<p>Refer to the Contact and Droplet Precautions Suspect/Confirmed Ebola Virus Disease</p> <p>Single-patient room and dedicated bathroom is required. Room door to remain closed to limit access to room.</p> <p>Refer to the PPE Requirements for Suspect/Confirmed Ebola Virus Disease for details on donning, doffing and disposal of PPE. Post donning posters for PPE used on the wall of the Donning/Doffing room.</p> <p>Maintain a log of all people entering the patient's room.</p>	<p style="background-color: #ffff00; padding: 2px;">Contact and Droplet Precautions</p> <p>Perform an Infection Prevention and Control Risk Assessment (IPC RA) and wear fit tested N95 respirator when performing Aerosol-generating medical procedures (AGMPs).**</p>
Duration of Precautions	
Until symptoms resolve <i>and</i> directed by Infection Prevention and Control	
Incubation Period	Period of Communicability
5-10 days	Until all symptoms resolve

(Continued on next page)

Suspected/Known Disease or Microorganism

Marburg virus

(Continued from previous page)

Comments

*Precautions required are in addition to Routine Practices

- **Physician to notify Medical Officer of Health of case by fastest means possible**
- For general information visit the AHS [Ebola webpage](#)
- Infection Prevention and Control (IPC) & Workplace Health and Safety (WHS) Ebola Virus Disease (EVD) Guidance are based on currently available scientific evidence and guidelines and are subject to review and change as new information becomes available
- If the patient is deceased, refer to the [Alberta Bodies of Deceased Persons Regulations](#)

** *For complete list of [AGMPs](#)*

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

<p>Suspected/Known Disease or Microorganism</p> <p>Meningitis Various causative agents:</p> <p>VIRAL: <u>Enterovirus, Arbovirus</u></p> <p>FUNGAL: <u>Cryptococcus neoformans, Histoplasma capsulatum</u></p>		<p>BACTERIAL: <u>Neisseria meningitidis,</u> <u>H. influenzae type B (possible in non-immune infant younger than 2 years</u> <u>Streptococcus pneumoniae,</u> <u>Streptococcus Group B,</u> <u>Listeria monocytogenes,</u> <u>E. coli and other Gram-negative rods,</u> <u>Mycobacterium tuberculosis</u></p>
<p>Clinical Presentation</p> <p>Acute onset of meningeal symptoms commonly including headache, photophobia, stiff neck, vomiting, fever, and/or rash</p>		
<p>Infectious Substances</p> <p>Respiratory secretions and Feces (in viral meningitis)</p>	<p>How it is Transmitted</p> <p>Bacterial: Direct contact; droplet Viral: Direct and indirect contact (including fecal/oral)</p>	
<p>Precautions Needed*</p>		
<p>ADULT</p>	<p>Routine Practices – confirmed viral</p> <p>Droplet Precautions – cause unknown or Bacterial or confirmed <i>Neisseria meningitidis</i></p>	
<p>PEDIATRIC</p>	<p>Contact Precautions – confirmed viral</p> <p>Contact and Droplet Precautions – cause unknown or Bacterial</p>	
<p>Duration of Precautions</p>		
<p>Bacterial</p>	<p>Until 24 hours of effective antimicrobial therapy completed</p>	
<p>Viral: PEDIATRIC</p>	<p>Until symptoms resolved or enterovirus ruled out</p>	

(Continued on next page)

<p>Suspected/Known Disease or Microorganism</p> <p>Meningitis</p> <p>Various causative agents:</p> <p>VIRAL: <u>Enterovirus, Arbovirus</u></p> <p>FUNGAL: <u>Cryptococcus neoformans, Histoplasma capsulatum</u></p> <p>(Continued from previous page)</p>		<p>BACTERIAL:</p> <p><u>Neisseria meningitidis,</u></p> <p><u>H. influenzae type B (possible in non-immune infant younger than 2 years</u></p> <p><u>Streptococcus pneumoniae,</u></p> <p><u>Streptococcus Group B,</u></p> <p><u>Listeria monocytogenes,</u></p> <p><u>E. coli and other Gram-negative rods,</u></p> <p><u>Mycobacterium tuberculosis</u></p>
<p>Incubation Period</p> <p>Variable</p>	<p>Period of Communicability</p> <p>Variable</p>	
<p>Comments</p> <p>*Precautions required are in addition to <u>Routine Practices</u></p> <ul style="list-style-type: none"> • See specific organism once identified. For <i>Mycobacterium tuberculosis</i> meningitis rule out associated respiratory TB • May be associated with measles, mumps, varicella, or herpes simplex. If identified, take appropriate precautions for associated disease • Physician to Notify Medical Officer of Health 		

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

Suspected/Known Disease or Microorganism Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)	
Clinical Presentation Asymptomatic or various infections of skin, soft tissue, pneumonia, bacteremia, urinary tract, etc.	
Infectious Substances Infected or colonized secretions/excretions Respiratory secretions if pneumonia	How it is Transmitted Direct contact and indirect contact, and large droplets (if pneumonia)
Precautions Needed*	Contact Precautions
	Contact and Droplet Precautions if patient has active MRSA pneumonia
Duration of Precautions As directed by Infection Prevention and Control	
Incubation Period Variable	Period of Communicability Variable
Comments *Precautions required are in addition to <u>Routine Practices</u>	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

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Suspected/Known Disease or Microorganism MERS CoV – (Middle East respiratory syndrome, <u>Coronavirus</u>)	
Clinical Presentation Fever, cough, runny nose, sore throat, body aches, pneumonia (shortness of breath, discomfort during breathing)	
Infectious Substances Respiratory secretions	How it is Transmitted Direct contact, indirect contact and large droplets
Precautions Needed*	Contact and Droplet Precautions Perform an Infection Prevention and Control Risk Assessment (IPC RA) and wear fit tested N95 respirator when performing Aerosol-generating medical procedures (AGMPs) .** For more information refer to Interim Guidance-Novel Coronavirus
Duration of Precautions Duration of precautions will be determined on a case-by-case basis and in conjunction with Infection Prevention and Control, and the Medical Officer of Health	
Incubation Period 14 days	Period of Communicability Unknown / variable
Comments *Precautions required are in addition to Routine Practices . <ul style="list-style-type: none"> • Physician to Notify Medical Officer of Health of case by fastest means possible • Contact Infection Prevention and Control for discontinuation of additional precautions Minimize exposure to immunocompromised patients, children with chronic cardiac or lung disease, nephritic syndrome, neonates. These patients should not be cohorted. Refer to: Infection Prevention and Control Considerations for Immunocompromised Patients <ul style="list-style-type: none"> • Immunocompromised patient additional precautions need to be maintained for a longer duration due to prolonged viral shedding. ** <i>For complete list of AGMPs</i>	

References: [Interim Guidance-Novel Coronavirus](#)

IPC Diseases and Condition Table
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Suspected/Known Disease or Microorganism Molluscum contagiosum (molluscum contagiosum virus)	
Clinical Presentation Umbilical papules (small raised, pearly papules with a central depression)	
Infectious Substances Contents of the papules	How it is Transmitted Direct contact, including sexual contact, or fomites
Precautions Needed	Routine Practices
Duration of Precautions Not applicable	
Incubation Period 1 week to 6 months	Period of Communicability Unknown
Comments	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

IPC Diseases and Condition Table
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Suspected/Known Disease or Microorganism Mpox (monkeypox)	
Clinical Presentation Pustular or vesicular lesions that can be either single lesions or clusters or widespread anywhere on the body	
Infectious Substances Pox lesion material (secretions or scabs), other blood and body fluids	How it is Transmitted Contact: prolonged contact (direct or indirect) with skin lesions or scabs, body fluids or mucosal surfaces of infected humans or animals, or with surfaces, materials, or objects that have been in contact with a person or animal with mpox Droplet: infected droplets generated by talking, breathing, coughing, and sneezing Airborne: more evidence is needed to determine whether airborne transmission of mpox occurs Vertical: from an infected pregnant person to the fetus
Precautions Needed*	<div style="border: 1px solid black; padding: 5px; display: inline-block;">Contact and Droplet Precautions</div> Add Airborne if patient is: 1) immunocompromised or 2) patient has a disseminated rash or 3) other relevant airborne infections have not been ruled out
Duration of Precautions As directed by Infection Prevention and Control	
Incubation Period 3-21 days	Period of Communicability Until the scab crusts have fallen off (about 3-4 weeks) and new skin has formed
Comments <ul style="list-style-type: none"> • *Precautions required are in addition to Routine Practices • Physician to notify Medical Officer of Health of case by fastest means possible • AHS: Link to Mpox page: https://www.albertahealthservices.ca/topics/Page18034.aspx • AHS IPC Algorithm for Suspect/Probable Mpox in Healthcare Settings • PHAC: Mpox (2024) • CDC: Mpox (2024) 	

Suspected/Known Disease or Microorganism Mucormycosis (phycomycosis, zygomycosis) – (<i>Mucor</i> spp., <i>Zygomycetes</i> spp., <i>Rhizopus</i> spp.)	
Clinical Presentation Lung, skin, wound, rhino-cerebral infection	
Infectious Substances Fungal spores in dust and soil	How it is Transmitted Acquired from fungal spores in dust and soil, especially decaying organic matter such as leaves, grass or wood No person-to-person transmission
Precautions Needed	<div style="border: 1px solid black; padding: 2px; display: inline-block;">Routine Practices</div>
Duration of Precautions Not applicable	
Incubation Period Unknown	Period of Communicability Not applicable
Comments <ul style="list-style-type: none"> Immunocompromised patients are at risk of infection. Refer to: Infection Prevention and Control Considerations for Immunocompromised Patients 	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

<p>Suspected/Known Disease or Microorganism</p> <p>Multidrug-resistant (MDR)* gram-negative bacilli</p> <p><i>Acinetobacter</i> spp, MDR</p> <p><i>Pseudomonas</i> spp. (CPO), MDR</p> <p><u><i>Stenotrophomonas maltophilia</i>**</u>, MDR</p> <p><u><i>Burkholderia cepacia</i>**</u>, MDR</p> <p><u>MDR <i>Enterobacteriaceae</i> (Carbapenem-resistant (CPO, CRE, CRO))</u></p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;"><i>E. coli</i>, MDR</td> <td style="border: none;"><i>Providencia</i> spp., MDR</td> <td style="border: none;"><i>Enterobacter</i> spp., MDR</td> </tr> <tr> <td style="border: none;"><i>Klebsiella</i> spp., MDR</td> <td style="border: none;"><i>Proteus</i> spp., MDR</td> <td style="border: none;"><i>Morganella</i> spp., MDR</td> </tr> <tr> <td style="border: none;"><i>Serratia</i> spp., MDR</td> <td style="border: none;"><i>Citrobacter</i> spp., MDR</td> <td style="border: none;"><i>Salmonella</i> spp., MDR</td> </tr> </table>		<i>E. coli</i> , MDR	<i>Providencia</i> spp., MDR	<i>Enterobacter</i> spp., MDR	<i>Klebsiella</i> spp., MDR	<i>Proteus</i> spp., MDR	<i>Morganella</i> spp., MDR	<i>Serratia</i> spp., MDR	<i>Citrobacter</i> spp., MDR	<i>Salmonella</i> spp., MDR
<i>E. coli</i> , MDR	<i>Providencia</i> spp., MDR	<i>Enterobacter</i> spp., MDR								
<i>Klebsiella</i> spp., MDR	<i>Proteus</i> spp., MDR	<i>Morganella</i> spp., MDR								
<i>Serratia</i> spp., MDR	<i>Citrobacter</i> spp., MDR	<i>Salmonella</i> spp., MDR								
<p>Clinical Presentation</p> <p>Infection or colonization at any body site</p>										
<p>Infectious Substances</p> <p>Infected or colonized secretions, excretions</p>	<p>How it is Transmitted</p> <p>Direct Contact and Indirect Contact</p>									
<p>Precautions Needed***</p>	<p>Contact Precautions</p> <p>For all organisms reported as CPO only</p>									
<p>Duration of Precautions</p> <p>Variable, dependent on organism</p>										
<p>Incubation Period</p> <p>Variable</p>	<p>Period of Communicability</p> <p>Variable</p>									

(Continued on next page)

Suspected/Known Disease or Microorganism

Multidrug-resistant (MDR)* gram-negative bacilli

Acinetobacter spp, MDR

Pseudomonas spp. (CPO), MDR

*Stenotrophomonas maltophilia***, MDR

*Burkholderia cepacia***, MDR

MDR *Enterobacteriaceae* (Carbapenem-resistant (CPO, CRE, CRO))

E. coli, MDR

Klebsiella spp., MDR

Serratia spp., MDR

Providencia spp., MDR

Proteus spp., MDR

Citrobacter spp., MDR

Enterobacter spp., MDR

Morganella spp., MDR

Salmonella spp., MDR

(Continued from previous page)

Comments

* A multidrug-resistant organism is one that has resistance to 3 or more antibiotic classes

** See specific organism once identified

*** Precautions required are in addition to Routine Practices. Additional (isolation) precautions are dependent on organism type and antibiotic susceptibility pattern. Please contact Infection Prevention and Control for direction.

