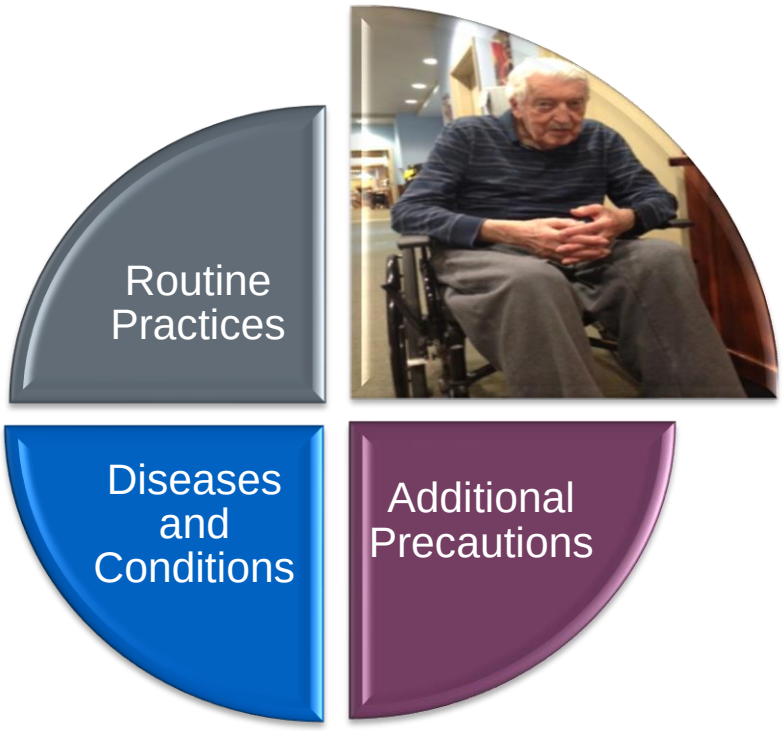
IPC Diseases and Conditions Table
Recommendations for Management of Residents
Continuing Care



MAY 2025

Alberta Health Services
Infection Prevention & Control

IPC Diseases and Conditions Table
Recommendations for Management of Residents
Continuing Care | 2

Introduction

This manual is intended to support staff in caring for residents 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; Droplet and Contact 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.

Index of Diseases and Conditions

A

B

Bordetella pertussis – (whooping cough, pertussis*)*

Botulism (*Clostridium botulinum*)

Burkholderia cepacia complex –

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

Burkholderia pseudomallei (Melioidosis) – (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)

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

Coxsackie virus 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

D

Decubitus ulcer, infected – pressure ulcer (various organisms)

Dengue fever (Arbovirus)

Dermatitis, infected – (various organisms)

Diarrhea – (various organisms)

Diphtheria – cutaneous or pharyngeal

E

Eastern equine encephalitis (Arbovirus)

Ebola viral disease

Echinococcosis/Hydatidosis – (*Echinococcus granulosis, 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

Hand-foot-mouth disease

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)

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)

Monkey pox

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

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, 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

Pseudomonas aeruginosa (Metallo-carbapenemase producing**)

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.)

Serratia 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.)

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 pyogenes

Streptococcus Group A (GAS)

Streptococcus, Group B (*Streptococcus agalactiae*)

Streptococcus pneumoniae

Strongyloidiasis (*Strongyloides stercoralis*)

Syphilis (*Treponema pallidum*)

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 tularenis*)

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

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 resident, 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 (VHS)

W

West Nile (West Nile virus)

Western equine encephalitis

Whooping cough

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

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.

AmpC

Amebiasis – diarrhea (*Entamoeba histolytica*)

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 *Enterococcus* (VRE)
- Vancomycin-resistant *Staphylococcus aureus* (VRSA)

Arthropod-borne virus (Arboviruses)

Ascariasis (*Ascaris* spp.) –

- Roundworm – ascariasis
- Hookworm – (*Necator americanus, Ancyclostoma duodenale)*

Aspergillosis (*Aspergillus* spp.)

Astrovirus – diarrhea

Avian influenza

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

- See specific organism once identified

References: PHAC (2012), CDC (2007)

Suspected/Known Disease or Microorganism

Acquired Immunodeficiency Syndrome (AIDS)

Clinical Presentation

Asymptomatic; multiple clinical presentations

Infectious Substances	How it is Transmitted
Blood and certain body fluids	Mucous membranes or exposure to infected blood or body fluids, sexually transmitted
Precautions Needed	**Routine Practices**

Duration of Additional Precautions

Not applicable

Incubation Period	Period of Communicability
Weeks to years	From onset of infection

Comments

- If the resident is deceased, refer to the Alberta Bodies of Deceased Persons Regulations

References: CDC (2007)

Suspected/Known Disease or Microorganism

Actinomycosis (*Actinomyces* 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

- Normal flora
- Infection is usually secondary to trauma

References: PHAC (2012)

Suspected/Known Disease or Microorganism **Adenovirus spp. –**	**Conjunctivitis** **Cystitis** **Gastroenteritis** **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 resident • is incontinent • has stools that cannot be contained • has poor hygiene and may contaminate his/her environment
PEDIATRIC	**Contact Precautions**

(Continued on next page)

Suspected/Known Disease or Microorganism **Adenovirus spp. –**	**Conjunctivitis** **Cystitis** **Gastroenteritis** **Respiratory tract infection**
Precautions Needed* *(Continued from previous page)*	
Respiratory tract infection:	**Droplet and Contact Precautions** Wear fit tested N95 respirator when performing Aerosol-generating medical procedures (AGMPs).**
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 resident 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 Routine Practices

- Note that different strains are responsible for each disease condition
- For immunocompromised resident, precautions need to be maintained for a longer duration due to prolonged viral shedding. Refer to: Infection Prevention and Control Considerations for Immunocompromised Patients

References: PHAC (2012), CDC (2007)

Suspected/Known Disease or Microorganism

Aeromonas 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 resident
- 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 resident is continent and has good hygiene

Incubation Period

3-10 days

Period of Communicability

Until symptoms resolve

Comments

*Precautions required are in addition to Routine Practices

References: PHAC (2012)

Suspected/Known Disease or Microorganism

Amebiasis – diarrhea (*Entamoeba histolytica*)

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 resident
- 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 resident is continent and has good hygiene

Incubation Period

Days to weeks

Period of Communicability

Until symptoms resolve

Comments

*Precautions required are in addition to Routine Practices

- 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 (*Bacillus anthracis*)

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) Bacillus anthracis 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

Routine Practices

Duration of Precautions

Not applicable

Incubation Period

1-7 days

May be up to 60 days

Period of Communicability

Not applicable

Comments

- **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 resident is deceased, refer to the Alberta Bodies of Deceased Persons Regulations

References: PHAC (2012), CDC (2007), CDC (July 2017)

Suspected/Known Disease or Microorganism

Antibiotic-resistant organisms (ARO) –

Carbapenemase-producing organisms (CPO)
Methicillin-resistant Staphylococcus aureus (MRSA)

Vancomycin-intermediate Staphylococcus aureus (VISA)
Vancomycin-resistant Staphylococcus aureus (VRSA)

Clinical Presentation

Infection or colonization of any body site

Infectious Substances

Infected or colonized secretions/excretions

How it is Transmitted

Direct contact and indirect contact

Precautions Needed*

Additional Precautions for ARO Positive Residents in Continuing Care

Duration of Precautions

Residents must be reassessed regularly and as conditions and behaviours change
Additional precautions for ARO positive residents in continuing care may be discontinued when resident is cooperative with hygiene practices and drainage and body fluids are contained.

If needed, consult IPC or Zone Medical Officer of Health (MOH) or designate for assistance determining when to discontinue additional precautions for ARO positive resident

Incubation Period

Variable

Period of Communicability

Variable

Comments

*Precautions required are in addition to Routine Practices

- See specific organism once identified
- **Extended-spectrum Beta-lactamase producers** - (ESBL) only requires **contact precautions** for clusters or outbreaks.

References: PHAC (2012),

Suspected/Known Disease or Microorganism

Arthropod-borne virus (Arboviruses)

Clinical Presentation

Encephalitis, fever, rash, arthralgia meningitis

Infectious Substances

Not applicable

How it is Transmitted

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

Variable 3-21 days

Period of Communicability

Comments

- Several hundred different viruses exist. Most are limited to specific geographic areas.

- Most common North American diseases caused by Arboviruses:
  - Colorado tick fever (reovirus)
  - West Nile encephalitis (flavivirus)
- Other North American Diseases caused by Arboviruses:
  - California encephalitis (bunyavirus)
  - St. Louis encephalitis (flavivirus)
  - Western equine encephalitis (alphavirus)
  - Eastern equine encephalitis (alphavirus)
  - Powassan encephalitis (flavivirus)

References: PHAC (2012)

Suspected/Known Disease or Microorganism	
Ascariasis (*Ascaris* spp.) –	**Roundworm – ascariasis** **Hookworm – (*Necator americanus*, *Ancyclostoma duodenale*)**
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	

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Suspected/Known Disease or Microorganism **Ascariasis (*Ascaris* spp.) –** *(Continued from previous page)*	**Roundworm – ascariasis** **Hookworm – (*Necator americanus*, *Ancyclostoma duodenale)***
Incubation Period	**Roundworm:** 2-8 days
	Hookworm: 4-6 weeks
Period of Communicability	
Not applicable	
Comments • Ova must hatch in soil to become infectious	

References: PHAC (2012), CDC (2007), CDC (2018)

Suspected/Known Disease or Microorganism

Aspergillosis (*Aspergillus* 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 Routine Practices

- Spores may be present in dust; infection in immunocompromised residents have been associated with exposure to construction dust. Refer to: Infection Prevention and Control Considerations for Immunocompromised Patients

References: PHAC (2012), CDC (2007)

Suspected/Known Disease or Microorganism

Astrovirus – diarrhea

Clinical Presentation

Diarrhea

Infectious Substances	How it is Transmitted
Feces	Direct contact and indirect contact (fecal-oral)
Precautions Needed*	**Contact Precautions** If resident • 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 resident is continent and has good hygiene

Incubation Period	Period of Communicability
3 – 4 days	Until symptoms resolve

Comments

*Precautions required are in addition to Routine Practices

References: PHAC (2012)

Suspected/Known Disease or Microorganism

Avian influenza

Clinical Presentation

Respiratory tract infection, conjunctivitis

Infectious Substances	How it is Transmitted
Excreta of birds Possibly human respiratory tract secretions	Direct contact, indirect contact and large droplets
Precautions Needed*	**Droplet and Contact Precautions** Perform IPC 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, residents 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	Period of Communicability
7 days or less, often 2-5 days	Unknown

Comments

*Precautions required are in addition to Routine Practices

- 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 Avian influenza A(H5N1: For health professionals 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 a IPC Risk Assessment (IPC RA).
- AGMP require an N95 respirator if the patient has respiratory illness (RI) of unknown etiology; or confirmed infection with Influenza A or B, MERS-CoV, COVID-19, avian influenza, 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

Droplet and Contact 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.
- 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, droplet and contact) 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 (Melioidosis) – (aka Whitmore's disease)

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

Suspected/Known Disease or Microorganism

Bedbugs (*Cimex lectularius, C. hemipterus*)

Clinical Presentation

Small, hard, swollen, white welts that become inflamed and itchy. Bites are usually in rows.