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

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Suspected/Known Disease or Microorganism	
Mumps (mumps virus) – Known case, Exposed susceptible	
Clinical Presentation	
Swelling of salivary glands, orchitis	
Known case:	Swelling of salivary glands, orchitis
Exposed susceptible:	May be asymptomatic
Infectious Substances	How it is Transmitted
Saliva, respiratory secretions	Direct contact; large droplets
Precautions Needed*	Droplet Precautions
Duration of Precautions	
Known case:	Until 5 days after the onset of symptoms
Exposed susceptible:	Begin 10 days after first contact with confirmed mumps case and continue until 26 days after last exposure
Incubation Period	Period of Communicability
14-25 days	2 days before and up to 5 days after onset of symptoms
Comments	
*Precautions required are in addition to <u>Routine Practices</u>	
Exposed susceptible:	
<ul style="list-style-type: none"> • Droplet Precautions for exposed susceptible patients and healthcare providers should begin 10 days after first contact and continue through 26 days after last exposure. • Defer non-urgent admission if a non-immune person is incubating the disease • If contact becomes symptomatic and a confirmed case, follow recommendation for a known mumps case 	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

Suspected/Known Disease or Microorganism Mycobacterium – non-tuberculosis (atypical) (e.g., <i>Mycobacterium avium</i> complex)	
Clinical Presentation Lymphadenitis, pneumonia, disseminated disease in immunocompromised patient	
Infectious Substances Widely distributed in the environment, particularly in wet soil, marshlands, streams and rivers	How it is Transmitted Acquired from soil, water, animal reservoirs No person-to-person transmission
Precautions Needed	Routine Practices
Duration of Precautions Not applicable	
Incubation Period Unknown	Period of Communicability Not applicable
Comments	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

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Suspected/Known Disease or Microorganism <i>Mycoplasma pneumoniae</i>	
Clinical Presentation Pneumonia	
Infectious Substances Respiratory secretions	How it is Transmitted Direct contact; large droplets
Precautions Needed*	Droplet Precautions
Duration of Precautions Until symptoms have stopped	
Incubation Period 1-4 weeks	Period of Communicability Unknown
Comments *Precautions required are in addition to Routine Practices	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

N

2019-nCoV

Necrotizing enterocolitis

Necrotizing fasciitis

Neisseria gonorrhoeae

Neisseria meningitidis (Meningitis or Invasive Meningococcal Disease)

Nocardiosis (*Nocardia* spp.)

Norovirus

Novel Coronavirus (COVID-19)

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Suspected/Known Disease or Microorganism Necrotizing enterocolitis	
Clinical Presentation Abdominal distention, blood in the stool, diarrhea, feeding intolerance, lethargy, temperature instability, vomiting	
Infectious Substances Unknown	How it is Transmitted Probably indirect contact, outbreaks would result from transmission on hands/equipment
Precautions Needed*	Contact Precautions If outbreak is suspected
Duration of Precautions Duration of outbreak	
Incubation Period Not applicable	Period of Communicability Not applicable
Comments *Precautions required are in addition to <u>Routine Practices</u>	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

IPC Diseases and Condition Table
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Suspected/Known Disease or Microorganism <i>Neisseria gonorrhoeae</i>	
Clinical Presentation Ophthalmia, neonatorum, gonorrhea, arthritis, pelvic inflammatory disease	
Infectious Substances Exudates from lesions	How it is Transmitted Mother to child, sexual contact and rarely direct/indirect contact
Precautions Needed	Routine Practices
Duration of Precautions Not applicable	
Incubation Period 2-7 days	Period of Communicability May extend for months in untreated individuals
Comments	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

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Suspected/Known Disease or Microorganism <i>Neisseria meningitidis</i> (Meningitis or Invasive Meningococcal Disease)	
Clinical Presentation Meningococemia, meningitis, pneumonia, Rash (petechial/purpuric) with fever	
Infectious Substances Respiratory secretions	How it is Transmitted Direct contact; large droplets
Precautions Needed*	Droplet Precautions
Duration of Precautions Until after 24 hours of effective therapy completed.	
Incubation Period Usually 2-10 days	Period of Communicability Until 24 hours of effective therapy completed
Comments *Precautions required are in addition to <u>Routine Practices</u> <ul style="list-style-type: none"> • Physician to Notify Medical Officer of Health of case by fastest means possible • Consult physician regarding chemoprophylaxis for close contacts 	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#).

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Suspected/Known Disease or Microorganism Nocardiosis (<i>Nocardia</i> spp.)	
Clinical Presentation Fever, pulmonary or central nervous system infection, or disseminated disease	
Infectious Substances Acquired from organisms in the soil and dust	How it is Transmitted By inhalation of the organisms No person-to-person transmission
Precautions Needed	Routine Practices
Duration of Precautions Not applicable	
Incubation Period Unknown	Period of Communicability Not applicable
Comments <ul style="list-style-type: none"> Infections in immunocompromised patients may be associated with construction. Refer to: <u>Infection Prevention and Control Considerations for Immunocompromised Patients</u> 	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

IPC Diseases and Condition Table
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Suspected/Known Disease or Microorganism	
Norovirus Sapovirus	
Clinical Presentation Nausea, vomiting, diarrhea	
Infectious Substances Feces, emesis/vomit	How it is Transmitted Direct contact and indirect contact (fecal-oral), and large droplets (vomiting)
Precautions Needed*	Contact Precautions
	Contact and Droplet Precautions if patient is actively vomiting
Duration of Precautions	
Until symptoms have stopped for 48 hours and after at least one normal or formed bowel movement	
Incubation Period 12 hours to 4 days	Period of Communicability Duration of viral shedding, usually 48 hours after diarrhea resolves
Comments *Precautions required are in addition to <u>Routine Practices</u> <ul style="list-style-type: none"> • Contact Infection Prevention and Control for discontinuation of additional precautions. • For immunocompromised patient, precautions need to be maintained for a longer duration due to prolonged viral shedding. Refer to: <u>Infection Prevention and Control Considerations for Immunocompromised Patients</u> • Common cause of outbreaks. Refer to <u>AHS Guidelines for Outbreak Prevention, Control and Management in Acute Care and Facility Living Sites</u>. 	

References: [PHAC \(2012\)](#), [Becker-Dreps 2020](#)

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O

Orf – Parapoxvirus

Otitis, draining (*Streptococcus* Group A, *Staphylococcus aureus*, many other bacteria)

IPC Diseases and Condition Table
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Suspected/Known Disease or Microorganism Orf – Parapoxvirus	
Clinical Presentation Skin lesions	
Infectious Substances Infected animals	How it is Transmitted Contact with infected animals (usually sheep and goats) No person-to-person transmission
Precautions Needed	Routine Practices
Duration of Precautions Not applicable	
Incubation Period 3-6 days	Period of Communicability Not applicable
Comments	

References: [PHAC \(2012\)](#)

IPC Diseases and Condition Table
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Suspected/Known Disease or Microorganism	
Otitis, draining (<i>Streptococcus</i> Group A, <i>Staphylococcus aureus</i>, many other bacteria)	
Clinical Presentation Ear drainage, ear pain	
Infectious Substances Drainage	How it is Transmitted Direct contact and indirect contact
Precautions Needed*	Routine Practices Minor drainage contained by dressing
	Contact Precautions Major drainage not contained by dressing
Duration of Precautions Until drainage resolved or contained by dressings.	
Incubation Period Variable	Period of Communicability Variable
Comments <p>*Precautions required are in addition to <u>Routine Practices</u></p> <ul style="list-style-type: none"> • See specific organism once identified 	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

P

Parainfluenza virus

Parvovirus B19 – Fifth disease, erythema infectiosum (rash), aplastic crisis

Pediculosis (Lice) – (*Pediculus humanus*, *Phthirus pubis*)

Pertussis

Pharyngitis – (*Streptococcus* Group A, *Corynebacterium diphtheriae*, many viruses)

Plague – bubonic (*Yersinia pestis*)

Plague – pneumonic (*Yersinia pestis*)

Pleurodynia (Enterovirus, Coxsackievirus)

Pneumocystis jiroveci pneumonia (PJP) – formerly known as *P. carinii* (PCP)

Pneumonia – bacterial or viral infection

Poliomyelitis

Proteus spp., MDR – see Multidrug-resistant (MDR) gram-negative bacilli

Providencia spp., MDR – see Multidrug-resistant (MDR) gram-negative bacilli

Pseudomembranous colitis – (*Clostridium difficile*)

Pseudomonas aeruginosa (Metallo-carbapenemase producing**)

Psittacosis (ornithosis) – (*Chlamydia psittaci*)

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Suspected/Known Disease or Microorganism	
Parainfluenza virus	
Clinical Presentation Fever, runny nose, cough, sneezing, wheezing, sore throat, croup, bronchitis	
Infectious Substances Respiratory secretions	How it is Transmitted Direct contact, indirect contact and large droplets
Precautions Needed*	Contact and Droplet Precautions Wear fit tested N95 respirator when performing <u>Aerosol-generating medical procedures (AGMPs).</u> **
Duration of Precautions Resolution of acute respiratory infection symptoms or return to baseline. Refer to clinical presentation for examples of symptoms. In the case of outbreak, patients are to remain on precautions for 5 days from the onset of acute illness OR until they are over the acute illness and have been afebrile X 48hr.	
Incubation Period 2-6 days	Period of Communicability Duration of symptoms
Comments *Precautions required are in addition to <u>Routine Practices</u> For immunocompromised patient, precautions need to be maintained for a longer duration due to prolonged viral shedding. Refer to <u>Infection Prevention and Control Considerations for Immunocompromised Patients</u> . Contact Infection Prevention and Control for discontinuation of additional precautions. <ul style="list-style-type: none"> • May cohort individuals infected with the same virus. • Minimize exposure of immunocompromised patients, children with chronic cardiac or lung disease, neonates. • In the case of outbreak refer to <u>AHS Guidelines for Outbreak Prevention, Control and Management in Acute Care and Facility Living Sites</u>. 	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

Suspected/Known Disease or Microorganism	
Parvovirus B19 – Fifth disease, erythema infectiosum, aplastic crisis	
Clinical Presentation Erythema Infectiosum (rash), aplastic crisis, fever, headache, rhinitis	
Infectious Substances Respiratory secretions	How it is Transmitted Direct contact, indirect contact and large droplets and vertical mother to fetus
Precautions Needed*	Routine Practices Fifth disease
	Droplet Precautions Aplastic crisis OR chronic infection in immunocompromised patient
Duration of Precautions If patient with transient aplastic or erythrocyte crisis maintain precautions for 7 days. For immune-suppressed patients with chronic infection or those with papular purpuric gloves and socks syndrome (PPGS), maintain precautions for duration of hospitalization	
Incubation Period 4-21 days	Period of Communicability Aplastic Crisis: Up to one week after onset of crisis Fifth Disease: immunocompromised patients are no longer infectious by the time the rash appears
Comments *Precautions required are in addition to <u>Routine Practices</u> <ul style="list-style-type: none"> Refer to: <u>Infection Prevention and Control Considerations for Immunocompromised Patients</u> Aplastic crisis is a dramatic drop in hematocrit levels, diagnosis to be determined by physician. 	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#), [Harvard \(2002\)](#)

IPC Diseases and Condition Table
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Suspected/Known Disease or Microorganism Pediculosis (Lice) – (<i>Pediculus humanus</i>, <i>Phthirus pubis</i>)	
Clinical Presentation Infestation may result in severe itching and excoriation of the scalp or body	
Infectious Substances Direct and indirect contact with louse	How it is Transmitted Contact with louse directly or indirectly
Precautions Needed	Contact Precautions
Duration of Precautions Continue until a minimum of 24 hours after start of effective therapy	
Incubation Period 6-10 days	Period of Communicability Until effective treatment to kill lice and ova and observed to be free of lice
Comments *Precautions required are in addition to <u>Routine Practices</u> <ul style="list-style-type: none"> • Apply treatment (pediculicide) as directed on label. If live lice found after therapy, repeat treatment. • Manually remove nits. As no pediculicide is 100% ovicidal, removal of nits decreases the risk of self-reinfestation • Head lice: wash headgear, combs, pillowcases, towels with hot water or dry clean or seal in plastic bag and store for 10 days • Body lice: as above and all exposed clothing and bedding 	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

IPC Diseases and Condition Table
Recommendations for Managements of Patients
Acute Care | 172

Suspected/Known Disease or Microorganism Pharyngitis – (<i>Streptococcus</i> Group A, <i>Corynebacterium diphtheriae</i>, many viruses)	
Clinical Presentation Sneezing, coughing, fever, headache, sore throat	
Infectious Substances Respiratory secretions	How it is Transmitted Direct contact, indirect contact and large droplets
Precautions Needed*	
ADULT	Routine Practices
	Droplet Precautions - if unable to cover cough
PEDIATRIC	Contact and Droplet Precautions
Duration of Precautions Variable depending on organism For viral infections, until symptoms resolve or return to baseline For Group A <i>Streptococcus</i> , until 24 hours of effective antimicrobial therapy completed	
Incubation Period Variable	Period of Communicability ADULT - Until acute symptoms resolve PEDIATRIC - Until acute symptoms resolve If Group A <i>Streptococcus</i> - until 24 hours of effective antimicrobial therapy completed
Comments *Precautions required are in addition to <u>Routine Practices</u> <ul style="list-style-type: none"> See specific organism once identified 	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

IPC Diseases and Condition Table
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 Acute Care | 173

Suspected/Known Disease or Microorganism Plague – bubonic (<i>Yersinia pestis</i>)	
Clinical Presentation Lymphadenitis, fever, chills, headache, extreme fatigue	
Infectious Substances Not applicable	How it is Transmitted Bite of an infected flea Contact with contaminated fluid or tissue i.e., touching or skinning infected animals
Precautions Needed	Routine Practices
Duration of Precautions Not applicable	
Incubation Period 1-7 days	Period of Communicability Not applicable
Comments <ul style="list-style-type: none"> • Physician to Notify Medical Officer of Health of case by fastest means possible • If the patient is deceased, refer to the Alberta Bodies of Deceased Persons Regulations. 	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

Suspected/Known Disease or Microorganism Plague – pneumonic (<i>Yersinia pestis</i>)	
Clinical Presentation Pneumonia, cough, fever, hemoptysis	
Infectious Substances Respiratory secretions	How it is Transmitted Direct contact: large droplets
Precautions Needed*	Droplet Precautions
Duration of Precautions Until 48 hours of effective antimicrobial therapy	
Incubation Period 1-4 days	Period of Communicability Until 48 hours of effective antimicrobial therapy
Comments *Precautions required are in addition to <u>Routine Practices</u> <ul style="list-style-type: none"> • Physician to Notify Medical Officer of Health of case by fastest means possible • If the patient is deceased, refer to the <u>Alberta Bodies of Deceased Persons Regulations</u>. • Close contacts may require prophylaxis 	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

IPC Diseases and Condition Table
 Recommendations for Managements of Patients
 Acute Care | 175

Suspected/Known Disease or Microorganism Pleurodynia (Enterovirus, Coxsackievirus)	
Clinical Presentation Fever, severe chest and abdominal/lower back pain, headache, malaise	
Infectious Substances Feces and respiratory secretions	How it is Transmitted Direct contact, indirect contact and large droplets
Precautions Needed*	
ADULT	Routine Practices
PEDIATRIC	Contact Precautions
Duration of Precautions	
ADULT	Not applicable
PEDIATRIC	Duration of illness
Incubation Period 3-5 days	Period of Communicability ADULT – not applicable PEDIATRIC – duration of illness
Comments *Precautions required are in addition to <u>Routine Practices</u> <ul style="list-style-type: none"> See specific organism once identified 	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

IPC Diseases and Condition Table
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Suspected/Known Disease or Microorganism <i>Pneumocystis jiroveci</i> pneumonia (PJP) – formerly known as <i>P. carinii</i> (PCP)	
Clinical Presentation Pneumonia in an immunocompromised patient	
Infectious Substances N/A	How it is Transmitted Unknown
Precautions Needed	Routine Practices
Duration of Precautions Not applicable	
Incubation Period Unknown	Period of Communicability Unknown
Comments <ul style="list-style-type: none"> • Ensure roommate is not immunocompromised • Refer to: <u>Infection Prevention and Control Considerations for Immunocompromised Patients</u> 	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

IPC Diseases and Condition Table
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 Acute Care | 177

Suspected/Known Disease or Microorganism	
Pneumonia – bacterial or viral infection	
Clinical Presentation Cough, fever, sore throat, difficulty breathing, fatigue. Infection may be present in one or both lungs.	
Infectious Substances Respiratory secretions	How it is Transmitted Direct contact, indirect contact and large droplets
Precautions Needed*	
Bacterial:	Routine Practices
ADULT	
Viral or Unknown:	Contact and Droplet Precautions
Duration of Precautions Resolution of acute respiratory infection symptoms or return to baseline. Refer to clinical presentation for examples of symptoms.	
Incubation Period Variable	Period of Communicability Duration of symptoms
Comments *Precautions required are in addition to <u>Routine Practices</u> <ul style="list-style-type: none"> • See specific organism once identified • Contact Infection Prevention and Control for cohorting considerations - may cohort individuals infected with the same virus once identified • Minimize exposure of immunocompromised patients, children with chronic cardiac or lung diseases, nephritic syndrome, neonates. These patients should not be cohorted. Refer to: <u>Infection Prevention and Control Considerations for Immunocompromised Patients</u> • Patients may have prolonged post-viral dry cough for weeks but this may not represent ongoing acute illness • If TB suspected, see <u>Tuberculosis (TB)</u> 	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

IPC Diseases and Condition Table
Recommendations for Managements of Patients
Acute Care | 178

Suspected/Known Disease or Microorganism Poliomyelitis	
Clinical Presentation Flaccid paralysis, fever, aseptic meningitis	
Infectious Substances Feces, respiratory secretions	How it is Transmitted Direct contact and indirect contact (fecal-oral)
Precautions Needed*	Contact Precautions Patient must be isolated in a private room with a private bathroom.
Duration of Precautions Until 6 weeks from start of illness or until feces culture negative	
Incubation Period 3-35 days	Period of Communicability Duration of shedding is up to 6 weeks
Comments <p>*Precautions required are in addition to <u>Routine Practices</u></p> <ul style="list-style-type: none"> • Physician to Notify Medical Officer of Health of suspected or confirmed case by fastest means possible • Only healthcare workers who are fully vaccinated** against poliovirus and are not immunocompromised should provide care for a poliovirus patient • Close contacts who are not immune should receive immunoprophylaxis <p>**Healthcare workers should contact WHS for immunity assessment</p>	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#), [PHAC \(Polio\) 2023](#)

IPC Diseases and Condition Table
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Suspected/Known Disease or Microorganism <i>Pseudomonas aeruginosa</i> (Metallo-carbapenemase producing**)	
Clinical Presentation Asymptomatic or various infections of skin, soft tissue, pneumonia, bacteremia, urinary tract, etc.	
Infectious Substances Colonized/infected body sites	How it is Transmitted Direct contact and indirect contact
Precautions Needed*	Routine Practices
Duration of Precautions As directed by Infection Prevention and Control	
Incubation Period Not applicable	Period of Communicability Variable
Comments *Precautions required are in addition to <u>Routine Practices</u> <ul style="list-style-type: none"> If organism is reported as <u>Carbapenemase-producing organism</u> 	

References: [CDC \(2011\)](#)

IPC Diseases and Condition Table
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Suspected/Known Disease or Microorganism Psittacosis (ornithosis) – (<i>Chlamydia psittaci</i>)	
Clinical Presentation Pneumonia, fever	
Infectious Substances Desiccated droppings, secretions and dust of infected birds	How it is Transmitted Acquired from contact with infected birds No person-to-person transmission
Precautions Needed	Routine Practices
Duration of Precautions Not applicable	
Incubation Period 7-14 days	Period of Communicability Not applicable
Comments	

References: [PHAC \(2012\)](#)

Q

Q fever (*Coxiella burnetii*)

IPC Diseases and Condition Table
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Suspected/Known Disease or Microorganism Q fever (<i>Coxiella burnetii</i>)	
Clinical Presentation Pneumonia, fever	
Infectious Substances Infected animals, raw milk	How it is Transmitted Acquired from contact with infected animals or ingestion of raw milk No person-to-person transmission
Precautions Needed	Routine Practices
Duration of Precautions Not applicable	
Incubation Period 14-39 days	Period of Communicability Not applicable
Comments	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

R

Rabies

Rash, petechial or purpuric – (potential pathogen *Neisseria meningitidis*)

Rash, vesicular – (potential pathogen Varicella virus)

Rat-bite fever –

Actinobacillus – (formerly *Streptobacillus moniliformis*)

Spirillum minus

Relapsing fever (*Borrelia* spp.)

Rhinovirus

Rickettsialpox (*Rickettsia akari*)

Ringworm (tinea) – (*Trichophyton* spp., *Microsporum* spp., *Epidermophyton* spp.)

Rocky mountain spotted fever (*Rickettsia rickettsii*)

Roseola infantum – Human Herpes virus 6 (HHV6)

Rotavirus

RSV – Respiratory Syncytial Virus

Rubella (German measles) –

Exposed susceptible contact

Acquired

Congenital

Rubeola (Measles) – Exposed susceptible contact and confirmed diagnosis

Suspected/Known Disease or Microorganism	
Rabies	
Clinical Presentation	
<p>Acute encephalomyelitis. First symptoms similar to those of the flu: headache, fever, malaise.</p> <p>There may be a discomfort, prickling or itching sensation at the site of the bite.</p> <p>As the disease progresses more symptoms of delirium, abnormal behavior, hallucinations and insomnia.</p>	
Infectious Substances	How it is Transmitted
Saliva	<p>Acquired from saliva or bite of infected animals</p> <p>Rarely documented via other routes such as contamination of mucous membranes (eyes, nose and mouth) aerosol transmission and corneal and organ transplantations</p> <p>Person-to-person transmission is theoretically possible but rare and not well documented</p>
Precautions Needed	Routine Practices
Duration of Precautions	
Not applicable	
Incubation Period	Period of Communicability
Highly variable, usually 3-8 weeks, rarely as short as 9 days or as long as 7 years	Not applicable
Comments	
<ul style="list-style-type: none"> • Physician to Notify Medical Officer of Health of case by fastest means possible • If the patient is deceased, refer to the Alberta Bodies of Deceased Persons Regulations. • Post-exposure prophylaxis is recommended for percutaneous or mucosal contamination with saliva of rabid animal 	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

Suspected/Known Disease or Microorganism

Rash, petechial or purpuric – (potential pathogen <i>Neisseria meningitidis</i>)	
Clinical Presentation Rash (petechial/purpuric) with fever	
Infectious Substances Respiratory secretions	How it is Transmitted Direct contact; large droplets
Precautions Needed*	Droplet Precautions if <i>Neisseria meningitidis</i> suspected
Duration of Precautions If <i>Neisseria meningitidis</i> confirmed, until 24 hours of effective antimicrobial therapy completed. If <i>Neisseria meningitidis</i> and other infectious cause ruled out, discontinue precautions.	
Incubation Period If <i>Neisseria meningitidis</i> : Usually 2-10 days	Period of Communicability If <i>Neisseria meningitidis</i> : Until 24 hours of effective antimicrobial therapy completed
Comments *Precautions required are in addition to <u>Routine Practices</u>	

References: [PHAC \(2012\)](#)

IPC Diseases and Condition Table
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Suspected/Known Disease or Microorganism Rash, vesicular – (potential pathogen varicella virus)	
Clinical Presentation Fever, rash	
Infectious Substances Respiratory secretions, skin lesion drainage	How it is Transmitted Airborne, direct contact and indirect contact
Precautions Needed*	Airborne and Contact Precautions
Duration of Precautions If Varicella infection is confirmed: until all lesions are dry	
Incubation Period See <u>Varicella</u>	Period of Communicability See <u>Varicella</u>
Comments *Precautions required are in addition to <u>Routine Practices</u> <ul style="list-style-type: none"> • See specific organism once identified 	

References: [PHAC \(2012\)](#)

Suspected/Known Disease or Microorganism Rat-bite fever – <i>Actinobacillus – (formerly Streptobacillus moniliformis)</i> <i>Spirillum minus</i>	
Clinical Presentation Fever, arthralgia. Additional symptoms can vary for the two types of rat-bite fever Refer to Centers for Disease Control and Prevention (CDC) for more detail.	
Infectious Substances Saliva of infected rodents; contaminated milk	How it is Transmitted Bite from infected animals Ingestion of contaminated milk No person-to-person transmission
Precautions Needed	Routine Practices
Duration of Precautions Not applicable	
Incubation Period 3-10 days for <i>A. moniliformis</i> 7-21 days for <i>S. minus</i>	Period of Communicability Not applicable
Comments <ul style="list-style-type: none"> • <i>A. moniliformis</i>: acquired from rats and other animals, contaminated milk • <i>S minus</i>: acquired from rats, mice only 	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

IPC Diseases and Condition Table
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Suspected/Known Disease or Microorganism Relapsing fever (<i>Borrelia</i> spp.)	
Clinical Presentation Recurrent fever, transitory petechial rashes	
Infectious Substances Infected lice or tick saliva	How it is Transmitted Acquired by bite of lice or ticks No person-to-person transmission
Precautions Needed	Routine Practices
Duration of Precautions Not applicable	
Incubation Period 2-18 days	Period of Communicability Not applicable
Comments	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

IPC Diseases and Condition Table
Recommendations for Managements of Patients
Acute Care | 189

Suspected/Known Disease or Microorganism	
Rhinovirus	
Clinical Presentation	
Sore throat, runny nose, coughing, sneezing	
Infectious Substances	How it is Transmitted
Respiratory secretions	Direct contact, indirect contact and large droplets
Precautions Needed*	Contact and Droplet Precautions
	For adult patients only: Wear fit tested N95 respirator when performing <u>Aerosol-generating medical procedures (AGMPs)</u> .**
Duration of Precautions	
Resolution of acute respiratory infection symptoms or return to baseline. Refer to clinical presentation for examples of symptoms.	
Incubation Period	Period of Communicability
2-3 days	Duration of symptoms
Comments	
<p>*Precautions required are in addition to <u>Routine Practices</u></p> <ul style="list-style-type: none"> • May cohort individuals infected with the same virus. Patient should not share room with high-risk roommates (e.g., immunosuppressed) <p>Minimize exposure to immunocompromised patients, children with chronic cardiac or lung disease, nephritic syndrome, neonates. These patients should not be cohorted.</p> <ul style="list-style-type: none"> • For immunocompromised patient, precautions need to be maintained for a longer duration due to prolonged viral shedding. Refer to: <u>Infection Prevention and Control Considerations for Immunocompromised Patients</u> 	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

IPC Diseases and Condition Table
 Recommendations for Managements of Patients
 Acute Care | 190

Suspected/Known Disease or Microorganism Rickettsialpox (<i>Rickettsia akari</i>)	
Clinical Presentation Fever, rash	
Infectious Substances Infected mouse-mite saliva	How it is Transmitted Acquired by bite of mouse-mite No person-to-person transmission
Precautions Needed	Routine Practices
Duration of Precautions Not applicable	
Incubation Period 9-14 days	Period of Communicability Not applicable
Comments	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

IPC Diseases and Condition Table
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Suspected/Known Disease or Microorganism	
Ringworm (tinea) – (<i>Trichophyton</i> spp., <i>Microsporum</i> spp., <i>Epidermophyton</i> spp.)	
Clinical Presentation Erythema (on skin, beard, scalp, groin, perineal region), pityriasis versicolor, scaling, lesions, athlete’s foot	
Infectious Substances Contaminated skin or hair	How it is Transmitted Direct contact (skin to skin) Indirect contact (shared combs, brushes, clothing, hats, sheets, shower stalls)
Precautions Needed*	Routine Practices
	Contact Precautions Outbreaks
Duration of Precautions Not applicable	
Incubation Period 4-14 days	Period of Communicability While lesion(s) are present
Comments *Precautions required are in addition to <u>Routine Practices</u> <ul style="list-style-type: none"> • While under treatment for <i>Trichophyton</i>, patient should be excluded from swimming pools and activities likely to lead to exposure of others • Refer to <u>AHS Guidelines for Outbreak Prevention, Control and Management in Acute Care and Facility Living Sites</u>. 	