Infectious Substances

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.

How it is Transmitted

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

Not applicable

Bites may take 1–14 days to appear

Period of Communicability

Not applicable

Comments

- If it becomes apparent that a resident 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)

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 immunocompromised residents. 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 (*Blastomyces dermatitidis*), 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

Spores from moist soil

How it is Transmitted

Inhalation of spore-laden dust

No person-to-person transmission

Precautions Needed

Routine Practices

Duration of Precautions

Not applicable

Incubation Period

21-105 days

Period of Communicability

Not applicable

Comments

References: PHAC (2012), CDC (2007)

Suspected/Known Disease or Microorganism

Bordetella pertussis – (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	How it is Transmitted
Respiratory secretions	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	Period of Communicability
Average 9-10 days; range of 6-20 days	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 Routine Practices

- Consult physician regarding chemoprophylaxis for close contacts

References: PHAC (2012)

Suspected/Known Disease or Microorganism

Botulism (*Clostridium botulinum*)

Clinical Presentation

Nausea, vomiting, diarrhea, flaccid paralysis, cranial nerve palsies

Infectious Substances	How it is Transmitted
Toxin producing spores in soil, agricultural products, honey, and animal intestine	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	Period of Communicability
Variable	Not applicable

Comments

- **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	How it is Transmitted
Respiratory secretions	Direct contact, indirect contact and large droplets

Precautions Needed*

Bacterial:	**Routine Practices**
ADULT **Viral or Unknown:**	**Droplet and Contact Precautions**

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
Variable	Until acute symptoms resolve

Comments

*Precautions required are in addition to Routine Practices

- Contact Infection Prevention and Control for cohorting considerations - may cohort individuals infected with the same virus
- Minimize exposure to immunocompromised residents, children with chronic cardiac or lung disease, nephritic syndrome, neonates. These residents should not be cohorted. Refer to: Infection Prevention and Control Considerations for Immunocompromised Patients

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

Infected animals and tissues such as cattle, sheep, goats, bison, wild hogs, elk, moose and camels and their byproducts such as milk, feces

How it is Transmitted

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

Weeks to months

Period of Communicability

Not applicable

Comments

References: PHAC (2012), CDC (2010)

Suspected/Known Disease or Microorganism ***Burkholderia cepacia* complex–**	**Non-respiratory infections** **Non-respiratory infections in high-risk residents (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 residents 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 residents:	**Contact Precautions**
Respiratory infections: *(Continued on next page)*	**Droplet and Contact Precautions**

Suspected/Known Disease or Microorganism	
***Burkholderia cepacia* complex–** (continued from previous page)	**Non-respiratory infections** **Non-respiratory infections in high-risk patients (Burn unit, BMT/Oncology Unit, ICU, CVICU)** **Respiratory Infection**

Duration of Precautions

Non-Respiratory infections:	Not applicable
Non-Respiratory infections in high-risk residents:	As directed by Infection Prevention and Control
Respiratory infections:	As directed by Infection Prevention and Control

Incubation Period	Period of Communicability
Variable	Variable

Comments

*Precautions required are in addition to Routine Practices

- Causes infection only in individuals with cystic fibrosis (CF) or chronic granulomatous disease (CGD)
- Do not room with resident with cystic fibrosis (CF) who is not infected or colonized with *Burkholderia cepacia*

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

Suspected/Known Disease or Microorganism

Burkholderia pseudomallei (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	How it is Transmitted
Contaminated soil and water	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	Period of Communicability
1-21 days but in some cases as long as years	Not applicable

Comments

- *Burkholderia pseudomallei* is predominately found in tropical regions such as SE Asia and Northern Australia
- Incubation period can depend on inoculum - a high inoculum symptoms can develop in a few hours

References: PHAC (2012), CDC (2016)

Suspected/Known Disease or Microorganism

Burns (infected) – (*Staphylococcus aureus*, *Streptococcus* 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 Routine Practices

- 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

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)

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	How it is Transmitted
Feces, emesis/vomit	Direct contact, indirect contact (fecal-oral), and large droplets (vomiting)
Precautions Needed*	**Contact Precautions**
	Droplet and Contact Precautions if resident 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	Period of Communicability
12 hours-4 days	Duration of viral shedding, usually 48 hours after diarrhea resolves

Comments
*Precautions required are in addition to Routine Practices

- For immunocompromised resident, precautions need to be maintained for a longer duration due to prolonged viral shedding. Refer to: Infection Prevention and Control Considerations for Immunocompromised Patients
- Common causes of outbreaks. Refer to AHS Guidelines for Outbreak Prevention, Control and Management in Acute Care and Facility Living Sites.

References: PHAC (2012)

Suspected/Known Disease or Microorganism

Campylobacter jejuni

Clinical Presentation

Diarrhea (possibly bloody), abdominal pain and fever

Infectious Substances	How it is Transmitted
Feces	Direct contact and indirect contact (fecal-oral), and ingestion of contaminated food and water
Precautions Needed*	**Contact Precautions** If resident • 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 resident is continent and has good hygiene

Incubation Period	Period of Communicability
2-5 days	Until symptoms resolve

Comments

*Precautions required are in addition to Routine Practices

References: PHAC (2012), CDC (2007)

Suspected/Known Disease or Microorganism

Candida auris

Clinical Presentation

Infection or colonization at any body site

Infectious Substances	How it is Transmitted
Skin, infected or colonized secretions, excretions	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 resident should not be on antifungal medications active against *C. auris* at the time of these assessments (wait 1 week following antifungal treatment). Assessments should involve testing swabs of the axilla, groin and sites yielding *C. auris* on previous cultures.

Contact Infection Prevention and Control for discontinuation of precautions.

Incubation Period	Period of Communicability
Variable	Variable

Comments

*Precautions required are in addition to Routine Practices

- *C. auris* can be misidentified by commercial identification systems such as Vitek-2 and API-20C, *C. auris* 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.

Suspected/Known Disease or Microorganism

Candidiasis (*Candida* spp.)

Clinical Presentation

Mucocutaneous lesions, systemic disease

Infectious Substances	How it is Transmitted
Mucocutaneous secretions and excretions	Not applicable
Precautions Needed	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	Period of Communicability
Variable	Not applicable

Comments

Refer to specific page if organism is identified as *Candida auris* multidrug-resistant

References: CDC (2007)

Suspected/Known Disease or Microorganism

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

Gram negative bacilli including the following but not exclusive:

E. coli,
***Klebsiella* spp.,**
***Serratia* spp.,**
***Providencia* spp.,**
***Proteus* spp.,**
***Citrobacter* spp.,**
***Enterobacter* spp.,**
***Morganella* spp.,**
***Salmonella* spp.,**
***Hafnia* spp.**

Clinical Presentation
Infection or colonization of any body site

Infectious Substances
Infected or colonized secretions/excretions

How it is Transmitted
Direct contact and indirect contact

Precautions Needed*
Additional Precautions for ARO Positive Residents in Continuing Care

Duration of Precautions
As directed by Infection Prevention and Control

Incubation Period
Variable

Period of Communicability
Variable

Comments
*Precautions required are in addition to Routine Practices

- 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 a CPO, MBL

References: CDC (2011), PHAC (2010)

Suspected/Known Disease or Microorganism

Cat-scratch fever (*Bartonella henselae*)

Clinical Presentation

Fever, lymphadenopathy (swelling and pain of the lymph nodes with night sweats and weight loss)

Infectious Substances	How it is Transmitted
Infected domestic cats	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	Period of Communicability
16-22 days	Not applicable

Comments

References: PHAC (2012)

Suspected/Known Disease or Microorganism

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

Clinical Presentation

Inflammation or infection of cellular or subcutaneous tissue

Infectious Substances	How it is Transmitted
Wound drainage if present	Direct contact and indirect contact

Precautions Needed*

Minor drainage contained by dressing	**Routine Practices**
Major drainage not contained by dressing	**Contact Precautions**
PEDIATRIC **Periorbital cellulitis** in children <5 years old may be caused by *H. influenzae*	**Droplet Precautions**

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	Period of Communicability
Not applicable	Not applicable

Comments

*Precautions required are in addition to Routine Practices

-

References: PHAC (2012)

Suspected/Known Disease or Microorganism

Chancroid (*Haemophilus ducreyi*)

Clinical Presentation

Genital ulcers, papules or pustules

Infectious Substances	How it is Transmitted
Drainage	Sexually transmitted
Precautions Needed	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	Period of Communicability
3-5 days	As long as ulcerations remain unhealed

Comments

- 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	How it is Transmitted
Aedes albopictus mosquitoes	Insect borne No person-to-person transmission
Precautions Needed	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	Period of Communicability
Not applicable	Not applicable

Comments

References: CDC (2007)

Suspected/Known Disease or Microorganism

Chlamydia (*Chlamydia trachomatis*) – Lymphogranuloma venereum

Clinical Presentation

Genital tract infections (cervicitis, urethritis in females, urethritis, epididymitis in males), pneumonia, conjunctivitis, trachoma, inguinal adenopathy

Infectious Substances	How it is Transmitted
Conjunctival and genital secretions	Sexually transmitted, mother to newborn at birth Trachoma: Direct contact and indirect contact
Precautions Needed	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	Period of Communicability
Variable	As long as organism present in secretions

Comments

- **Physician to Notify Medical Officer of Health**

References: PHAC (2012), CDC (2007)

Suspected/Known Disease or Microorganism

Cholera (*Vibrio cholerae*)

Clinical Presentation

Profuse watery diarrhea, nausea with or without vomiting

Infectious Substances	How it is Transmitted
Contaminated food or water, feces	Direct contact, indirect contact and ingestion of contaminated food or water
Precautions Needed*	**Contact Precautions** If resident • 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 resident is continent and has good hygiene

Incubation Period	Period of Communicability
0.5-5 days	Until symptoms resolve

Comments

*Precautions required are in addition to Routine Practices

- **Physician to Notify Medical Officer of Health of case by fastest means possible**

References: CDC (2007), WHO (2017)

Suspected/Known Disease or Microorganism

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

Clinical Presentation

Infection or colonization at any body site

Infectious Substances	How it is Transmitted
Infected or colonized secretions, excretions	Direct contact and indirect contact
Precautions Needed*	**Contact Precautions**

Duration of Precautions

As directed by Infection Prevention and Control

Incubation Period	Period of Communicability
Variable	Variable

Comments

*Precautions required are in addition to Routine Practices

- 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

Clostridium difficile infection (CDI) – including Pseudomembranous colitis

Clinical Presentation

Diarrhea, abdominal cramping and discomfort, toxic megacolon, pseudomembranous colitis.

In rare cases, a symptomatic resident will present with ileus or colonic distention.

Infectious Substances	How it is Transmitted
Feces	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 *Clostridium difficile* test is **not** required to discontinue **Contact Precautions Sporicidal Cleaning**.

Incubation Period	Period of Communicability
Variable	Until symptoms resolve

Comments

*Precautions required are in addition to Routine Practices

- 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)

Suspected/Known Disease or Microorganism

Clostridium perfringens – 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

Clostridium perfringens – 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 C. perfringens

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 Routine Practices

- Clinical manifestations of gas gangrene are caused by exotoxins produced by C. perfringens

References: PHAC (2011)

Suspected/Known Disease or Microorganism

Coccidioidomycosis (*Coccidioides immitis)*

Clinical Presentation

Pneumonia, draining lesions

Infectious Substances	How it is Transmitted
Spores from soil and dust in endemic areas and exudates from infected host	Inhalation of spores No person-to-person transmission
Precautions Needed	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	Period of Communicability
1-4 weeks	Not applicable

Comments

- 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)

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*	**Droplet and Contact 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 Routine Practices

Important Note:

- 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**
- 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)

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	How it is Transmitted
Eye discharge	Direct contact and indirect contact

Precautions Needed*

ADULT **Bacterial**:	**Routine Practices**
Viral	**Contact Precautions**
PEDIATRIC	
Bacterial:	**Contact Precautions**
Viral:	**Droplet and Contact Precautions** if respiratory symptoms present

Duration of Precautions

ADULT

Bacterial: Not applicable

Viral: Until symptoms resolve or a non-viral cause is found

PEDIATRIC

Viral: Until symptoms resolve or a non-viral cause is found

(Continued on next page)

Suspected/Known Disease or Microorganism

Conjunctivitis – pink eye: bacterial and viral

(Continued from previous page)

Incubation Period

Bacterial: Variable

Viral:
Adenovirus: 2-14 days
Picornavirus (Enterovirus 70 or coxsackievirus): 24-48hr

Period of Communicability

Bacterial: During active infection

Viral:
Up to 14 days

Comments

*Precautions required are in addition to Routine Practices

Bacterial:

- Most common bacterial causes are: *Staphylococcus aureus*, *Haemophilus influenzae*, *Streptococcus pneumoniae*, *Moraxella catarrhalis*
- Bacterial conjunctivitis is less common in children older than 5 years of age

Viral:

- The most common cause of viral conjunctivitis is Adenovirus, followed by Picornavirus, Rubella, Rubeola and Herpesviruses.
- See Adenovirus – Conjunctivitis for more information
- See Enterovirus for more information

- See specific organism once identified

References: PHAC (2012), CDC (2007)

Suspected/Known Disease or Microorganism

Coronavirus –

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

Clinical Presentation

Fever cough, runny nose, sore throat, body aches, pneumonia (shortness of breath, discomfort during breathing)

Infectious Substances	How it is Transmitted
Respiratory secretions and exhaled droplets and airborne particles	Direct contact, indirect contact and large droplets
Precautions Needed*	**Droplet and Contact Precautions** Perform IPC 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	Period of Communicability
3-10 days	Unknown / variable

Comments

*Precautions required are in addition to Routine Practices

- **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 residents, children with chronic cardiac or lung disease, nephritic syndrome, neonates. These residents should not be cohorted. Refer to: Infection Prevention and Control Considerations for Immunocompromised Patients
- Immunocompromised resident additional precautions need to be maintained for a longer duration due to prolonged viral shedding.

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

References: PHAC (2016)

Suspected/Known Disease or Microorganism

Coronavirus – not SARS

Clinical Presentation

Sore throat, runny nose, coughing, sneezing

Infectious Substances	How it is Transmitted
Respiratory secretions	Direct contact, indirect contact and possible large droplets
Precautions Needed*	**Droplet and Contact Precautions**

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
2-4 days	Duration of symptoms

Comments

*Precautions required are in addition to Routine Practices

- Contact Infection Prevention and Control for discontinuation of additional precautions

  For immunocompromised resident, precautions need to be maintained for a longer duration due to prolonged viral shedding. Refer to: Infection Prevention and Control Considerations for Immunocompromised Patients

- Minimize exposure to immunocompromised residents, children with chronic cardiac or lung disease, nephritic syndrome, neonates. These residents should not be cohorted.

References: PHAC (2012)

Suspected/Known Disease or Microorganism ***Corynebacterium diphtheriae*** **–**	**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:	**Droplet and Contact 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

(Continued on next page)

Suspected/Known Disease or Microorganism	
***Corynebacterium diphtheriae* –** *(Continued from previous page)*	**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 Routine Practices

- **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 *Corynebacterium diphtheriae* strains produce this toxin.
- All isolates of *C. diphtheriae* and *Corynebacterium spp.* need to be tested by the laboratory for toxigenicity.

Diphtheria – cutaneous or pharyngeal:

- Consult physician regarding chemoprophylaxis for close contacts

References: PHAC (2012), CDC (2007)

Suspected/Known Disease or Microorganism	
Cough, Fever, Acute upper respiratory tract infection – **many viruses including:**	**Rhinovirus** **Respiratory syncytial virus, [RSV]** **Parainfluenza virus** **Influenza** **Adenovirus** **Coronavirus** ***Bordetella pertussis*** ***Mycoplasma pneumoniae***

Clinical Presentation
Cough, fever, sore throat, runny nose

Infectious Substances	How it is Transmitted
Respiratory secretions	Direct contact, indirect contact and large droplets

Precautions Needed*	
	Droplet and Contact Precautions Wear fit tested N95 respirator when performing Aerosol-generating medical procedures (AGMPs).**
	Droplet Precautions– Bordetella Pertussis, Mycoplasma pneumonia

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
Variable	Variable / Duration of symptoms

Comments
*Precautions required are in addition to Routine Practices. 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 residents, children with chronic cardiac or lung diseases, nephritic syndrome, neonates. These residents **should not** be cohorted. Refer to: Infection Prevention and Control Considerations for Immunocompromised Patients
- Refer to AHS Guidelines for Outbreak Prevention, Control and Management in Acute Care and Facility Living Sites.
- Residents may have prolonged post-viral dry cough for weeks but this may not represent ongoing acute illness
- If TB suspected, see Tuberculosis (TB)

References: PHAC (2012)

Suspected/Known Disease or Microorganism

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

Clinical Presentation

Fever, weight loss, cough, night sweats, abnormal chest x-ray

Infectious Substances	How it is Transmitted
Exhaled airborne particles	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:

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	Period of Communicability
Not applicable	Until infectious etiology ruled out If TB confirmed, while organisms are in sputum

(Continued on next page)

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 cavitary disease so may not require **Airborne Precautions**. **Airborne Precautions** should be implemented until an expert in tuberculosis management deems the resident non-infectious.
- Household/close contacts visiting pediatric residents admitted with suspected or confirmed TB should remain in the resident'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 resident is deceased, refer to the Alberta Bodies of Deceased Persons Regulations.
- **Discharge Settle Time**

Non-negative pressure rooms:

- Do not admit a new resident 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 resident 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
Core/respiratory symptoms, new or worse: cough, shortness of breath, difficulty breathing, sore throat, painful swallowing, runny nose, nasal congestion, sneezing, fever or chills, rigors, loss of/change to sense of taste or smell.
GI symptoms, new or worse: vomiting, diarrhea.
Extended symptoms, new or worse: headache, muscles/joint pain, fatigue, extreme exhaustion, nausea, sudden loss of appetite, conjunctivitis (pink eye), red eye, conjunctival edema.
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

Droplet and Contact Precautions

Perform IPC 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
Follow direction from Public Health and outbreak management.

Refer to Duration of Precautions for Viral Respiratory Illnesses.

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

- Resident Daily Screening Questionnaire
- 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 In case of questions contact IPC Disease or Microorganism

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

(Continued from previous page)

- In case of questions contact IPC
- 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

References:

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

WHO https://www.who.int/csr/don/12-january-2020-novel-coronavirus-china/en/

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

Suspected/Known Disease or Microorganism

Coxsackievirus disease (Enterovirus and *Picornaviridae*) – 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 resident remains incontinent

Comments

*Precautions required are in addition to Routine Practices

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:

- **Immediately consult Infection Prevention and Control if resident 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 Resident (Adult or Child)
- If the resident is deceased, refer to the Alberta Bodies of Deceased Persons Regulations.

References: PHAC (2007)

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

Blood and body fluids shed from sick domestic animals and/or humans, tick bite

How it is Transmitted

Direct contact, indirect contact, large droplets and tick bite

Precautions Needed*

Refer to the Droplet and Contact Precautions Suspect/Confirmed Ebola Virus Disease. Single-resident room and dedicated bathroom is required. Room door to remain closed to limit access to room.

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.

Maintain a log of all people entering the resident's room.