References: [PHAC \(2012\)](#)

IPC Diseases and Condition Table
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Suspected/Known Disease or Microorganism Rocky mountain spotted fever (<i>Rickettsia rickettsii</i>)	
Clinical Presentation Fever, petechial rash, encephalitis	
Infectious Substances Tick saliva	How it is Transmitted Tick bite Not transmitted person-to-person except rarely by transfusion
Precautions Needed	Routine Practices
Duration of Precautions Not applicable	
Incubation Period 2-14 days	Period of Communicability Not applicable
Comments <ul style="list-style-type: none"> Infection in humans is incidental and is acquired most frequently during blood feeding by the infected tick, rarely through transfusion 	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

IPC Diseases and Condition Table
 Recommendations for Managements of Patients
 Acute Care | 193

Suspected/Known Disease or Microorganism Roseola infantum – Human Herpes virus 6 (HHV6)	
Clinical Presentation Rash, fever	
Infectious Substances Saliva (presumed)	How it is Transmitted Direct contact (close personal)
Precautions Needed	Routine Practices
Duration of Precautions Not applicable	
Incubation Period 9-10 days	Period of Communicability Unknown
Comments	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

IPC Diseases and Condition Table
 Recommendations for Managements of Patients
 Acute Care | 194

Suspected/Known Disease or Microorganism	
Rotavirus	
Clinical Presentation	
Acute fever, vomiting followed by watery diarrhea in 24 to 48 hours Diarrhea may persist for up to 8 days	
Infectious Substances	How it is Transmitted
Feces, contaminated objects (e.g., toys)	Direct contact and indirect contact, and if vomiting, large droplets
Precautions Needed*	Contact Precautions
	Contact and Droplet Precautions if vomiting
Duration of Precautions	
Until symptoms have stopped for 48 hours and after at least one normal or formed bowel movement OR patient is continent	
Incubation Period	Period of Communicability
1-3 days	Until symptoms resolve
Comments	
<p>*Precautions required are in addition to <u>Routine Practices</u></p> <ul style="list-style-type: none"> Prolonged fecal shedding may occur in immunocompromised patients after diarrhea has ceased; Contact Precautions should be maintained until laboratory results are negative. Refer to: <u>Infection Prevention and Control Considerations for Immunocompromised Patients</u> 	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

Suspected/Known Disease or Microorganism RSV – Respiratory Syncytial Virus	
Clinical Presentation Runny nose, coughing, sneezing, fever, wheezing	
Infectious Substances Respiratory secretions	How it is Transmitted Direct contact, indirect contact and large droplets
Precautions Needed*	<div style="border: 1px solid orange; padding: 2px;">Contact and Droplet Precautions</div> For adult patients only: Wear fit tested N95 respirator when performing <u>Aerosol-generating medical procedures (AGMPs).</u> **
Duration of Precautions Resolution of acute respiratory infection symptoms or return to baseline. Refer to clinical presentation for examples of symptoms.	
Incubation Period 2-8 days	Period of Communicability Duration of symptoms
Comments *Precautions required are in addition to <u>Routine Practices</u> <ul style="list-style-type: none"> • May cohort with others of same confirmed virus. • Minimize exposure of immunocompromised patients, children with chronic cardiac or lung disease, neonates. • For immunocompromised patient, precautions need to be maintained for a longer duration due to prolonged viral shedding. • Contact Infection Prevention and Control for discontinuation of additional precautions. Refer to: <u>Infection Prevention and Control Considerations for Immunocompromised Patients</u> • Refer to <u>AHS Guidelines for Outbreak Prevention, Control and Management in Acute Care and Facility Living Sites.</u> 	

IPC Diseases and Condition Table
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Suspected/Known Disease or Microorganism	
Rubella (German measles) –	Exposed susceptible contact Acquired Congenital
Clinical Presentation	
Exposed susceptible contact:	Asymptomatic
Acquired:	Fever and maculopapular rash
Congenital:	Congenital rubella syndrome in the newborn (mild fever, rash with diffuse red spots and skin eruptions of irregular round shapes)
Infectious Substances	
Congenital:	Urine and nasopharyngeal secretions
All other cases:	Respiratory secretions
How it is Transmitted	
Congenital:	Direct contact, indirect contact and large droplets
All other cases:	Direct contact and large droplets
Precautions Needed*	
Congenital:	Contact and Droplet Precautions
All other cases:	Droplet Precautions
Exposed susceptible contact:	Droplet Precautions should be maintained for exposed susceptible patients for 7 days after first contact through to 21 days after last contact.
Acquired:	Until 7 days of onset of rash

(Continued on next page)

IPC Diseases and Condition Table
Recommendations for Managements of Patients
Acute Care | 197

Suspected/Known Disease or Microorganism Rubella (German measles) – <i>(Continued from previous page)</i>		Exposed susceptible contact Acquired Congenital
Precautions Needed* (continued) Congenital:	Precautions will be required during any admission during the first year of life unless nasopharyngeal and urine cultures are done at > 3 months of age and are negative	
Duration of Precautions		
Exposed susceptible contact:	Droplet Precautions should be maintained for exposed susceptible patients for 7 days after first contact through to 21 days after last contact.	
Acquired:	Until 7 days after onset of rash	
Congenital:	Precautions will be required during any admission during the first year of life unless nasopharyngeal and urine cultures are done at > 3 months of age and are negative	
Incubation Period All cases:	14-21 days	
Period of Communicability		
Congenital:	Prolonged shedding in respiratory tract and urine can be up to one year	
All other cases:	One week before to 7 days after onset of rash, can be contagious up to 14 days after rash appears	

(Continued on next page)

Suspected/Known Disease or Microorganism

Rubella (German measles) –

(Continued from previous page)

Exposed susceptible contact

Acquired

Congenital

Comments

*Precautions required are in addition to Routine Practices

Congenital:

- Only immune persons should enter the room
- Proof of immunity includes
 - written documentation of receipt of > 1 dose of a rubella-containing vaccine administered on or after the first birthday, **or**
 - laboratory evidence of immunity (IgG); or laboratory confirmed infection.
- Non-immune persons should not enter except in urgent or compassionate circumstances

If immunity is unknown, assume person is non-immune

All other cases:

- Defer non-urgent admission if rubella is present. May admit after rash has resolved
- If possible, only immune healthcare providers, caretakers and visitors should enter the room. If it is essential for a non-immune person to enter the room, facial protection should be worn.
- Administer vaccine to exposed susceptible non-pregnant persons within 3 days of exposure

References: [Canadian Immunization Guide](#), [PHAC \(2012\)](#), [WHO \(2012\)](#)

Suspected/Known Disease or Microorganism Rubeola (Measles)	Measles: Exposed susceptible contact or suspect case	Measles: Known case
Clinical Presentation	Asymptomatic, may have prodromal fever and cough early in incubation period	Prodromal fever, cough, coryza, conjunctivitis (3Cs, koplik spots inside mouth, especially the cheeks) and maculopapular skin rash 3-7 days after symptom onset
Infectious Substances	Exhaled airborne particles	Exhaled airborne particles
How it is Transmitted	Airborne, if not measles may be droplet, indirect and direct contact	Airborne
Precautions Needed*	<u>Airborne Precautions and Contact and Droplet Precautions</u>	<u>Airborne Precautions and Infection Prevention Control Risk Assessment (IPC RA)</u>
Duration of Precautions	5 days after first exposure until 21 days after last exposure	4 days after start of rash in immunocompetent patients or until all symptoms are gone in <u>immunocompromised patients</u> .
Incubation Period	7-18 days *Individuals who receive immune globulin (Ig) for post-exposure prophylaxis (PEP) may have a prolonged incubation period	7-18 days
Period of Communicability	Potentially communicable during last 2 days of incubation period	5 days before onset of rash until 4 days after onset of rash
<p>Comments *Precautions required are in addition to <u>Routine Practices</u></p> <p>References: <u>PHAC (2012)</u>, <u>Alberta Health (2022)</u></p>	<ul style="list-style-type: none"> • Non-immune persons should not enter except in urgent or compassionate circumstances. If immunity is unknown, assume person is non-immune. • Defer non-urgent admissions if there is an exposed susceptible contact within their incubation period. • Precautions should be taken with neonates born to mother with measles infection at delivery • Once there is laboratory confirmation, the contact becomes a known case. Follow recommendations for a known case and place patient on <u>Airborne Precautions</u> 	<p>All Cases:</p> <ul style="list-style-type: none"> • Non-immune persons should not enter except in urgent or compassionate circumstances. If immunity is unknown, assume person is non-immune • Susceptible healthcare providers should not enter the room if immune staff are available. If they must enter the room an N95 respirator must be worn • All Individuals regardless of immunity are required to wear the N95 respirator when entering the room • Defer non-urgent admissions if chickenpox or disseminated zoster is present <p>Air Clearance Time (also known as Discharge Settle Time) Non-negative pressure rooms:</p> <ul style="list-style-type: none"> • Do not admit a new patient into this room for at least 2 hours. If entering room before 2 hours and wear an N95 respirator <p>Negative pressure rooms:</p> <ul style="list-style-type: none"> • Do not admit a new patient into this room for at least 45 minutes. If entering room before 45 minutes, wear an N95 respirator • Alternatively, if specific air exchange rates for the room are known, refer to Table 1: Air Clearance Rates to determine discharge settle times • Susceptible high-risk contacts may be given post-exposure prophylaxis (PEP) • Immunocompromised patient additional precautions need to be maintained for a longer duration due to prolonged viral shedding <p>Rubeola (Measles): If you suspect measles in a patient, you must notify public health by calling 1-844-343-0971. If you need additional support, you can call the MOH on call at the following numbers:</p> <ul style="list-style-type: none"> • Calgary Zone: 403-264-5615 • Central Zone: 403-356-6430 • Edmonton Zone: 780-433-3940 • North Zone: 1-800-732-8981 • South Zone: 403-388-6111

IPC Diseases and Condition Table
Recommendations for Managements of Patients
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S

Salmonella (*Salmonella* spp.)

Sapovirus

SARS CoV – (Severe acute respiratory syndrome, Coronavirus)

Scabies (*Sarcoptes scabiei*), Rash – compatible with scabies (Ectoparasite)

Scarlet fever

Schistosomiasis (*Schistosoma* spp.)

Septic arthritis – (*Haemophilus influenzae* type B [HIB] [possible in non-immune child <5 years of age],
Streptococcus Group A, *Staphylococcus aureus*, many other bacteria)

Serratia spp.

Shigella (*Shigella* spp.)

Shingles

Smallpox (variola major virus, variola minor virus)

Sporotrichosis (*Sporothrix schenckii*)

Staphylococcus aureus – MRSA

Staphylococcus aureus – not MRSA – And other *Streptococci*, excluding Group A

 Pneumonia

 Skin infection

 Staphylococcal scalded skin syndrome (Ritter's disease)

Stenotrophomonas maltophilia

Streptococcus Group A (GAS)

Streptococcus, Group B (*Streptococcus agalactiae*)

Streptococcus pneumoniae

Strongyloidiasis (*Strongyloides stercoralis*)

Syphilis (*Treponema pallidum*)

IPC Diseases and Condition Table
Recommendations for Managements of Patients
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Suspected/Known Disease or Microorganism Salmonella (<i>Salmonella</i> spp.)	
Clinical Presentation Diarrhea, enteric fever, typhoid fever, food poisoning	
Infectious Substances Feces	How it is Transmitted Direct contact, indirect contact and foodborne
Precautions Needed*	Contact Precautions If patient <ul style="list-style-type: none"> • is incontinent • has stools that cannot be contained • has poor hygiene and may contaminate his/her environment
Duration of Precautions Until symptoms have stopped for 48 hours AND after at least one normal/baseline or formed bowel movement OR until patient is continent and has good hygiene	
Incubation Period 6-72 hours for diarrhea; 3-60 days for enteric fever	Period of Communicability Until symptoms resolve
Comments *Precautions required are in addition to <u>Routine Practices</u> If organism is reported as <u>Carbapenemase-producing organism</u>	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

IPC Diseases and Condition Table
Recommendations for Managements of Patients
Acute Care | 202

<p>Suspected/Known Disease or Microorganism</p> <p>SARS CoV – (Severe acute respiratory syndrome, Coronavirus)</p>	
<p>Clinical Presentation</p> <p>Fever, cough, runny nose, sore throat, pneumonia (shortness of breath, discomfort during breathing)</p>	
<p>Infectious Substances</p> <p>Respiratory secretions and exhaled droplets and airborne particles, stool</p>	<p>How it is Transmitted</p> <p>Direct contact, indirect contact and large droplets</p>
<p>Precautions Needed*</p>	<p style="background-color: #ffffcc;">Contact and Droplet Precautions</p> <p>Perform an Infection Prevention and Control Risk Assessment (IPC RA) and wear fit tested N95 respirator when performing <u>Aerosol-generating medical procedures (AGMPs)</u>.**</p> <p>For more information refer to Interim Guidance-Novel Coronavirus</p>
<p>Duration of Precautions</p> <p>Duration of precautions will be determined on a case-by-case basis and in conjunction with Infection Prevention and Control, and the Medical Officer of Health.</p>	
<p>Incubation Period</p> <p>3-10 days</p>	<p>Period of Communicability</p> <p>Unknown / variable</p>
<p>Comments</p> <p>*Precautions required are in addition to Routine Practices.</p> <ul style="list-style-type: none"> • Physician to Notify Medical Officer of Health of case by fastest means possible • Contact Infection Prevention and Control for discontinuation of precautions Minimize exposure to immunocompromised patients, children with chronic cardiac or lung disease, nephritic syndrome, neonates. These patients should not be cohorted. Refer to: Infection Prevention and Control Considerations for Immunocompromised Patients • Immunocompromised patient additional precautions need to be maintained for a longer duration due to prolonged viral shedding. <p>** <i>For complete list of AGMPs</i></p>	

References: [PHAC \(2012\)](#),

Suspected/Known Disease or Microorganism Scabies (<i>Sarcoptes scabiei</i>), Rash – compatible with scabies (ectoparasite)	
Clinical Presentation Scales or blisters with intense itching especially at night, pimple like rash. Track like burrows in the skin. In early stages can look like acne, mosquito bites. Crusted or severe scabies may present with vesicles and thick crusts over the skin and lack the typical intense itching to clinical presentation.	
Infectious Substances Mite	How it is Transmitted Direct contact and indirect contact
Precautions Needed*	Contact Precautions
Duration of Precautions Until 24 hours after initiation of effective treatment	
Incubation Period Initial infestation: 2-6 weeks Re-infection: 1-4 days after re-exposure	Period of Communicability Until mites and eggs are destroyed by treatment, usually after 1 or 2 courses of treatment, a week apart
Comments *Precautions required are in addition to <u>Routine Practices</u> <ul style="list-style-type: none"> • Apply scabicide as directed on label • Wash clothes and bedding in hot water, dry clean or seal in a plastic bag and store for 1 week • Household and sexual contacts should be treated 	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

IPC Diseases and Condition Table
 Recommendations for Managements of Patients
 Acute Care | 204

Suspected/Known Disease or Microorganism Schistosomiasis (<i>Schistosoma</i> spp.)	
Clinical Presentation Diarrhea, fever, itchy rash, hepatosplenomegaly, hematuria	
Infectious Substances Contaminated water	How it is Transmitted Acquired by contact with larvae in contaminated water No person-to-person transmission
Precautions Needed	Routine Practices
Duration of Precautions Not applicable	
Incubation Period Unknown	Period of Communicability Not applicable
Comments	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

IPC Diseases and Condition Table
Recommendations for Managements of Patients
Acute Care | 205

Suspected/Known Disease or Microorganism Septic arthritis – (<i>Haemophilus influenzae</i> type B [HIB] [possible in non-immune child <5 years of age], <i>Streptococcus</i> Group A, <i>Staphylococcus aureus</i>, many other bacteria)	
Clinical Presentation Inability to move the limb with the infected joint (pseudoparalysis), intense joint pain, joint swelling, joint redness, low fever	
Infectious Substances Respiratory secretions if HIB	How it is Transmitted Direct contact if HIB and large droplet if HIB
Precautions Needed*	
ADULT	Routine Practices
PEDIATRIC	Droplet Precautions - if HIB
Duration of Precautions If HIB until 24 hours of effective antimicrobial therapy completed	
Incubation Period Not applicable	Period of Communicability Not applicable
Comments *Precautions required are in addition to <u>Routine Practices</u>	

References: [PHAC \(2012\)](#)

IPC Diseases and Condition Table
Recommendations for Managements of Patients
Acute Care | 206

Suspected/Known Disease or Microorganism Shigella (<i>Shigella</i> spp.)	
Clinical Presentation Diarrhea	
Infectious Substances Feces	How it is Transmitted Direct contact and indirect contact (fecal-oral)
Precautions Needed*	Contact Precautions If patient <ul style="list-style-type: none"> • is incontinent • has stools that cannot be contained • has poor hygiene and may contaminate his/her environment
Duration of Precautions Until symptoms have stopped for 48 hours AND after at least one normal/baseline or formed bowel movement OR until patient is continent and has good hygiene	
Incubation Period 1-3 days	Period of Communicability Until symptoms resolve
Comments *Precautions required are in addition to <u>Routine Practices</u> <ul style="list-style-type: none"> • Treatment with effective antimicrobial therapy shortens period of infectivity 	

References: [PHAC \(2012\)](#)

IPC Diseases and Condition Table
 Recommendations for Managements of Patients
 Acute Care | 207

Suspected/Known Disease or Microorganism Smallpox (variola major virus, variola minor virus)	
Clinical Presentation Fever, vesicular/pustular lesions in appropriate epidemiologic context	
Infectious Substances Skin lesion exudate, oropharyngeal secretions	How it is Transmitted Direct contact, indirect contact and airborne
Precautions Needed*	Airborne Precautions
	Contact and Droplet Precautions
Duration of Precautions 3-4 weeks after onset of rash when all crusts have separated	
Incubation Period 7-10 days	Period of Communicability 3-4 weeks after onset of rash when all crusts have separated
Comments *Precautions required are in addition to <u>Routine Practices</u> <ul style="list-style-type: none"> • Physician to notify Medical Officer of Health of case by fastest means possible • May be Bioterrorism related • If the patient is deceased, refer to the <u>Alberta Bodies of Deceased Persons Regulations</u> 	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

IPC Diseases and Condition Table
 Recommendations for Managements of Patients
 Acute Care | 208

Suspected/Known Disease or Microorganism Sporotrichosis (<i>Sporothrix schenckii</i>)	
Clinical Presentation Skin lesions	
Infectious Substances Contaminated soil, vegetation	How it is Transmitted Acquired from spores in soil or vegetation No person-to-person transmission
Precautions Needed	<div style="border: 1px solid black; padding: 2px;">Routine Practices</div>
Duration of Precautions Not applicable	
Incubation Period Variable	Period of Communicability Not applicable
Comments	

References: [PHAC \(2012\)](#)

IPC Diseases and Condition Table
 Recommendations for Managements of Patients
 Acute Care | 209

Suspected/Known Disease or Microorganism <i>Staphylococcus aureus</i> – MRSA	
Clinical Presentation Asymptomatic or various infections of skin, soft tissue, pneumonia, bacteremia, urinary tract, etc. Infection or colonization of any body site	
Infectious Substances Surface skin, secretions Respiratory secretions if pneumonia	How it is Transmitted Direct contact, indirect contact and large droplets (if pneumonia)
Precautions Needed*	Contact Precautions
	Contact and Droplet Precautions if patient has active MRSA pneumonia
Duration of Precautions As directed by Infection Prevention and Control	
Incubation Period Variable	Period of Communicability Variable
Comments *Precautions required are in addition to <u>Routine Practices</u>	

References: [PHAC \(2012\)](#)

IPC Diseases and Condition Table
 Recommendations for Managements of Patients
 Acute Care | 210

Suspected/Known Disease or Microorganism <i>Staphylococcus aureus</i> – not MRSA And other <i>Streptococci</i> , excluding Group A		<u>Pneumonia</u> Skin infection Staphylococcal scalded skin syndrome (Ritter’s disease)
Clinical Presentation		
Pneumonia:	Pneumonia	
Skin infection:	Wound or burn infections, skin infection, furuncles, impetigo, scalded skin syndrome	
Scalded skin syndrome (Ritter’s disease):	Painful, rash with thick white/brown flakes, fluid filled blisters	
Infectious Substances		
Pneumonia:	Possibly respiratory secretions	
All other cases:	Skin exudates and drainage	
How it is Transmitted		
Pneumonia:	Not applicable	
All other cases:	Direct contact and indirect contact	

(Continued on next page)

IPC Diseases and Condition Table
 Recommendations for Managements of Patients
 Acute Care | 211

Suspected/Known Disease or Microorganism <i>Staphylococcus aureus</i> – not MRSA And other <i>Streptococci</i> , excluding Group A <i>(Continued from previous page)</i>		<u>Pneumonia</u> Skin infection Staphylococcal scalded skin syndrome (Ritter’s disease)
Precautions Needed*		
Pneumonia: ADULT	Routine Practices	
PEDIATRIC	Droplet Precautions	
All other cases:	Routine Practices - Minor drainage contained by dressing	
	Contact Precautions - Major drainage not contained by dressing	
Duration of Precautions		
Pneumonia: ADULT PEDIATRIC	Not applicable 24 hrs. effective antimicrobial therapy	
All other cases:	Until drainage has stopped or is able to be contained by dressings	

(Continued on next page)

IPC Diseases and Condition Table
 Recommendations for Managements of Patients
 Acute Care | 212

<p>Suspected/Known Disease or Microorganism</p> <p><i>Staphylococcus aureus</i> – not MRSA</p> <p>And other <i>Streptococci</i>, excluding Group A</p> <p><i>(Continued from previous page)</i></p>		<p><u>Pneumonia</u></p> <p>Skin infection</p> <p>Staphylococcal scalded skin syndrome (Ritter’s disease)</p>
<p>Incubation Period</p> <p>Variable</p>	<p>Period of Communicability</p> <p><u>Pneumonia</u>: Variable</p> <p><u>All other cases</u>: While organism is present in drainage</p>	
<p>Comments</p> <p>*Precautions required are in addition to <u>Routine Practices</u></p>		

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

IPC Diseases and Condition Table
 Recommendations for Managements of Patients
 Acute Care | 213

Suspected/Known Disease or Microorganism <i>Stenotrophomonas maltophilia</i>	
Clinical Presentation Infection or colonization of respiratory secretions/sputum, sepsis	
Infectious Substances Respiratory secretions	How it is Transmitted Direct contact and indirect contact
Precautions Needed	Routine Practices
Duration of Precautions Not applicable	
Incubation Period Unknown	Period of Communicability While organism is in respiratory secretions
Comments <ul style="list-style-type: none"> When clusters or outbreaks occur IPC may initiate Contact Precautions 	

References: [PHAC \(2012\)](#)

IPC Diseases and Condition Table
 Recommendations for Managements of Patients
 Acute Care | 214

Suspected/Known Disease or Microorganism <i>Streptococcus, Group B (Streptococcus agalactiae)</i>	
Clinical Presentation Sepsis, meningitis	
Infectious Substances Normal flora	How it is Transmitted Mother to infant shortly before or during delivery
Precautions Needed	Routine Practices
Duration of Precautions Not applicable	
Incubation Period Early onset: < 7days Late onset: 7 days to 3 months of age	Period of Communicability Variable
Comments	

References: [PHAC \(2012\)](#)

IPC Diseases and Condition Table
 Recommendations for Managements of Patients
 Acute Care | 215

Suspected/Known Disease or Microorganism <i>Streptococcus pneumoniae</i>	
Clinical Presentation Meningitis, bacteremia, epiglottitis, pneumonia	
Infectious Substances Normal flora	How it is Transmitted Not applicable
Precautions Needed	Routine Practices
Duration of Precautions Not applicable	
Incubation Period Variable	Period of Communicability Not applicable
Comments	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

IPC Diseases and Condition Table
 Recommendations for Managements of Patients
 Acute Care | 216

Suspected/Known Disease or Microorganism Strongyloidiasis (<i>Strongyloides stercoralis</i>)	
Clinical Presentation Usually asymptomatic	
Infectious Substances Larvae in feces	How it is Transmitted Penetration of skin by larvae Rarely transmitted person-to-person
Precautions Needed	Routine Practices
Duration of Precautions Not applicable	
Incubation Period Unknown	Period of Communicability Not applicable
Comments <ul style="list-style-type: none"> Although usual route of transmission is through skin contact of contaminated soil, Fecal-oral transmission can occur. May cause disseminated disease in immunocompromised patient. Refer to: <u>Infection Prevention and Control Considerations for Immunocompromised Patients</u> 	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

IPC Diseases and Condition Table
 Recommendations for Managements of Patients
 Acute Care | 217

Suspected/Known Disease or Microorganism Syphilis (<i>Treponema pallidum</i>)	
Clinical Presentation Genital, skin or mucosal lesions, disseminated disease, neurological or cardiac disease, latent infection	
Infectious Substances Genital secretions, lesion exudates	How it is Transmitted Mom to newborn or fetus, sexual contact and direct contact with infectious exudates or lesions
Precautions Needed*	Routine Practices
	Contact Precautions infants with congenital syphilis until 24 hours of effective antimicrobial therapy completed
Duration of Precautions Not applicable	
Incubation Period 10-90 days	Period of Communicability Communicability exists when moist mucocutaneous lesions of primary and secondary syphilis are present (generally after one year of infection)
Comments *Precautions required are in addition to <u>Routine Practices</u>	

References: [PHAC \(2012\)](#)

T

Tapeworm (*Taenia saginata*, *Taenia solium*, *Diphyllobothrium latum*, *Hymenolepsis nana*)

Tetanus (*Clostridium tetani*)

Toxic shock syndrome

Toxocariasis (*Toxocara canis*, *Toxocara cati*)

Toxoplasmosis (*Toxoplasma gondii*)

Trachoma (*Chlamydia trachomatis*)

Trench fever (*Bartonella quintana*)

Treponema pallidum

Trichinosis (*Trichinella spiralis*)

Trichomoniasis (*Trichomonas vaginalis*)

Trichuriasis – whipworm (*Trichuris trichiura*)

Tuberculosis (TB) –

Extrapulmonary (*Mycobacterium tuberculosis*); (also *M. africanum*, *M. bovis*, *M. caprae*, *M. microti*, *M. pinnipedii*, *M. canetti*, *M. bovis BCG*)

Pulmonary disease (*Mycobacterium tuberculosis*); (also *M. africanum*, *M. bovis*, *M. caprae*, *M. microti*, *M. pinnipedii*, *M. canetti*, *M. bovis BCG*)