Droplet and Contact Precautions

Perform IPC Risk Assessment (IPC RA) and wear fit tested N95 respirator when performing Aerosol-generating medical procedures (AGMPs)

Duration of Precautions

Until symptoms resolve *and* directed by Infection Prevention and Control

Incubation Period

1-3 days after exposure via tick bite

5-6 days after contact with infected blood or tissue

Period of Communicability

Until all symptoms resolve

(Continued on next page)

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 resident is deceased, refer to the Alberta Bodies of Deceased Persons Regulations

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

References: PHAC (2015)

Suspected/Known Disease or Microorganism

Croup –

Haemophilus influenzae
Mycoplasma pneumoniae
Adenovirus
Respiratory Syncytial Virus, [RSV]
Influenza virus
Parainfluenza virus
Measles virus
Human metapneumovirus

Clinical Presentation

Fever, runny nose, barking cough, sore throat

Infectious Substances

Respiratory secretions

How it is Transmitted

Direct contact, indirect contact and large droplets

Precautions Needed*

Droplet and Contact Precautions

Wear fit tested N95 respirator when performing Aerosol-generating medical procedures (AGMPs).**

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 Routine Practices

- See specific organism once identified

References: PHAC (2012)

Suspected/Known Disease or Microorganism

Cryptococcosis (*Cryptococcus neoformans*)

Clinical Presentation

Meningitis (usually in immunocompromised resident), pulmonary cryptococcosis, disseminated crytococcosis

Infectious Substances	How it is Transmitted
Bird droppings	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	Period of Communicability
Unknown	Not applicable

Comments

References: PHAC (2012)

Suspected/Known Disease or Microorganism

Cryptosporidiosis (*Cryptosporidium parvum*)

Clinical Presentation

Diarrhea, cramps, weight loss, nausea and headaches

Infectious Substances	How it is Transmitted
Feces (Fecal oocysts)	Direct contact and indirect contact (fecal-oral)
Precautions Needed*	**Contact Precautions** If resident • 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 resident is continent and has good hygiene

Incubation Period	Period of Communicability
1-12 days	From onset of symptoms until several weeks after symptoms are resolved

Comments

*Precautions required are in addition to Routine Practices

References: PHAC (2012), CDC (2007)

Suspected/Known Disease or Microorganism

Cyclosporiasis (*Cyclospora cayetanensis*)

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

Saliva, genital secretions, urine, breast milk, transplanted organs or stem cells, blood products

How it is Transmitted

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

Unknown for person-to-person transmission

3-12 weeks for blood transfusions,

1-4 months for tissue transplants

Period of Communicability

NEONATES: 5-6 years

ADULTS: Variable, linked to immuno-suppressed status

Comments

- Requires intimate personal contact for transmission
- No additional protective measures are required for pregnant healthcare workers
- Disease is often due to reactivation in the resident 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

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 Routine Practices

- See specific organism once identified

References: PHAC (2012), CDC (2007)

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

*Precautions required are in addition to Routine Practices

- 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	How it is Transmitted
Feces	Direct contact and indirect contact (fecal-oral)
Precautions Needed*	**Contact Precautions** If resident • 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 resident is continent and has good hygiene

Incubation Period	Period of Communicability
Variable	Until symptoms resolve OR infectious etiology ruled out

Comments

*Precautions required are in addition to Routine Practices

- See specific organism once identified

References: PHAC (2012), CDC (2007)

E

Eastern equine encephalitis (Arborvirus)

Ebola viral disease

Echinococcosis/Hydatidosis – (*Echinococcus granulosis, 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) – *E. coli, Klebsiella* spp., others

Escherichia coli O157: H7

Suspected/Known Disease or Microorganism

Eastern equine encephalitis (Arbovirus)

Clinical Presentation

Fever, encephalomyelitis (headache, chills, vomiting, disorientation, seizures)

Infectious Substances

Aedes mosquito bite (virus found in birds, bats, and possibly rodents)

How it is Transmitted

Bite of infected mosquito

No person-to-person transmission

Precautions Needed

Routine Practices

Duration of Precautions

Not applicable

Incubation Period

4-10 days

Period of Communicability

Not applicable

Comments

- **Physician to Notify Medical Officer of Health of case by fastest means possible**

References: CDC (2007)

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

Blood, body fluids and respiratory secretions

How it is Transmitted

Direct contact, indirect contact and large droplets

Precautions Needed

Refer to the Droplet and Contact Precautions Suspect/Confirmed Ebola Virus Disease

Single-resident 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 resident's room.

Suspected/Confirmed Hemorrhagic Fever (Ebola) Droplet and Contact Precautions

Perform IPC Risk Assessment (IPC RA) and wear fit tested N95 respirator when performing Aerosol-generating medical procedures (AGMPs)

Duration of Precautions

Until symptoms resolve *and* directed by Infection Prevention and Control

Incubation Period

2-21 days

Period of Communicability

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 resident 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 – (*Echinococcus granulosis, Echinococcus multilocularis*)

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

Worm eggs in feces from infected dogs. Contaminated food, soil, and water. Fur may be contaminated.

How it is Transmitted

Fecal-oral

No person-to-person transmission

Precautions Needed

Routine Practices

Duration of Precautions

Not applicable

Incubation Period

12 months to years

Period of Communicability

Not applicable

Comments

References: CDC (2007)

Suspected/Known Disease or Microorganism

E. coli Shiga Toxin Producing

Clinical Presentation

Asymptomatic or various infections

Infectious Substances	How it is Transmitted
Depends on location of colonized/infected body sites	Direct contact and indirect contact
Precautions Needed	**Routine Practices**

Duration of Precautions

As directed by Infection Prevention and Control

Incubation Period	Period of Communicability
Variable	Variable

Comments

*Precautions required are in addition to Routine Practices

- 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**

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	**Droplet and Contact 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 Routine Practices

- See specific organism once identified
- May be associated with measles, mumps, Varicella, *Mycoplasma pneumoniae*, Epstein-Barr virus (EBV)

References: PHAC (2012), CDC (2007)

Suspected/Known Disease or Microorganism

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

Clinical Presentation

Abdominal distension or swelling, abnormal vaginal bleeding or discharge, fever, lower abdominal pain

Infectious Substances	How it is Transmitted
Not applicable	Not applicable
Precautions Needed*	**Droplet and Contact Precautions** if invasive Group A *Streptococcus* suspected

Duration of Precautions

Not applicable

Incubation Period	Period of Communicability
Not applicable	Not applicable except for Invasive Group A *streptococcus* with 24 hours of antimicrobial therapy

Comments

*Precautions required are in addition to Routine Practices

References: CDC (2007)

Suspected/Known Disease or Microorganism

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

Clinical Presentation

Nocturnal perianal itching. Occasionally ulcer-like bowel lesions.

Infectious Substances	How it is Transmitted
Ova in perianal region, contaminated fomites	Direct contact and indirect contact (fecal-oral)
Precautions Needed	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	Period of Communicability
1-2 months	Until host colonization no longer occurs

Comments

- 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)

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 droplet and contact

Precautions Needed*

Droplet and Contact Precautions

For adult patients only: Perform IPC Risk Assessment (IPC RA) and wear fit-tested N95 respirator when performing Aerosol-generating medical procedures (AGMPs).**

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

Droplet and Contact Precautions

For adult patients only: Perform IPC Risk Assessment (IPC RA) and wear fit-tested N95 respirator when performing Aerosol-generating medical procedures (AGMPs).**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 – (*Haemophilus influenzae* type B [HIB], *Streptococcus* Group A, *Staphylococcus aureus*)

Clinical Presentation

Sore throat, muffling or change in voice, difficulty speaking or swallowing, fever

Infectious Substances	How it is Transmitted
Respiratory secretions	Direct contact and indirect contact
Precautions Needed*	**Droplet Precautions**

Duration of Precautions

24 hours of effective antimicrobial therapy for all identified organisms

Incubation Period	Period of Communicability
2-4 days for HIB 1-3 days for Strep A	Until after 24 hours of effective antimicrobial therapy completed

Comments

*Precautions required are in addition to Routine Practices

- See specific organism once identified.
- **Only invasive *Haemophilus influenzae* type B is considered a notifiable disease**

References: PHAC (2012), CDC (2007)

Suspected/Known Disease or Microorganism

Epstein-Barr virus (Human Herpes virus 4)

Clinical Presentation

Infectious mononucleosis; fever, sore throat, lymphadenopathy, splenomegaly, rash

Infectious Substances	How it is Transmitted
Saliva, transplanted organs and stem cells, blood, semen	Direct oropharyngeal route via saliva; transplantation
Precautions Needed	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	Period of Communicability
30-50 days	Prolonged; pharyngeal excretion “may be intermittent or persistent for years”

Comments

References: PHAC (2012), CDC (2007)

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 Routine Practices

References: PHAC (2012), CDC (2007)

Suspected/Known Disease or Microorganism

*Escherichia coli O*157: 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*

Contact Precautions

If resident
- is incontinent
- has stools that cannot be contained
- has poor hygiene and may contaminate his/her environment

If HUS: please see Hemolytic-uremic syndrome (HUS)

Duration of Precautions

Until symptoms have stopped for 48 hours and after at least one normal or formed bowel movement OR resident is continent.

If HUS: Until two (2) successive negative stool samples for E. coli 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

*Precautions required are in addition to Routine Practices

- A wide variety of foods have been associated with *E.coli* 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

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

Clinical Presentation

Asymptomatic or various infections

Infectious Substances	How it is Transmitted
Depends on location of colonized/infected body sites	Direct contact and indirect contact
Precautions Needed*	**Routine Practices**

Duration of Precautions

As directed by Infection Prevention and Control

Incubation Period	Period of Communicability
Variable	Variable

Comments

*Precautions required are in addition to Routine Practices

- 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)

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*.)*

Suspected/Known Disease or Microorganism

Febrile respiratory illness, Acute respiratory tract infection –

Rhinovirus
Respiratory Syncytial Virus, [RSV]
Parainfluenza virus
Influenza
Adenovirus
Coronavirus
Bordetella pertussis
Mycoplasma pneumoniae

Clinical Presentation
Fever, cough, runny nose, sneezing

Infectious Substances
Respiratory secretions

How it is Transmitted
Direct contact, indirect contact and large droplets

Precautions Needed*
Droplet and Contact Precautions

Droplet Precautions - *Bordetella pertussis, Mycoplasma pneumonia*

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 Routine Practices

- 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 residents, children with chronic cardiac or lung disease, nephritic syndrome, neonates. These residents **should not** be cohorted. Refer to: Infection Prevention and Control Considerations for Immunocompromised Patients
- Residents may have prolonged post-viral dry cough for weeks but this may not represent ongoing acute illness

References: PHAC (2012)

Suspected/Known Disease or Microorganism

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

Clinical Presentation
Fever

Infectious Substances	How it is Transmitted
Feces and respiratory secretions	Direct contact and indirect contact

Precautions Needed*

ADULT	**Routine Practices**
PEDIATRIC	**Droplet and Contact Precautions**

Duration of Precautions

ADULT	Not applicable
PEDIATRIC	Variable, depending on etiology

Incubation Period	Period of Communicability
ADULT - Not applicable **PEDIATRIC** - Variable	**ADULT** - Not applicable **PEDIATRIC** - Variable, depending on etiology of illness

Comments
*Precautions required are in addition to Routine Practices

- See specific organism once identified
- For outbreaks: Refer to AHS Guidelines for Outbreak Prevention, Control and Management in Acute Care and Facility Living Sites, OR AHS Guidelines for Outbreak Prevention, Control and Management in Supportive Living and Home Living Sites.