Non-pulmonary

Tularemia (*Francisella tularensis*)

Typhoid or Paratyphoid fever (*Salmonella typhi*, *Salmonella paratyphi*)

Typhus fever (*Rickettsia typhi*, *Rickettsia prowazekii*)

IPC Diseases and Condition Table
 Recommendations for Managements of Patients
 Acute Care | 219

Suspected/Known Disease or Microorganism Tapeworm (<i>Taenia saginata</i>, <i>Taenia solium</i>, <i>Diphyllobothrium latum</i>, <i>Hymenolepsis nana</i>)	
Clinical Presentation Usually asymptomatic	
Infectious Substances Ova in feces	How it is Transmitted Direct contact and foodborne
Precautions Needed	Routine Practices
Duration of Precautions Not applicable	
Incubation Period Variable when foodborne, 2-4 weeks if contact with feces	Period of Communicability <i>T. saginata</i> is not directly transmitted person-to-person, however <i>T. solium</i> can be. Eggs may be viable in the environment for months.
Comments <ul style="list-style-type: none"> Consumption of larvae in raw or undercooked beef, pork or raw fish; larvae develop into adult tapeworms in gastrointestinal tract 	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

IPC Diseases and Condition Table
 Recommendations for Managements of Patients
 Acute Care | 220

Suspected/Known Disease or Microorganism Tetanus (<i>Clostridium tetani</i>)	
Clinical Presentation Headache, jaw cramping, sudden involuntary muscle tightening, painful muscle stiffness all over body, trouble swallowing, seizures, fever, sweating, high blood pressure and fast heart rate	
Infectious Substances Soil or fomites contaminated with animal and human feces	How it is Transmitted Tetanus spores are usually introduced through a puncture wound contaminated with soil or feces No person-to-person transmission
Precautions Needed	Routine Practices
Duration of Precautions Not applicable	
Incubation Period 1 day to several months	Period of Communicability Not applicable
Comments	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

IPC Diseases and Condition Table
 Recommendations for Managements of Patients
 Acute Care | 221

Suspected/Known Disease or Microorganism Toxocariasis (<i>Toxocara canis</i>, <i>Toxocara cati</i>)	
Clinical Presentation Fever, wheeze, rash, eosinophilia	
Infectious Substances Acquired from contact with dogs, cats	How it is Transmitted Ova in dog or cat feces
Precautions Needed	Routine Practices
Duration of Precautions Not applicable	
Incubation Period Unknown	Period of Communicability Not applicable
Comments	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

IPC Diseases and Condition Table
Recommendations for Managements of Patients
Acute Care | 222

Suspected/Known Disease or Microorganism	
Toxoplasmosis (<i>Toxoplasma gondii</i>)	
Clinical Presentation Asymptomatic or fever, lymphadenopathy, retinitis, encephalitis in immunocompromised patient, congenital infection	
Infectious Substances Cat feces, contaminated soil	How it is Transmitted Acquired by contact with infected cat feces or soil contaminated by cats, consumption of raw meat, contaminated raw vegetables or contaminated water No person-to-person transmission except mother to fetus.
Precautions Needed	Routine Practices
Duration of Precautions Not applicable	
Incubation Period 5-23 days	Period of Communicability
Comments <ul style="list-style-type: none"> For immunocompromised patient, precautions need to be maintained for a longer duration due to prolonged viral shedding: Refer to: <u>Infection Prevention and Control Considerations for Immunocompromised Patients</u> Oocysts shed by cats become infective 1-5 days later and can remain viable in the soil for a year. 	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

IPC Diseases and Condition Table
 Recommendations for Managements of Patients
 Acute Care | 223

Suspected/Known Disease or Microorganism Trachoma (<i>Chlamydia trachomatis</i>)	
Clinical Presentation Conjunctivitis	
Infectious Substances Ocular drainage	How it is Transmitted Direct contact and indirect contact
Precautions Needed	Routine Practices
Duration of Precautions Not applicable	
Incubation Period 5-12 days	Period of Communicability As long as organism is present in secretions
Comments	

References: [PHAC \(2012\)](#)

IPC Diseases and Condition Table
 Recommendations for Managements of Patients
 Acute Care | 224

Suspected/Known Disease or Microorganism Trench fever (<i>Bartonella quintana</i>)	
Clinical Presentation Headache, malaise, pain and tender shins, splenomegaly, rash	
Infectious Substances Feces of human body lice	How it is Transmitted No person-to-person transmission
Precautions Needed	Routine Practices
Duration of Precautions Not applicable	
Incubation Period 7-30 days	Period of Communicability Not applicable
Comments	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

IPC Diseases and Condition Table
 Recommendations for Managements of Patients
 Acute Care | 225

Suspected/Known Disease or Microorganism Trichinosis (<i>Trichinella spiralis</i>)	
Clinical Presentation Fever, rash, diarrhea	
Infectious Substances Acquired from consumption of infected meat	How it is Transmitted No person-to-person transmission
Precautions Needed	Routine Practices
Duration of Precautions Not applicable	
Incubation Period 5-45 days	Period of Communicability Not applicable
Comments	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

IPC Diseases and Condition Table
 Recommendations for Managements of Patients
 Acute Care | 226

Suspected/Known Disease or Microorganism Trichomoniasis (<i>Trichomonas vaginalis</i>)	
Clinical Presentation Vaginitis	
Infectious Substances Vaginal secretions and urethral discharges of infected people	How it is Transmitted Sexual contact
Precautions Needed	Routine Practices
Duration of Precautions Not applicable	
Incubation Period 4-28 days	Period of Communicability Duration of infection
Comments	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

IPC Diseases and Condition Table
 Recommendations for Managements of Patients
 Acute Care | 227

Suspected/Known Disease or Microorganism Trichuriasis – whipworm (<i>Trichuris trichiura</i>)	
Clinical Presentation Abdominal pain, diarrhea	
Infectious Substances Acquired from ova in soil	How it is Transmitted No person-to-person transmission
Precautions Needed	Routine Practices
Duration of Precautions Not applicable	
Incubation Period Unknown	Period of Communicability Not applicable
Comments <ul style="list-style-type: none"> Acquired through ingestion of contaminated soil. Ova must hatch in soil to be infective. 	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

IPC Diseases and Condition Table
Recommendations for Managements of Patients
Acute Care | 228

Suspected/Known Disease or Microorganism	
Tuberculosis (TB) –	
Extrapulmonary (Mycobacterium tuberculosis); (also <i>M. africanum</i>, <i>M. bovis</i>, <i>M. caprae</i>, <i>M. microti</i>, <i>M. pinnipedii</i>, <i>M. canetti</i>, <i>M. bovis BCG</i>)	
Pulmonary disease (Mycobacterium tuberculosis); (also <i>M. africanum</i>, <i>M. bovis</i>, <i>M. caprae</i>, <i>M. microti</i>, <i>M. pinnipedii</i>, <i>M. canetti</i>, <i>M. bovis BCG</i>)	
Clinical Presentation	
Extrapulmonary:	Meningitis, bone, joint infection, draining lesions
Pulmonary:	Confirmed or suspected pulmonary tuberculosis (may include pneumonia, cough, fever, night sweats, weight loss), laryngeal tuberculosis
Infectious Substances	
Extrapulmonary:	Drainage
Pulmonary:	Exhaled airborne particles
How it is Transmitted	
Extrapulmonary:	Aerosolized wound drainage
Pulmonary:	Airborne
Precautions Needed*	
Extrapulmonary:	Airborne Precautions required only if procedures that may aerosolize drainage are being performed or suspicion of miliary tuberculosis with pulmonary involvement
Pulmonary:	Airborne Precautions

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<p>Suspected/Known Disease or Microorganism</p> <p>Tuberculosis (TB) – Extrapulmonary (<i>Mycobacterium tuberculosis</i>); (also <i>M. africanum</i>, <i>M. bovis</i>, <i>M. caprae</i>, <i>M. microti</i>, <i>M. pinnipedii</i>, <i>M. canetti</i>, <i>M. bovis BCG</i>) Pulmonary disease (<i>Mycobacterium tuberculosis</i>); (also <i>M. africanum</i>, <i>M. bovis</i>, <i>M. caprae</i>, <i>M. microti</i>, <i>M. pinnipedii</i>, <i>M. canetti</i>, <i>M. bovis BCG</i>) <i>(Continued from previous page)</i></p>		
<p>Duration of Precautions</p>		
<p>Extrapulmonary:</p>	<p>While viable organisms are in drainage</p>	
<p>Pulmonary TB smear status:</p>	<p>Rifampin-susceptible</p>	<p>Confirmed or suspect rifampin-resistant</p>
<p>Smear-negative</p>	<p>Precautions can be discontinued once there is clinical evidence of improvement and a minimum of two weeks of effective therapy has been completed.</p>	<p>Discontinuing airborne precautions may be considered once there is clinical improvement, second-line drug susceptibility results are available, a minimum of 4 weeks of effective therapy has been completed and, for those initially smear-positive, three consecutive sputum smears are negative.</p>
<p>Smear-positive</p>	<p>Precautions can be discontinued once there is clinical evidence of improvement, a minimum of 2 weeks of effective therapy has been completed and there are 3 consecutive negative acid-fast bacilli sputum smears.</p>	
<p>Persistent smear-positive</p>	<p>Discontinuation of precautions may be considered once there is clinical evidence of improvement and a minimum of 4 weeks of effective therapy has been completed.</p>	

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Suspected/Known Disease or Microorganism Tuberculosis (TB) – Extrapulmonary (<i>Mycobacterium tuberculosis</i>); (also <i>M. africanum</i>, <i>M. bovis</i>, <i>M. caprae</i>, <i>M. microti</i>, <i>M. pinnipedii</i>, <i>M. canetti</i>, <i>M. bovis BCG</i>) Pulmonary disease (<i>Mycobacterium tuberculosis</i>); (also <i>M. africanum</i>, <i>M. bovis</i>, <i>M. caprae</i>, <i>M. microti</i>, <i>M. pinnipedii</i>, <i>M. canetti</i>, <i>M. bovis BCG</i>) <i>(Continued from previous page)</i>	
Incubation Period	
All Cases:	Weeks to years
Period of Communicability	
Extrapulmonary:	Only during procedures which may result in aerosolization of infected drainage
Pulmonary:	While organisms are in sputum
Comments *Precautions required are in addition to <u>Routine Practices</u> Extrapulmonary: <ul style="list-style-type: none"> • Physician to notify Medical Officer of Health of case by fastest means possible • Assess for concurrent pulmonary tuberculosis • Avoid procedures that may generate aerosols from drainage Pulmonary: <ul style="list-style-type: none"> • Physician to Notify Medical Officer of Health of case by fastest means possible. • Contact Infection Prevention and Control for discontinuation of precautions • Young children with tuberculosis are rarely infectious as they usually do not cough or have cavitary disease so may not require Airborne Precautions. Airborne Precautions should be implemented until an expert in tuberculosis management deems the patient <i>non-infectious</i>. • Household/close contacts visiting pediatric patients admitted with suspected TB should remain in the patient’s room and when leaving the room should wear a procedure mask until active TB disease can be ruled out in the visiting contacts. If the patient is deceased, refer to the <u>Alberta Bodies of Deceased Persons Regulations</u> .	

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Suspected/Known Disease or Microorganism

Tuberculosis (TB) –

Extrapulmonary (*Mycobacterium tuberculosis*); (also *M. africanum*, *M. bovis*, *M. caprae*, *M. microti*, *M. pinnipedii*, *M. canetti*, *M. bovis BCG*)

Pulmonary disease (*Mycobacterium tuberculosis*); (also *M. africanum*, *M. bovis*, *M. caprae*, *M. microti*, *M. pinnipedii*, *M. canetti*, *M. bovis BCG*)

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Comments (continued)

• **Discharge Settle Time**

Non-negative pressure rooms:

- Do not admit a new patient into this room for at least 2 hours. If entering room before 2 hours wear an N95 respirator

Negative pressure rooms:

- Do not admit a new patient into this room for at least 45 minutes. If entering room before 45 minutes wear an N95 respirator
- Alternatively, if specific air exchange rates for the room are known, refer to Table 1: Air Clearance Rates to determine discharge settle times

References: [PHAC \(2012\)](#), [CDC \(2016\)](#), [GOVT AB \(2013\)](#), [Cdn.TB Std.](#)

IPC Diseases and Condition Table
 Recommendations for Managements of Patients
 Acute Care | 232

Suspected/Known Disease or Microorganism Tularemia (<i>Francisella tularensis</i>)	
Clinical Presentation Fever, lymphadenopathy, pneumonia	
Infectious Substances Acquired from contact with infected animals	How it is Transmitted No person-to-person transmission
Precautions Needed	Routine Practices
Duration of Precautions Not applicable	
Incubation Period 1-14 days	Period of Communicability Not applicable
Comments <ul style="list-style-type: none"> • Physician to notify Medical Officer of Health of case by fastest means possible • May be bioterrorism related 	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

IPC Diseases and Condition Table
 Recommendations for Managements of Patients
 Acute Care | 233

Suspected/Known Disease or Microorganism Typhoid or Paratyphoid fever (<i>Salmonella typhi</i>, <i>Salmonella paratyphi</i>)	
Clinical Presentation Sustained fever, headache, malaise, anorexia	
Infectious Substances Feces, urine	How it is Transmitted Direct contact, indirect contact and foodborne
Precautions Needed*	Contact Precautions If patient <ul style="list-style-type: none"> • is incontinent • has stools that cannot be contained • has poor hygiene and may contaminate his/her environment
Duration of Precautions Until symptoms have stopped for 48 hours AND after at least one normal/baseline or formed bowel movement OR until patient is continent and has good hygiene	
Incubation Period 3-60 days for enteric fever	Period of Communicability Variable
Comments *Precautions required are in addition to <u>Routine Practices</u> <ul style="list-style-type: none"> • Physician to notify Medical Officer of Health of case by fastest means possible 	

References: [PHAC \(2012\)](#)

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Suspected/Known Disease or Microorganism Typhus fever (<i>Rickettsia typhi</i>, <i>Rickettsia prowazekii</i>)	
Clinical Presentation Fever, rash	
Infectious Substances Acquired from bite of fleas or lice	How it is Transmitted No person-to-person transmission
Precautions Needed	Routine Practices
Duration of Precautions Not applicable	
Incubation Period 5-14 days	Period of Communicability Not applicable
Comments <ul style="list-style-type: none"> • Physician to notify Medical Officer of Health of case by fastest means possible • If the patient is deceased, refer to the <u>Alberta Bodies of Deceased Persons Regulations</u> 	

References: [PHAC \(2012\)](#)

U

Urinary tract infection

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Suspected/Known Disease or Microorganism	
Urinary tract infection	
Clinical Presentation May vary depending on individual but often involves pain/burning during urination, frequency, urgency, suprapubic/back pain.	
Infectious Substances Urine	How it is Transmit Direct and Indirect contact
Precautions Needed	Routine Practices
Duration of Precautions Not applicable	
Incubation Period Variable	Period of Communicability Variable
Comments <ul style="list-style-type: none"> • See specific organism once identified • Additional precautions not required unless infection caused by a multi-drug-resistant organism 	

References: [CDC \(2007\)](#)

V

Vancomycin-intermediate *Staphylococcus aureus* (VISA)

Vancomycin-resistant *Enterococcus* (VRE)

Vancomycin-resistant *Staphylococcus aureus* (VRSA)

Varicella zoster virus – Chickenpox

Chickenpox – Exposed susceptible contact

Chickenpox – Known case

Varicella zoster virus – Herpes Zoster: Shingles

Shingles - Disseminated Shingles

Shingles - Exposed susceptible contact

Shingles - Immunocompromised patient, localized (1 or 2 dermatomes)

Shingles - Localized (1 or 2 dermatomes AND lesions that CANNOT be covered with dressings or clothing)

Shingles - Localized (1 or 2 dermatomes AND lesions that CAN be covered with dressings or clothing)

Viral hemorrhagic fever (VHF)

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Suspected/Known Disease or Microorganism Vancomycin-intermediate <i>Staphylococcus aureus</i> (VISA)	
Clinical Presentation Infection or colonization of any body site	
Infectious Substances Infected or colonized secretions/excretions Respiratory secretions if pneumonia	How it is Transmitted Direct contact and indirect contact, and large droplets (if pneumonia)
Precautions Needed*	Contact Precautions
	Contact and Droplet Precautions if patient has active VISA pneumonia
Duration of Precautions As directed by Infection Prevention and Control	
Incubation Period Variable	Period of Communicability Duration of colonization
Comments *Precautions required are in addition to <u>Routine Practices</u>	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

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Suspected/Known Disease or Microorganism Vancomycin-resistant <i>Enterococcus</i> (VRE)	
Clinical Presentation Infection or colonization of any body site (infections of the urinary tract, the bloodstream, or of wounds associated with catheters or surgical procedures)	
Infectious Substances Infected or colonized secretions, excretions	How it is Transmitted Direct contact and indirect contact
Precautions Needed*	Routine Practices
Duration of Precautions As directed by Infection Prevention and Control	
Incubation Period Variable	Period of Communicability Duration of colonization
Comments *Precautions required are in addition to <u>Routine Practices</u>	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

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Suspected/Known Disease or Microorganism Vancomycin-resistant <i>Staphylococcus aureus</i> (VRSA)	
Clinical Presentation Infection or colonization of any body site	
Infectious Substances Infected or colonized secretions, excretions Respiratory secretions if pneumonia	How it is Transmitted Direct contact, indirect contact, and large droplets (if pneumonia)
Precautions Needed*	Contact Precautions
	Contact and Droplet Precautions if patient has active VRSA pneumonia
Duration of Precautions As directed by Infection Prevention and Control	
Incubation Period Variable	Period of Communicability Duration of colonization
Comments *Precautions required are in addition to <u>Routine Practices</u>	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

Suspected/Known Disease or Microorganism Varicella zoster virus – Chickenpox	Chickenpox: Exposed susceptible contact	Chickenpox: Known case
Clinical Presentation	Asymptomatic	Generalized, Itchy, vesicular rash with lesions in varying stages of weeping, crusting, mild fever. Rash usually appears first on the head, chest and back before spreading to the rest of the body. Vesicular lesions are mostly concentrated on the chest and back.
Infectious Substances	If lesions develop: vesicular fluid and exhaled airborne particles	Vesicular fluid, respiratory secretions
How it is Transmitted	Exhale droplets, Airborne	Airborne, direct contact, indirect contact
Precautions Needed*	<u>Airborne Precautions</u>	<u>Airborne and Contact Precautions</u>
Duration of Precautions	From 8 days after first contact until 21 days after last contact with person with active disease (or 28 days if given VZIG)	Until all lesions have crusted and dried
Incubation Period	10-21 days or 28 days if given VZIG	10-21 days
Period of Communicability	Once incubation period has ended and no lesions have developed	Until all lesions have crusted and dried 2 days before lesions appear until all lesions have crusted and dried
Comments *Precautions required are in addition to <u>Routine Practices</u> References: PHAC (2012) , CDC (2007)	<ul style="list-style-type: none"> Non-immune persons should not enter except in urgent or compassionate circumstances. If immunity is unknown, assume person is non-immune. Susceptible non-immune healthcare providers should not enter the room during the incubation period of exposed patients (day 8 from exposure to additional 21 or 28 days if given VZIG) if immune staff are available. If non-immune staff must enter the room an N95 respirator must be worn Individuals with known immunity (history of past illness or vaccination with 2 appropriately timed doses of varicella vaccine or laboratory evidence of immunity) are not required to wear the N95 respirator when entering the room Defer non-urgent admissions if there is an exposed susceptible contact within their incubation period. Newborn: If mom develops chickenpox <5 days before giving birth or 48 hours after, place newborn on Airborne Precautions. Newborn needs to be assessed for VZIG and put on Airborne Precautions till assessed by IPC. If lesions develop, the contact becomes a known case. Follow recommendations for a known case and place patient on Airborne and Contact Precautions Exposure to either chickenpox or shingles can result in a chickenpox infection in Varicella susceptible individuals. 	All Cases: <ul style="list-style-type: none"> Exercise care when handling dressings, clothing or other materials that may be contaminated with vesicular fluid Non-immune persons should not enter except in urgent or compassionate circumstances. If immunity is unknown, assume person is non-immune Susceptible healthcare providers should not enter the room if immune staff are available. If they must enter the room an N95 respirator must be worn Individuals with known immunity (history of past illness or vaccination with 2 appropriately timed doses of varicella vaccine or laboratory evidence of immunity) are not required to wear the N95 respirator when entering the room Defer non-urgent admissions if chickenpox or disseminated zoster is present Discharge Settle Time Non-negative pressure rooms: <ul style="list-style-type: none"> Do not admit a new patient into this room for at least 2 hours. If entering room before 2 hours and non-immune, wear an N95 respirator Negative pressure rooms: <ul style="list-style-type: none"> Do not admit a new patient into this room for at least 45 minutes. If entering room before 45 minutes, and non-immune, wear an N95 respirator Alternatively, if specific air exchange rates for the room are known, refer to Table 1: Air Clearance Rates to determine discharge settle times Susceptible high-risk contacts should be given VZIG as soon as possible within 10 days of exposure Immunocompromised patient additional precautions need to be maintained for a longer duration due to prolonged viral shedding

Suspected/Known Disease or Microorganism Varicella zoster virus – Herpes Zoster: Shingles	Shingles - Localized (1 or 2 dermatomes AND lesions that CAN be covered with dressings or clothing)	Shingles - Localized (1 or 2 dermatomes AND lesions that CANNOT be covered with dressings or clothing)	Shingles - immunocompromised patients, localized (1 or 2 dermatomes)	Shingles - Disseminated	Shingles - Exposed susceptible contact
Clinical Presentation	Vesicular lesions in a dermatomal distribution, refer to Dermatome Chart			Vesicular lesions that involve multiple areas (>2 dermatomes) with possible visceral complications, refer to Dermatome Chart	Asymptomatic
Infectious Substances	Vesicular fluid		Vesicular fluid, respiratory secretions		Exhaled airborne particles
How it is Transmitted	Direct contact and indirect contact		Airborne, direct contact, indirect contact		Airborne
Precautions Needed*	<u>Routine Practices</u>	<u>Contact Precautions</u>	<u>Airborne and Contact Precautions</u>		<u>Airborne Precautions</u>
Duration of Precautions	Not applicable	Until all lesions have crusted and dried			From 8 days after first contact until 21 days after last contact with person with active disease (or 28 days if given VZIG)
Incubation Period	Not applicable	10-21 days or 28 days if given VZIG			
Period of Communicability	Not applicable	Until all lesions have crusted and dried			Once incubation period has ended and no lesions have developed
Comments <small>*Precautions required are in addition to Routine Practices.</small>	• Exercise care when handling dressings, clothing or other materials that may be contaminated with vesicular fluid				<ul style="list-style-type: none"> Newborn: If mom develops chickenpox <5 days before giving birth or 48 hours after, place newborn on Airborne Precautions. Newborn needs to be assessed for VZIG and put on Airborne If lesions develop, the contact becomes a known case. Follow recommendations for a known case and place patient on Airborne and Contact Precautions
References: PHAC (2012) , CDC (2007)	<p>All Cases:</p> <ul style="list-style-type: none"> Defer non-urgent admissions if chickenpox or disseminated zoster is present or an exposed susceptible contact is within their incubation period. Individuals with known immunity (history of past illness or vaccination with 2 appropriately timed doses of varicella vaccine or laboratory evidence of immunity) are not required to wear the N95 respirator when entering the room If immunity is unknown, assume person is non-immune Susceptible non-immune healthcare providers should not enter the room during the incubation period of exposed patients (day 8 from exposure to additional 21 or 28 days if given VZIG) or known shingles cases, if immune staff are available. If non-immune staff must enter the room a fit-tested N95 respirator must be worn. Exposure to either chickenpox or shingles can result in a chickenpox infection in Varicella susceptible individuals Susceptible high-risk contacts should be given VZIG as soon as possible within 10 days of exposure <p>Immunocompromised patient, localized (1 or 2 dermatomes)</p> <ul style="list-style-type: none"> If treated: Until 24 hours of effective therapy AND no new lesions, then manage as for localized zoster (shingles) 				<p>For patients on Airborne Precautions: Discharge Settle Time</p> <p>Non-negative pressure rooms:</p> <ul style="list-style-type: none"> Do not admit a new patient into this room for at least 2 hours. If entering room before 2 hours and non-immune, wear an N95 respirator <p>Negative pressure rooms:</p> <ul style="list-style-type: none"> Do not admit a new patient into this room for at least 45 minutes. If entering room before 45 minutes, and non-immune, wear an N95 respirator Alternatively, if specific air exchange rates for the room are known, refer to Table 1: Air Clearance Rates to determine discharge settle times Susceptible high-risk contacts should be given VZIG as soon as possible within 10 days of exposure Non-immune persons should not enter except in urgent or compassionate circumstances. If immunity is unknown, assume person is non-immune Individuals with known immunity (history of past illness or vaccination with 2 appropriately timed doses of varicella vaccine or laboratory evidence of immunity) are not required to wear the N95 respirator when entering the room

W

West Nile (West Nile virus)

Western equine encephalitis

Whooping cough

Wound infection – (*Staphylococcus aureus*, *Streptococcus* Group A, many other bacteria)

Wuhan Coronavirus

Suspected/Known Disease or Microorganism West Nile (West Nile virus)	
Clinical Presentation Sudden onset fever, headache, muscle pain and weakness, abdominal pain, nausea, vomiting and diarrhea, may have rash	
Infectious Substances <i>Culex</i> mosquito	How it is Transmitted No person-to-person transmission
Precautions Needed	Routine Practices
Duration of Precautions Not applicable	
Incubation Period Variable, usually 3-21 days	Period of Communicability Communicability of disease not seen except by organ transplant, breast milk or transplacental
Comments <ul style="list-style-type: none"> Physician to notify Medical Officer of Health 	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

Suspected/Known Disease or Microorganism Western equine encephalitis	
Clinical Presentation Fever, encephalomyelitis	
Infectious Substances <i>Aedes</i> and <i>Culex</i> mosquito	How it is Transmitted Bite of mosquito No person-to-person transmission
Precautions Needed	Routine Practices
Duration of Precautions Not applicable	
Incubation Period 5-15 days	Period of Communicability Not applicable
Comments <ul style="list-style-type: none"> • Virus found in birds, bats, and possible rodents • Physician to notify Medical Officer of Health 	

References: [PHAC \(2012\)](#)

Suspected/Known Disease or Microorganism Wound infection – (<i>Staphylococcus aureus</i>, <i>Streptococcus</i> Group A, many other bacteria)	
Clinical Presentation Draining wound, redness or heat around wound, inflammation, rash, blisters, scaly patches	
Infectious Substances Drainage	How it is Transmitted Direct contact and indirect contact
Precautions Needed*	Routine Practices Minor drainage contained by dressing
	Contact Precautions Major drainage not contained by dressing
Duration of Precautions Until symptoms resolve or return to baseline	
Incubation Period Variable	Period of Communicability Variable
Comments *Precautions required are in addition to <u>Routine Practices</u> <ul style="list-style-type: none"> See specific organism once identified 	