References: PHAC (2012)

Suspected/Known Disease or Microorganism

Food poisoning – (*Bacillus cereus, Clostridium perfringens, Staphylococcus aureus, Salmonella* spp., *Vibrio parahaemolyticus, Escherichia coli O157: H7), Listeria monocytogenes, Toxoplasma gondii, Bacillus* 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 resident
- is incontinent
- has stools that cannot be contained
- has poor hygiene and may contaminate his/her environment

Droplet and Contact 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 resident is continent and has good hygiene

Incubation Period

Not applicable

Period of Communicability

Variable

Comments

*Precautions required are in addition to Routine Practices

- See specific organism once identified

References: PHAC (2012)

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

Suspected/Known Disease or Microorganism

Gas gangrene (*Clostridium* spp.)

Clinical Presentation

Crepitus abscesses myonecrosis

Infectious Substances	How it is Transmitted
Normal gut flora, soil	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	Period of Communicability
Variable	Not applicable

Comments

*Precautions required are in addition to Routine Practices

References: PHAC (2012)

Suspected/Known Disease or Microorganism **GAS – Group A *Streptococcus (Streptococcus pyogenes)* –**	Skin Infection	Invasive GAS (iGAS)	Scarlet Fever	Pharyngitis	Toxic shock syndrome
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	**Droplet and Contact Precautions**	**ADULT -** **PEDIATRIC - Droplet and Contact Precautions**	**ADULT - Routine Practices** **Droplet Precautions** - If unable to cover cough **PEDIATRIC - Droplet and Contact Precautions**	**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 Streptococcus - Until 24 hours of effective antimicrobial therapy completed	Variable
Comments	• Precautions required are in addition to Routine Practices • 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 resident is deceased, refer to the Alberta Bodies of Deceased Persons Regulations. • NOTE: All other Streptococcus species are managed with Routine Practices				

References: PHAC (2012), CDC (2007)

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 resident
- is incontinent
- has stools that cannot be contained
- has poor hygiene and may contaminate his/her environment

Droplet and Contact 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 resident is continent and infectious cause ruled out

Incubation Period
Variable

Period of Communicability
Until symptoms resolve

Comments
*Precautions required are in addition to Routine Practices

- See specific organism once identified
- For outbreaks: Refer to AHS Guidelines for Outbreak Prevention, Control and Management in Acute Care and Facility Living Sites, OR AHS Guidelines for Outbreak Prevention, Control and Management in Supportive Living and Home Living Sites.

References: PHAC (2012), Public Health England (2017)

Suspected/Known Disease or Microorganism

Giardiasis (*Giardia lamblia*)

Clinical Presentation

Diarrhea, abdominal cramps, bloating, flatulence, dehydration

Infectious Substances	How it is Transmitted
Feces	Direct contact and indirect contact (fecal-oral)
Precautions Needed*	**Contact Precautions** If resident • 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 resident is continent and has good hygiene

Incubation Period	Period of Communicability
5-25 weeks	2-6 weeks, may continue for months

Comments

*Precautions required are in addition to Routine Practices

References: PHAC (2012), CDC (2007)

Suspected/Known Disease or Microorganism

Gonococcus (*Neisseria gonorrhoeae*)

Clinical Presentation

Ophthalmia neonatorum, gonorrhea, arthritis, pelvic inflammatory disease

Infectious Substances	How it is Transmitted
Exudates from lesions	Mother to child, sexual contact and rarely direct/indirect contact
Precautions Needed	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	Period of Communicability
2-7 days	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	How it is Transmitted
Not applicable	Not applicable
Precautions Needed	**Routine Practices**
Duration of Precautions	
Not applicable	
Incubation Period	**Period of Communicability**
Not applicable	Not applicable

Comments

- May follow within weeks of a respiratory or gastrointestinal infection, e.g., *Mycoplasma pneumoniae*, *Campylobacter jejuni*

References: CDC (2015)

H

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

Hand-foot-mouth disease

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

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

Clinical Presentation

***Haemophilus Influenzae* type B (HIB):**	Pneumonia, epiglottitis, meningitis, bacteremia, septic arthritis, cellulitis
Osteomyelitis:	Inflammation, fever, wound drainage

Infectious Substances	How it is Transmitted
Respiratory secretions if HIB	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	Period of Communicability
Approximately 2-4 days	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.

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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 influenza type B is a notifiable disease

References: CDC (2007) PHAC (2012) PHAC (2014)

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

- **Physician to notify Medical Officer of Health of case by fastest means possible**

References: PHAC (2012), CDC (2007)

Suspected/Known Disease or Microorganism

Helicobacter pylori

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

- Humans are likely the major reservoir.

References: PHAC (2012), CDC (2007)

Suspected/Known Disease or Microorganism

Hemolytic uremic syndrome (HUS) – (may be associated with *Escherichia coli O*157: H7)

Clinical Presentation

Diarrhea, hemolytic-uremic syndrome (HUS), thrombocytopenia purpura

Symptoms of HUS vary. Residents 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 resident
- 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 E. coli O157: H7 or 10 days after onset of diarrhea and symptoms have resolved.

Incubation Period

Most *E. coli* strains, 10 hours to 6 days

E. coli O157:H7, 1-10 days

Period of Communicability

Until 2 stools are negative for *E. coli* O157:H7 or 10 days after onset of diarrhea

Comments

*Precautions required are in addition to Routine Practices

- A wide variety of foods have been associated with *E.coli* 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	How it is Transmitted
Blood, bloody body fluids and respiratory secretions	Direct contact, indirect contact and large droplets

Precautions Needed*	
	Droplet and Contact Precautions Perform IPC Risk Assessment (IPC RA) and wear fit tested N95 respirator when performing Aerosol-generating medical procedures (AGMPs)

Refer to the Droplet and Contact Precautions Suspect/Confirmed Ebola Virus Disease
Single-resident 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 resident's room.

Duration of Precautions

Until symptoms resolve *and* directed by Infection Prevention and Control

Incubation Period	Period of Communicability
Variable	Variable

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 resident 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

Hepatitis – A, E

Clinical Presentation

Hepatitis, anicteric acute febrile illness

Infectious Substances	How it is Transmitted
Feces and fecal-contaminated food or water	Direct contact and indirect contact (fecal-oral)
Precautions Needed*	**Contact Precautions** If resident • 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	Period of Communicability
Hepatitis A: 28-30 days (range 15-50 days) Hepatitis E: 26-42 days	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: residents 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

- **Physician to Notify Medical Officer of Health of case by fastest means possible**
- If the resident is deceased, refer to the Alberta Bodies of Deceased Persons Regulations
- Contact Workplace Health and Safety (WHS) immediately if healthcare worker has percutaneous, non-intact skin or mucous membrane exposure

**Please contact Infection Prevention and Control –
Refer to: Recommendations for Preventing Transmission of Infections Among Chronic Hemodialysis Residents

References: PHAC (2015), CDC (2007)

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** If resident • is incontinent • has stools that cannot be contained • has poor hygiene and may contaminate his/her environment

Duration of Precautions

ADULT	Not Applicable
PEDIATRIC	Until symptoms have stopped for 48 hours AND after at least one normal/baseline or formed bowel movement OR until resident is continent and has good hygiene

Incubation Period	Period of Communicability
3-6 days for non-poliovirus	Duration of symptoms

Comments

*Precautions required are in addition to Routine Practices

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 resident is asymptomatic	Direct contact	
Precautions Needed*	**Contact Precautions**	**Routine Practices**	**Contact Precautions** for infants delivered vaginally (or by C-section if membranes have been ruptured more than 4 hours) to women with active genital HSV infections	**Contact Precautions**
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	*Precautions required are in addition to Routine Practices • A resident with herpetic lesions should not be roomed with newborns, children with eczema, burned residents or immunocompromised residents. Refer to: http://www.albertahealthservices.ca/assets/healthinfo/ipc/hi-ipc-immunocompromised-residents.pdf			

References: PHAC (2012), CDC (2007)

Suspected/Known Disease or Microorganism

Histoplasmosis (*Histoplasma capsulatum*)

Clinical Presentation

Pneumonia, lymphadenopathy, fever

Infectious Substances	How it is Transmitted
Acquired from spores in soil	Inhalation of spores Rarely person-to-person transmission, sometimes occurs with organ transplantation
Precautions Needed	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	Period of Communicability
3-17 days	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	How it is Transmitted
Blood and body fluids including cerebrospinal fluid, semen, vaginal, synovial, pleural, peritoneal, pericardial, and amniotic fluids and breast milk	Mucosal or percutaneous exposure to infective body fluids, sexual transmission, mother to child
Precautions Needed	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	Period of Communicability
Weeks to years	From onset of infection, until death

Comments

- If the resident is deceased, refer to the Alberta Bodies of Deceased Persons Regulations
- Contact Workplace Health and Safety immediately if healthcare worker has percutaneous, non-intact skin or mucous membrane exposure

References: PHAC (2012), CDC (2007)

Suspected/Known Disease or Microorganism

Human metapneumovirus (HMPV)

Clinical Presentation

Cough, fever, nasal congestion, shortness of breath

Infectious Substances	How it is Transmitted
Respiratory secretions	Direct contact, indirect contact and large droplets
Precautions Needed*	**Droplet and Contact Precautions** Wear fit tested N95 respirator when performing Aerosol-generating medical procedures (AGMPs).**

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
3-5 days	Duration of symptoms

Comments

*Precautions required are in addition to Routine Practices

- Contact Infection Prevention and Control for discontinuation of precautions
- Minimize exposure to immunocompromised residents, children with chronic cardiac or lung disease, nephritic syndrome, neonates. These residents should not be cohorted. Refer to: Infection Prevention and Control Considerations for Immunocompromised Patients
- Immunocompromised resident additional precautions need to be maintained for a longer duration due to prolonged viral shedding.