References: [PHAC \(2012\)](#)

X

No organisms at this time

Y

Yaws (*Treponema pallidum*)

Yellow fever

Yersinia enterocolitica, *Yersinia pseudotuberculosis*

Suspected/Known Disease or Microorganism Yaws (<i>Treponema pallidum</i>)	
Clinical Presentation Cutaneous lesions, late-stage destructive lesions of skin and bone	
Infectious Substances Exudates from skin lesions	How it is Transmitted Direct contact and indirect contact
Precautions Needed	Routine Practices
Duration of Precautions Not applicable	
Incubation Period 9 days to 3 months	Period of Communicability Variable
Comments	

References: [PHAC \(2012\)](#)

Suspected/Known Disease or Microorganism Yellow fever	
Clinical Presentation Sudden fever, chills, headache, back and muscle aches, nausea, vomiting, prostration	
Infectious Substances Human blood	How it is Transmitted Bite of mosquito Person-to-person transmission not seen
Precautions Needed	Routine Practices
Duration of Precautions Not applicable	
Incubation Period 3-6 days	Period of Communicability Not applicable
Comments <ul style="list-style-type: none"> • If the patient is deceased, refer to the Alberta Bodies of Deceased Persons Regulations. • Physician to notify Medical Officer of Health 	

References: [PHAC \(2012\)](#), [CDC \(2007\)](#)

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Suspected/Known Disease or Microorganism <i>Yersinia enterocolitica, Yersinia pseudotuberculosis</i>	
Clinical Presentation Diarrhea	
Infectious Substances Feces	How it is Transmitted Direct contact, indirect contact and foodborne
Precautions Needed*	Contact Precautions If patient <ul style="list-style-type: none"> • is incontinent • has stools that cannot be contained • has poor hygiene and may contaminate his/her environment
Duration of Precautions Until symptoms have stopped for 48 hours AND after at least one normal/baseline or formed bowel movement OR until patient is continent and has good hygiene	
Incubation Period 3-7 days	Period of Communicability Until symptoms resolve
Comments *Precautions required are in addition to <u>Routine Practices</u>	

References: [PHAC \(2012\)](#)

Z

Zika virus (*Flavivirus*)

Zoster

Suspected/Known Disease or Microorganism Zika virus (<i>Flavivirus</i>)	
Clinical Presentation Fever, skin rashes, conjunctivitis, muscle and joint pain, malaise, and headache	
Infectious Substances Blood, possibly body fluids (some evidence for sexual transmission) Breastmilk*	How it is Transmitted Mosquito bite (mainly <i>Aedes aegypti</i> in tropical regions), potential by ticks, maternal infant transmission in utero, possibly sexually transmitted
Precautions Needed	<div style="border: 1px solid black; padding: 2px; display: inline-block;">Routine Practices</div>
Duration of Precautions Not applicable	
Incubation Period 2-12 days	Period of Communicability Not applicable
Comments <p>* Zika RNA has been detected in breastmilk: however, at the time of publication there have not been any documented reports of transmission to infants through breastfeeding. The opinion of CATMAT and the World Health Organizations is that “the benefits of breastfeeding for the infant and mother outweigh any potential risk of Zika virus transmission through breastmilk”</p> <ul style="list-style-type: none"> • Infection in humans is acquired most frequently during blood feeding by the infected mosquito • Physician to notify Medical Officer of Health 	

References: [PHAC \(2018\)](#)

References

Alberta Public Health Disease Management Guidelines, Measles.(2022)

<https://open.alberta.ca/dataset/cddcf8b0-9193-4fd7-aa49-def3fded69cf/resource/9f839843-5185-4a6c-8e6d-99361438bd02/download/health-phdmg-measles-2022-02.pdf>

Becker-Dreps S, González F, Bucardo F. Sapovirus: an emerging cause of childhood diarrhea. *Curr Opin Infect Dis.* 2020 Oct;33(5):388-397. doi: 10.1097/QCO.0000000000000671. PMID: 32796163; PMCID: PMC7748384. [Sapovirus: an emerging cause of childhood diarrhea - PMC \(nih.gov\)](#)

Centres for Disease Control and Prevention, Anthrax. (2017, January). Retrieved April 5, 2018, from <https://www.cdc.gov/anthrax/>

Centres for Disease Control and Prevention, Antibiotic / Antimicrobial Resistance. (2017, August). Retrieved April 5, 2018, from <https://www.cdc.gov/drugresistance/index.html>

Centres for Disease Control and Prevention, Healthcare-associated Infections (HAI), Diseases and Organisms, *Burkholderia cepacia* in Healthcare Settings. (2011). Retrieved April 5, 2018, from <http://www.cdc.gov/HAI/organisms/bCepacia.html>

Centres for Disease Control and Prevention, Healthcare-associated Infections (HAI), Diseases and Organisms, Gram-negative Bacteria Infections in Healthcare Settings. (2011). Retrieved April 5, 2018, from <https://www.cdc.gov/hai/organisms/gram-negative-bacteria.html>

Centres for Disease Control and Prevention, Healthcare-associated Infection (HAI), Diseases and Organisms, *Pseudomonas aeruginosa* in Healthcare Settings. (2013). Retrieved April 5, 2018, from <http://www.cdc.gov/hai/organisms/pseudomonas.html>

Centre for Disease Control and Prevention, Infection Control, Multidrug-resistant Organisms (MDRO) Management. Management of Multi-drug Resistant Organisms in Healthcare Settings (2006). Retrieved April 5, 2018, from <https://www.cdc.gov/infectioncontrol/guidelines/mdro/>

Centres for Disease Control and Prevention, Influenza (Flu), Information on Avian Influenza. (2017, August). Retrieved April 5, 2018, from <https://www.cdc.gov/flu/avianflu/>

Centres for Disease Control and Prevention Infection Control, Isolation Precautions: Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings. (2007). Retrieved April 6, 2018, from <https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html>

Centres for Disease Control and Prevention, Malaria, About Malaria, Disease (2015). Retrieved April 9, 2018, from <https://www.cdc.gov/malaria/about/disease.html>

References (continued)

Centres for Disease Control and Prevention, Management of Multidrug-Resistant Organisms in Healthcare Settings, 2006; Retrieved April 9, 2018, from <https://www.cdc.gov/infectioncontrol/pdf/guidelines/mdro-guidelines.pdf>

Centres for Disease Control and Prevention, Melioidosis, For Healthcare Workers. (2016). Retrieved April 20, 2018, from <http://www.cdc.gov/melioidosis/health-care-workers.html>

Centres for Disease Control and Prevention; NNDSS, Surveillance Case Definitions, Brucellosis (Brucella spp.) Case Definition. (2010). Retrieved April 5, 2018, from <https://www.cdc.gov/nndss/conditions/brucellosis/case-definition/2010/>

Centres for Disease Control and Prevention, Parasites - Amebiasis - *Entamoeba histolytica* Infection. (2015, December). Retrieved April 5, 2018, from <https://www.cdc.gov/parasites/amebiasis/>

Centres for Disease Control and Prevention, Parasites – Ascariasis. (2018, February). Retrieved April 5, 2018, from <https://www.cdc.gov/parasites/ascariasis/>

Centres for Disease Control and Prevention, Tuberculosis (TB). (2016). Retrieved April 23, 2018, from <https://www.cdc.gov/tb/default.htm>

Centres for Disease Control and Prevention, Vaccine Safety, Guillain-Barré Syndrome. (2015). Retrieved April 10, 2018, from <https://www.cdc.gov/vaccinesafety/concerns/guillain-barre-syndrome.html>

Cohen, S. H., MD, Gerding, D. N., MD, Johnson, S., MD, KELLY, C. P., MD, Loo, V. G., MD, McDonald, C. L., MD... Wilcox, M. H., MD. (2010, May). Clinical Practice Guidelines for *Clostridium difficile* Infection in Adults: 2010 Update by the Society for Healthcare Epidemiology of America (SHEA) and the Infectious Diseases Society of America (IDSA), *Infection Control and Hospital Epidemiology* (2010, May), Vol. 31, No. 5. Retrieved April 5, 2018, from <https://www.cdc.gov/HAI/pdfs/cdiff/Cohen-IDSA-SHEA-CDI-guidelines-2010.pdf>

Govan, J.R., Brown, P.H., Maddison J, et al. (1993), Survival of *Burkholderia cepacia* on Environmental Surfaces, *Journal of Hospital Infection*, (1996, March 23), Vol. 32, Issue 4, Pages 267-276. Retrieved April 5, 2018, from <https://www.sciencedirect.com/science/article/pii/S0195670196900377>

Government of Alberta, Publications, Public Health Notifiable Disease Management Guidelines: Tuberculosis (TB). (2013, April). Retrieved April 23, 2018, from <https://open.alberta.ca/publications/tuberculosis-tb>

References (continued)

Government of Canada, Canadian Immunization Guide: Part 4 – Active Vaccines, Rubella Vaccine. (2016, August). Retrieved April 6, 2018, from <https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-4-active-vaccines/page-20-rubella-vaccine.html>

Reploeg, D, Storch, G.A., Clifford, D.B., Infectious Diseases Society of America, BK Virus: A Clinical Review, *Clinical Infectious Diseases*, Vol. 33, Issue 2. (2001, July). <http://cid.oxfordjournals.org/content/33/2/191.full>

Information Center for Sickle Cell and Thalassemic Disorders, Transient Aplastic Crisis in Hemolytic Anemias. (2002, April). Retrieved April 19, 2018 from http://sickle.bwh.harvard.edu/aplastic_crisis.html

Manchanda et al. (2010). Multidrug Resistant *Acinetobacter*. *Journal of Global Infectious Diseases* 2(3): 291. Retrieved April 6, 2018, from <http://www.jgid.org/text.asp?2010/2/3/291/68538>

Public Health Agency of Canada, Diseases and Conditions, Polio: Symptoms and treatment. (2023). Retrieved August 11, 2023, from <https://www.canada.ca/en/public-health/services/diseases/poliomyelitis-polio/health-professionals.html>

Public Health Agency of Canada, Diseases and Conditions, Zika virus. (2018). Retrieved April 9, 2018, from <https://www.canada.ca/en/public-health/services/diseases/zika-virus/health-professionals-zika-virus.html>

Public Health Agency of Canada, Emerging Respiratory Pathogens, Coronaviruses. (2016). Retrieved April 9, 2018, from <https://www.canada.ca/en/public-health/services/emerging-respiratory-pathogens.html>

Public Health Agency of Canada, Guidance: Infection Prevention and Control Measures for Healthcare Workers in All Healthcare Settings, Carbapenem-resistant Gram-negative Bacilli. (2010). Retrieved April 24, 2018 from <http://www.phac-aspc.gc.ca/nois-sinp/guide/ipcm-mpci/pdf/guide-eng.pdf>

Public Health Agency of Canada, Immunization and Vaccines, Vaccine-Preventable Diseases, Haemophilus Influenzae Disease, (2014). Retrieved April 9, 2018, from <https://www.canada.ca/en/public-health/services/immunization/vaccine-preventable-diseases/haemophilus-influenzae-disease/health-professionals.html>

References (continued)

Public Health Agency of Canada, Infection Control Guidelines, Classic Creutzfeldt-Jakob Disease in Canada Quick Reference Guide. (2017). Retrieved April 6, 2018, from <http://www.phac-aspc.gc.ca/nois-sinp/pdf/cjd-eng.pdf>

Public Health Agency of Canada, Infection Prevention and Control Guidance for Middle East Respiratory Syndrome Coronavirus (MERS-CoV) in Acute Care Settings. (2016, May 17). Retrieved April 6, 2018, from Public Health Agency of Canada, Infectious Diseases, Hepatitis. (2015). Retrieved April 9, 2018, from Public Health Agency of Canada, Infectious Diseases, Pandemic Preparedness, Frequently Asked Questions – Pandemic Preparedness. (2012). Retrieved April 9, 2018, from <http://www.phac-aspc.gc.ca/influenza/pp-faq-eng.php>

Public Health Agency of Canada, Infectious Diseases, Viral Haemorrhagic Fevers. (2015). Retrieved April 9, 2018, from <http://www.phac-aspc.gc.ca/id-mi/vhf-fvh/index-eng.php>

Public Health Agency of Canada, Laboratory Biosafety and Biosecurity, Pathogen Safety Data Sheets and Risk Assessment: Infectious Substances – Clostridium Perfringens. (2011). Retrieved April 9, 2018, from <https://www.canada.ca/en/public-health/services/laboratory-biosafety-biosecurity/pathogen-safety-data-sheets-risk-assessment/clostridium-perfringens.html>

Public Health Agency of Canada, Publications, Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings. (2012). Retrieved April 9, 2018, from <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/routine-practices-precautions-healthcare-associated-infections.html>

Public Health England (2017), Gastrointestinal Infections: Guidance, Data and Analysis. (2014, July). Retrieved April 9, 2018, from <https://www.gov.uk/government/collections/gastrointestinal-infections-guidance-data-and-analysis>

Schwartz, I. S., & Hammond, G. W. (2017). First Reported Case of Multidrug-resistant Candida Auris in Canada. *Canada communicable disease report* 43. 150-3. 10.14745/ccdr.v43i78a02. (2017, July). Retrieved April 9, 2018, from https://www.researchgate.net/publication/318340966_First_reported_case_of_multidrug-resistant_Candida_auris_in_Canada

World Health Organization, Media Centre, Cholera (December, 2017). <http://www.who.int/mediacentre/factsheets/fs107/en/>

World Health Organization, Media Centre, Rubella and Congenital Rubella Syndrome (CRS). (February, 2012). Retrieved April 9, 2018, from http://www.wpro.who.int/mediacentre/factsheets/fs_20120228/en/