References: PHAC (2012), CDC (2007)

I

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

Influenza – avian

Influenza – new pandemic strain

Influenza – seasonal

Invasive GAS (iGAS)

Suspected/Known Disease or Microorganism

Impetigo – (*Staphylococcus aureus, Streptococcus* 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 Routine Practices

- See specific organism once identified

References: PHAC (2012), CDC (2007)

Suspected/Known Disease or Microorganism

Influenza – new pandemic strain

Clinical Presentation

Fever, cough, muscle aches, fatigue, sore throat, pneumonia

Infectious Substances	How it is Transmitted
Respiratory secretions	Direct contact, indirect contact, droplets and airborne particles

Precautions Needed*	
	PANDEMIC INFLUENZA PRECAUTIONS:
	Perform IPC Risk Assessment (IPC RA) and wear fit tested N95 respirator when performing Aerosol-generating medical procedures (AGMPs)*

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	Period of Communicability
Unknown, possibly 1-7 days	Unknown

Comments

*Precautions required are in addition to Routine Practices

- If private room is unavailable, consider cohorting residents during outbreaks

  Minimize exposure to immunocompromised residents, children with chronic cardiac or lung disease, nephritic syndrome, neonates. These residents should not be cohorted. Refer to: Infection Prevention and Control Considerations for Immunocompromised Patients
- Immunocompromised resident 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 AHS Guidelines for Outbreak Prevention, Control and Management in Acute Care and Facility Living Sites.
- ** ***For complete list of*** AGMPs

References: PHAC (2012)

Suspected/Known Disease or Microorganism

Influenza – seasonal

Clinical Presentation
Fever, cough, muscle aches, fatigue, sore throat, runny nose, sneezing

Infectious Substances	How it is Transmitted
Respiratory secretions	Direct contact, indirect contact and large droplets

Precautions Needed	
	Droplet and Contact Precautions Wear fit tested N95 respirator when performing Aerosol-generating medical procedures (AGMPs).

Duration of Precautions
Follow AHS Guide for Outbreak Prevention, and Control in Long Term Care, Designated Supportive Living and Hospice Sites [section 7.3].

Incubation Period	Period of Communicability
1-3 days	Duration of symptoms

Comments
*Precautions required are in addition to Routine Practices

- If private room is unavailable, consider cohorting residents during outbreaks
- Minimize exposure of immunocompromised residents, children with chronic cardiac or lung disease, neonates
- Residents may have prolonged post-viral dry cough for weeks but this may not represent ongoing acute illness
- For immunocompromised resident, 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

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 Droplet and Contact Precautions Suspect/Confirmed Ebola Virus Disease
Single-resident 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 resident's room.

Droplet and Contact Precautions

Perform IPC Risk Assessment (IPC RA) and wear fit tested N95 respirator when performing Aerosol-generating medical procedures (AGMPs)

Duration of Precautions

Until symptoms resolve *and* 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 resident 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 (*Legionella* 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 (*Mycobacterium leprae*) – Hansen's disease

Clinical Presentation

Chronic disease of skin, nerves, joints, and nasopharyngeal mucosa; loss of sensation on affected areas of skin

Infectious Substances	How it is Transmitted
Nasal and respiratory secretions	Direct contact (requires prolonged and extensive personal contact)
Precautions Needed	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	Period of Communicability
1-20 years	Until treatment is established

Comments

References: PHAC (2012), CDC (2007)

Suspected/Known Disease or Microorganism

Leptospirosis (*Leptospira* spp.)

Clinical Presentation

Fever, jaundice, aseptic meningitis, headache, chills, muscle pain

Infectious Substances

Leptospires 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)

Suspected/Known Disease or Microorganism

Listeriosis (*Listeria monocytogenes*)

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

- **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)

Suspected/Known Disease or Microorganism

Lyme disease (*Borrelia burgdorferi*)

Clinical Presentation

Fever, arthritis, meningitis, headache, fatigue, characteristic skin rash called erythema migraines

Infectious Substances	How it is Transmitted
Infected tick bite	Tick-borne (blacklegged or deer ticks) No person-to-person transmission
Precautions Needed	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	Period of Communicability
Rash occurs in 3-30 days after exposure	Not applicable

Comments

- **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)

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

8-13 days, 15-21 days before any meningeal symptoms appear

Period of Communicability

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 (monkey pox)

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

Suspected/Known Disease or Microorganism

Malaria (*Plasmodium* 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	How it is Transmitted
Blood	Mosquito bite Rare person-to-person transmission
Precautions Needed	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	Period of Communicability
Variable	Not applicable

Comments

- 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)

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*

Refer to the Droplet and Contact Precautions Suspect/Confirmed Ebola Virus Disease Single-resident 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 resident's room.	**Droplet and Contact Precautions** Perform IPC Risk Assessment (IPC RA) and wear fit tested N95 respirator when performing Aerosol-generating medical procedures (AGMPs)

Duration of Precautions

Until symptoms resolve *and* 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 resident 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

Meningitis
Various causative agents:

VIRAL: **Enterovirus, Arbovirus**

FUNGAL: ***Cryptococcus neoformans, Histoplasma capsulatum***

BACTERIAL:
***Neisseria meningitidis*,**
H. influenzae type B (possible in non-immune infant younger than 2 years
***Streptococcus pneumoniae*,**
***Streptococcus Group B*,**
***Listeria monocytogenes*,**
***E.coli* and other Gram-negative rods,**
Mycobacterium tuberculosis

Clinical Presentation

Acute onset of meningeal symptoms commonly including headache, photophobia, stiff neck, vomiting, fever, and/or rash

Infectious Substances	How it is Transmitted
Respiratory secretions and Feces (in viral meningitis)	Bacterial: Direct contact; droplet Viral: Direct and indirect contact (including fecal/oral)

Precautions Needed*

ADULT	**Routine Practices** – confirmed viral **Droplet Precautions** – cause unknown or Bacterial or confirmed *Neisseria meningitidis*
PEDIATRIC	**Contact Precautions** – confirmed viral **Droplet and Contact Precautions** – cause unknown or Bacterial

Duration of Precautions

Bacterial	Until 24 hours of effective antimicrobial therapy completed
Viral: PEDIATRIC	Until symptoms resolved or enterovirus ruled out

(Continued on next page)

Suspected/Known Disease or Microorganism

Meningitis

Various causative agents:

VIRAL: **Enterovirus, Arbovirus**

FUNGAL: ***Cryptococcus neoformans, Histoplasma capsulatum***

BACTERIAL:
***Neisseria meningitidis*,**
H. influenzae type B (possible in non-immune infant younger than 2 years
***Streptococcus pneumoniae*,**
***Streptococcus Group B*,**
***Listeria monocytogenes*,**
***E.coli* and other Gram-negative rods,**
Mycobacterium tuberculosis

(Continued from previous page)

Incubation Period	Period of Communicability
Variable	Variable

Comments

*Precautions required are in addition to Routine Practices

- See specific organism once identified. For *Mycobacterium tuberculosis* 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 *Staphylococcus aureus* (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*

Additional Precautions for ARO Positive Residents in Continuing Care

Droplet and Contact Precautions

if resident 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 Routine Practices

References: PHAC (2012), CDC (2007)

Suspected/Known Disease or Microorganism

MERS CoV – (Middle East respiratory syndrome, Coronavirus)

Clinical Presentation

Fever, cough, runny nose, sore throat, body aches, pneumonia (shortness of breath, discomfort during breathing)

Infectious Substances	How it is Transmitted
Respiratory secretions	Direct contact, indirect contact and large droplets

Precautions Needed*	
	Droplet and Contact Precautions Perform IPC 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	Period of Communicability
14 days	Unknown / variable

Comments

*Precautions required are in addition to Routine Practices

- **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 residents, children with chronic cardiac or lung disease, nephritic syndrome, neonates. These residents should not be cohorted. Refer to: Infection Prevention and Control Considerations for Immunocompromised Patients
- Immunocompromised resident additional precautions need to be maintained for a longer duration due to prolonged viral shedding.

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

References: Interim Guidance-Novel Coronavirus

Suspected/Known Disease or Microorganism

Molluscum contagiosum (molluscum contagiosum virus)

Clinical Presentation

Umbilical papules (small raised, pearly papules with a central depression)

Infectious Substances	How it is Transmitted
Contents of the papules	Direct contact, including sexual contact, or fomites
Precautions Needed	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	Period of Communicability
1 week to 6 months	Unknown

Comments

References: PHAC (2012), CDC (2007)

Suspected/Known Disease or Microorganism

Mpox (monkeypox)

Clinical Presentation

Resembles smallpox, swollen lymph nodes

Infectious Substances	How it is Transmitted
Infected blood and body fluids, pox secretions	Bite from infected animal or direct contact with their blood, body fluid or rash
Precautions Needed*	**Droplet and Contact Precautions**

Duration of Precautions

As directed by Infection Prevention and Control

Incubation Period	Period of Communicability
7-17 days	until the scab crusts have fallen off (about 3-4 weeks) and new skin has formed

Comments

*Precautions required are in addition to Routine Practices

- **Physician to notify Medical Officer of Health of case by fastest means possible**
- Transmission in hospital settings unlikely
- CDC: Monkeypox | Poxvirus | CDC (2022)
- Monkeypox (orthopoxvirus simian) (2022)

References: PHAC (2012)

Suspected/Known Disease or Microorganism

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

Routine Practices

Duration of Precautions

Not applicable

Incubation Period

Unknown

Period of Communicability

Not applicable

Comments

- Immunocompromised residents are at risk of infection. Refer to: Infection Prevention and Control Considerations for Immunocompromised Patients

References: PHAC (2012), CDC (2007)

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**	***Providencia* spp., MDR**	***Enterobacter* spp., MDR**
***Klebsiella* spp., MDR**	***Proteus* spp., MDR**	***Morganella* spp., MDR**
***Serratia* spp., MDR**	***Citrobacter* spp., MDR**	***Salmonella* spp., MDR**

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

For all organisms reported as CPO only

Duration of Precautions

Variable, dependent on organism

Incubation Period

Variable

Period of Communicability

Variable

(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**	***Providencia* spp., MDR**	***Enterobacter* spp., MDR**
***Klebsiella* spp., MDR**	***Proteus* spp., MDR**	***Morganella* spp., MDR**
***Serratia* spp., MDR**	***Citrobacter* 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)

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 Routine Practices

Exposed susceptible:

- **Droplet Precautions** for exposed susceptible residents and healthcare workers 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., *Mycobacterium avium* complex)

Clinical Presentation

Lymphadenitis, pneumonia, disseminated disease in immunocompromised resident

Infectious Substances	How it is Transmitted
Widely distributed in the environment, particularly in wet soil, marshlands, streams and rivers	Acquired from soil, water, animal reservoirs No person-to-person transmission
Precautions Needed	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	Period of Communicability
Unknown	Not applicable

Comments

References: PHAC (2012), CDC (2007)

Suspected/Known Disease or Microorganism

Mycoplasma pneumoniae

Clinical Presentation

Pneumonia

Infectious Substances	How it is Transmitted
Respiratory secretions	Direct contact; large droplets
Precautions Needed*	**Droplet Precautions**

Duration of Precautions

Until symptoms have stopped

Incubation Period	Period of Communicability
1-4 weeks	Unknown

Comments

*Precautions required are in addition to Routine Practices

References: PHAC (2012), CDC (2007)

N

2019-nCoV

Necrotizing fasciitis

*Neisseria g*Necrotizing enterocolitis*onorrhoeae*

Neisseria meningitidis (Meningitis or Invasive Meningococcal Disease)

Nocardiosis (*Nocardia* spp.)

Norovirus

Novel Coronavirus (COVID-19)

Suspected/Known Disease or Microorganism

Necrotizing enterocolitis

Clinical Presentation

Abdominal distention, blood in the stool, diarrhea, feeding intolerance, lethargy, temperature instability, vomiting

Infectious Substances	How it is Transmitted
Unknown	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	Period of Communicability
Not applicable	Not applicable

Comments

*Precautions required are in addition to Routine Practices

References: PHAC (2012), CDC (2007)

Suspected/Known Disease or Microorganism

Neisseria gonorrhoeae

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)

Suspected/Known Disease or Microorganism

Neisseria meningitidis (Meningitis or Invasive Meningococcal Disease)

Clinical Presentation

Meningococcemia, meningitis, pneumonia, Rash (petechial/purpuric) with fever

Infectious Substances	How it is Transmitted
Respiratory secretions	Direct contact; large droplets
Precautions Needed*	**Droplet Precautions**

Duration of Precautions

Until after 24 hours of effective therapy completed.

Incubation Period	Period of Communicability
Usually 2-10 days	Until 24 hours of effective therapy completed

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

References: PHAC (2012), CDC (2007)

Suspected/Known Disease or Microorganism

Nocardiosis (*Nocardia* spp.)

Clinical Presentation

Fever, pulmonary or central nervous system infection, or disseminated disease

Infectious Substances	How it is Transmitted
Acquired from organisms in the soil and dust	By inhalation of the organisms No person-to-person transmission
Precautions Needed	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	Period of Communicability
Unknown	Not applicable

Comments

- Infections in immunocompromised residents may be associated with construction. Refer to: Infection Prevention and Control Considerations for Immunocompromised Patients

References: PHAC (2012), CDC (2007)

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

Droplet and Contact Precautions
if resident 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 Routine Practices

- Contact Infection Prevention and Control for discontinuation of additional precautions.
- For immunocompromised resident, precautions need to be maintained for a longer duration due to prolonged viral shedding. Refer to: Infection Prevention and Control Considerations for Immunocompromised Patients
- Common cause of outbreaks. Refer to AHS Guidelines for Outbreak Prevention, Control and Management in Acute Care and Facility Living Sites.

References: PHAC (2012), Becker-Dreps 2020

O

Orf – Parapoxvirus

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

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)

Suspected/Known Disease or Microorganism

Otitis, draining (*Streptococcus* Group A, *Staphylococcus aureus,* 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

*Precautions required are in addition to Routine Practices

- 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*)

Suspected/Known Disease or Microorganism

Parainfluenza virus

Clinical Presentation
Fever, runny nose, cough, sneezing, wheezing, sore throat, croup, bronchitis

Infectious Substances	How it is Transmitted
Respiratory secretions	Direct contact, indirect contact and large droplets
Precautions Needed*	**Droplet and Contact Precautions** Wear fit tested N95 respirator when performing Aerosol-generating medical procedures (AGMPs).**

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, residents 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	Period of Communicability
2-6 days	Duration of symptoms

Comments
*Precautions required are in addition to Routine Practices

For immunocompromised resident, 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 additional precautions.

- May cohort individuals infected with the same virus.
- Minimize exposure of immunocompromised residents, children with chronic cardiac or lung disease, neonates.
- In the case of outbreak refer to AHS Guidelines for Outbreak Prevention, Control and Management in Acute Care and Facility Living Sites.

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 resident

Duration of Precautions

If resident with transient aplastic or erythrocyte crisis maintain precautions for 7 days. For immune-suppressed residents 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 residents are no longer infectious by the time the rash appears

Comments

*Precautions required are in addition to Routine Practices

- Refer to: Infection Prevention and Control Considerations for Immunocompromised Patients
- Aplastic crisis is a dramatic drop in hematocrit levels, diagnosis to be determined by physician.

References: PHAC (2012), CDC (2007), Harvard (2002)

Suspected/Known Disease or Microorganism

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

Clinical Presentation

Infestation may result in severe itching and excoriation of the scalp or body

Infectious Substances	How it is Transmitted
Direct and indirect contact with louse	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	Period of Communicability
6-10 days	Until effective treatment to kill lice and ova and observed to be free of lice

Comments

*Precautions required are in addition to Routine Practices

- 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)

Suspected/Known Disease or Microorganism

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

Clinical Presentation

Sneezing, coughing, fever, headache, sore throat

Infectious Substances	How it is Transmitted
Respiratory secretions	Direct contact, indirect contact and large droplets

Precautions Needed*

ADULT	**Routine Practices**
	Droplet Precautions - if unable to cover cough
PEDIATRIC	**Droplet and Contact Precautions**

Duration of Precautions

Variable depending on organism

For viral infections, until symptoms resolve or return to baseline

For Group A *Streptococcus,* until 24 hours of effective antimicrobial therapy completed

Incubation Period	Period of Communicability
Variable	**ADULT** - Until acute symptoms resolve **PEDIATRIC** - Until acute symptoms resolve If Group A Streptococcus - until 24 hours of effective antimicrobial therapy completed

Comments

*Precautions required are in addition to Routine Practices

- See specific organism once identified

References: PHAC (2012), CDC (2007)

Suspected/Known Disease or Microorganism

Plague – bubonic (*Yersinia pestis*)

Clinical Presentation

Lymphadenitis, fever, chills, headache, extreme fatigue

Infectious Substances	How it is Transmitted
Not applicable	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	Period of Communicability
1-7 days	Not applicable

Comments

- **Physician to Notify Medical Officer of Health of case by fastest means possible**
- If the resident is deceased, refer to the Alberta Bodies of Deceased Persons Regulations.

References: PHAC (2012), CDC (2007)

Suspected/Known Disease or Microorganism

Plague – pneumonic (*Yersinia pestis*)

Clinical Presentation

Pneumonia, cough, fever, hemoptysis

Infectious Substances	How it is Transmitted
Respiratory secretions	Direct contact: large droplets
Precautions Needed*	**Droplet Precautions**

Duration of Precautions

Until 48 hours of effective antimicrobial therapy

Incubation Period	Period of Communicability
1-4 days	Until 48 hours of effective antimicrobial therapy

Comments

*Precautions required are in addition to Routine Practices

- **Physician to Notify Medical Officer of Health of case by fastest means possible**
- If the resident is deceased, refer to the Alberta Bodies of Deceased Persons Regulations.
- Close contacts may require prophylaxis

References: PHAC (2012), CDC (2007)

Suspected/Known Disease or Microorganism

Pleurodynia (Enterovirus, Coxsackievirus)

Clinical Presentation

Fever, severe chest and abdominal/lower back pain, headache, malaise

Infectious Substances	How it is Transmitted
Feces and respiratory secretions	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	Period of Communicability
3-5 days	**ADULT** – not applicable **PEDIATRIC** – duration of illness

Comments

*Precautions required are in addition to Routine Practices

- See specific organism once identified

References: PHAC (2012), CDC (2007)

Suspected/Known Disease or Microorganism

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

Clinical Presentation

Pneumonia in an immunocompromised resident

Infectious Substances	How it is Transmitted
N/A	Unknown
Precautions Needed	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	Period of Communicability
Unknown	Unknown

Comments

- Ensure roommate is not immunocompromised
- Refer to: Infection Prevention and Control Considerations for Immunocompromised Patients

References: PHAC (2012), CDC (2007)

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	How it is Transmitted
Respiratory secretions	Direct contact, indirect contact and large droplets

Precautions Needed*

Bacterial:	**Routine Practices**
ADULT **Viral or Unknown:**	**Droplet and Contact Precautions**

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
Variable	Duration of symptoms

Comments

*Precautions required are in addition to Routine Practices

- 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 residents, children with chronic cardiac or lung diseases, nephritic syndrome, neonates. These residents **should not** be cohorted. Refer to: Infection Prevention and Control Considerations for Immunocompromised Patients
- Residents may have prolonged post-viral dry cough for weeks but this may not represent ongoing acute illness
- If TB suspected, see Tuberculosis (TB)

References: PHAC (2012), CDC (2007)

Suspected/Known Disease or Microorganism

Poliomyelitis

Clinical Presentation

Flaccid paralysis, fever, aseptic meningitis

Infectious Substances	How it is Transmitted
Feces, respiratory secretions	Direct contact and indirect contact (fecal-oral)
Precautions Needed*	**Contact Precautions**

Duration of Precautions

Until 6 weeks from start of illness or until feces culture negative

Incubation Period	Period of Communicability
3-35 days	Duration of shedding is up to 6 weeks

Comments

*Precautions required are in addition to Routine Practices

- **Physician to Notify Medical Officer of Health of case by fastest means possible**
- Close contacts who are not immune should receive immunoprophylaxis.

References: PHAC (2012), CDC (2007)

Suspected/Known Disease or Microorganism

Pseudomonas aeruginosa (Metallo-carbapenemase producing**)

Clinical Presentation

Asymptomatic or various infections of skin, soft tissue, pneumonia, bacteremia, urinary tract, etc.

Infectious Substances	How it is Transmitted
Colonized/infected body sites	Direct contact and indirect contact
Precautions Needed*	**Routine Practices**

Duration of Precautions

As directed by Infection Prevention and Control

Incubation Period	Period of Communicability
Not applicable	Variable

Comments

*Precautions required are in addition to Routine Practices

- If organism is reported as Carbapenemase-producing organism

References: CDC (2011)

Suspected/Known Disease or Microorganism

Psittacosis (ornithosis) – (*Chlamydia psittaci*)

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*)

Suspected/Known Disease or Microorganism

Q fever (*Coxiella burnetii*)

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

Acute encephalomyelitis. First symptoms similar to those of the flu: headache, fever, malaise.

There may be a discomfort, prickling or itching sensation at the site of the bite.

As the disease progresses more symptoms of delirium, abnormal behavior, hallucinations and insomnia.

Infectious Substances

Saliva

How it is Transmitted

Acquired from saliva or bite of infected animals

Rarely documented via other routes such as contamination of mucous membranes (eyes, nose and mouth) aerosol transmission and corneal and organ transplantations

Person-to-person transmission is theoretically possible but rare and not well documented

Precautions Needed

Routine Practices

Duration of Precautions

Not applicable

Incubation Period

Highly variable, usually 3-8 weeks, rarely as short as 9 days or as long as 7 years

Period of Communicability

Not applicable

Comments

- **Physician to Notify Medical Officer of Health of case by fastest means possible**
- If the resident 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 *Neisseria meningitidis*)

Clinical Presentation

Rash (petechial/purpuric) with fever

Infectious Substances	How it is Transmitted
Respiratory secretions	Direct contact; large droplets
Precautions Needed*	**Droplet Precautions** if *Neisseria. meningitidis* suspected

Duration of Precautions

If *Neisseria meningitidis* confirmed, until 24 hours of effective antimicrobial therapy completed.

If Neisseria meningitidis and other infectious cause ruled out, discontinue precautions.

Incubation Period	Period of Communicability
If *Neisseria meningitidis*: Usually 2-10 days	If *Neisseria meningitidis*: Until 24 hours of effective antimicrobial therapy completed

Comments

*Precautions required are in addition to Routine Practices

References: PHAC (2012)

Suspected/Known Disease or Microorganism

Rash, vesicular – (potential pathogen varicella virus)

Clinical Presentation

Fever, rash

Infectious Substances	How it is Transmitted
Respiratory secretions, skin lesion drainage	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	Period of Communicability
See Varicella	See Varicella

Comments

*Precautions required are in addition to Routine Practices

- See specific organism once identified

References: PHAC (2012)

Suspected/Known Disease or Microorganism

Rat-bite fever –

Actinobacillus – (formerly *Streptobacillus moniliformis*)

Spirillum minus

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 *A. moniliformis*

7-21 days for *S. minus*

Period of Communicability

Not applicable

Comments

- *A. moniliformis:* acquired from rats and other animals, contaminated milk
- *S minus:* acquired from rats, mice only

References: PHAC (2012), CDC (2007)

Suspected/Known Disease or Microorganism

Relapsing fever (*Borrelia* 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)

Suspected/Known Disease or Microorganism

Rhinovirus

Clinical Presentation

Sore throat, runny nose, coughing, sneezing

Infectious Substances

Respiratory secretions

How it is Transmitted

Direct contact, indirect contact and large droplets

Precautions Needed*

Droplet and Contact Precautions

Wear fit tested N95 respirator when performing Aerosol-generating medical procedures (AGMPs).**

Duration of Precautions

Resolution of acute respiratory infection symptoms or return to baseline. Refer to clinical presentation for examples of symptoms.

Incubation Period

2-3 days

Period of Communicability

Duration of symptoms

Comments

*Precautions required are in addition to Routine Practices

- May cohort individuals infected with the same virus. Resident should not share room with high-risk roommates (e.g., immunosuppressed)

  Minimize exposure to immunocompromised residents, children with chronic cardiac or lung disease, nephritic syndrome, neonates. These residents should not be cohorted.

- For immunocompromised resident, precautions need to be maintained for a longer duration due to prolonged viral shedding. Refer to: Infection Prevention and Control Considerations for Immunocompromised Patients

References: PHAC (2012), CDC (2007)

Suspected/Known Disease or Microorganism

Rickettsialpox (*Rickettsia akari*)

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)

Suspected/Known Disease or Microorganism

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

- While under treatment for *Trichophyton*, resident should be excluded from swimming pools and activities likely to lead to exposure of others
- Refer to AHS Guidelines for Outbreak Prevention, Control and Management in Acute Care and Facility Living Sites.

References: PHAC (2012)

Suspected/Known Disease or Microorganism

Rocky mountain spotted fever (*Rickettsia rickettsii*)

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

- 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)

Suspected/Known Disease or Microorganism

Roseola infantum – Human Herpes virus 6 (HHV6)

Clinical Presentation

Rash, fever

Infectious Substances	How it is Transmitted
Saliva (presumed)	Direct contact (close personal)
Precautions Needed	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	Period of Communicability
9-10 days	Unknown

Comments

References: PHAC (2012), CDC (2007)

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
	Droplet and Contact Precautions if vomiting

Duration of Precautions

Until symptoms have stopped for 48 hours and after at least one normal or formed bowel movement OR resident is continent

Incubation Period	Period of Communicability
1-3 days	Until symptoms resolve

Comments

*Precautions required are in addition to Routine Practices

- Prolonged fecal shedding may occur in immunocompromised residents after diarrhea has ceased; **Contact Precautions** should be maintained until laboratory results are negative. Refer to: Infection Prevention and Control Considerations for Immunocompromised Patients

References: PHAC (2012), CDC (2007)

Suspected/Known Disease or Microorganism

RSV – Respiratory Syncytial Virus

Clinical Presentation

Runny nose, coughing, sneezing, fever, wheezing

Infectious Substances	How it is Transmitted
Respiratory secretions	Direct contact, indirect contact and large droplets
Precautions Needed*	**Droplet and Contact Precautions** Wear fit tested N95 respirator when performing Aerosol-generating medical procedures (AGMPs).**

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
2-8 days	Duration of symptoms

Comments

*Precautions required are in addition to Routine Practices

- May cohort with others of same confirmed virus.
- Minimize exposure of immunocompromised residents, children with chronic cardiac or lung disease, neonates.
- For immunocompromised resident, 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: Infection Prevention and Control Considerations for Immunocompromised Patients
- Refer to AHS Guidelines for Outbreak Prevention, Control and Management in Acute Care and Facility Living Sites.

References: PHAC (2012), CDC (2007)

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:	**Droplet and Contact Precautions**
All other cases:	**Droplet Precautions**
Exposed susceptible contact:	**Droplet Precautions** should be maintained for exposed susceptible residents 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)

Suspected/Known Disease or Microorganism **Rubella (German measles) –** *(Continued from previous page)*	**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 residents 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 workers, 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 prior to rash onset.	Prodromal fever, cough, coryza, conjunctivitis (3Cs, koplik spots inside mouth, especially the cheeks). A maculopapular skin rash appears 3-7 days after symptom onset
Infectious Substances	Exhaled airborne particles	Exhaled airborne particles
How it is Transmitted	Airborne	Airborne
Precautions Needed*	**Airborne Precautions** and **Droplet and Contact Precautions**	**Airborne Precautions** and Infection Prevention Control Risk Assessment (IPC RA) A complete IPC risk assessment should lead to usage of contact and droplet precautions (eye protection, gown, gloves) with an N95 respirator for patients with respiratory symptoms (coughing, runny nose, sneezing) and/or gastrointestinal symptoms (vomiting, diarrhea), especially when providing close contact patient care.
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 immunocompromised patients. Date of rash onset is Day 0.
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	Exposed susceptible contact - potentially communicable during last 2 days of incubation period	1 day before the start of the prodrome period until 4 days after onset of rash
Comments *Precautions required are in addition to Routine Practices **Droplet and Contact precautions only required for a suspect case if symptoms develop prior to Day 5 ***References:*** PHAC (2012), Alberta Health (2022)	• All HCWs, regardless of measles immunity status, should wear a fit-tested and seal-checked N95 respirator when caring for a suspected or confirmed measles case. • Where staffing permits, it is recommended that only those HCWs who are known to meet measles immunity criteria care for suspected or confirmed measles cases. However, HCWs who do not meet measles immunity criteria do not need to be restricted from caring for suspected or confirmed measles cases; these HCWs can still care for measles cases, so long as they are wearing appropriate PPE (N95 respirator). • Precautions should be taken with neonates born to mother with measles infection at delivery • Defer non-urgent admissions if there is an exposed susceptible contact within their incubation period. • Once there is laboratory confirmation, the contact becomes a known case. Follow recommendations for a known case and maintain patient on **Airborne Precautions**	• All HCWs, regardless of measles immunity status, should wear a fit-tested and seal-checked N95 respirator when caring for a suspected or confirmed measles case. • Where staffing permits, it is recommended that only those HCWs who are known to meet measles immunity criteria care for suspected or confirmed measles cases. However, HCWs who do not meet measles immunity criteria do not need to be restricted from caring for suspected or confirmed measles cases; these HCWs can still care for measles cases, so long as they are wearing appropriate PPE (N95 respirator). • Precautions should be taken with neonates born to mother with measles infection at delivery **Air Clearance Time (also known as 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 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 air clearance 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 **Rubeola (Measles): If you suspect measles in a patient, you must notify public health by calling 1-844-343-0971.**

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.)

Serratia 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.)

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*)

Suspected/Known Disease or Microorganism

Salmonella (*Salmonella* spp.)

Clinical Presentation

Diarrhea, enteric fever, typhoid fever, food poisoning

Infectious Substances	How it is Transmitted
Feces	Direct contact, indirect contact and foodborne

Precautions Needed*	
	Contact Precautions If resident • 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 resident is continent and has good hygiene

Incubation Period	Period of Communicability
6-72 hours for diarrhea; 3-60 days for enteric fever	Until symptoms resolve

Comments

*Precautions required are in addition to Routine Practices

If organism is reported as Carbapenemase-producing organism

References: PHAC (2012), CDC (2007)

Suspected/Known Disease or Microorganism

SARS CoV – (Severe acute respiratory syndrome, Coronavirus)

Clinical Presentation

Fever, cough, runny nose, sore throat, pneumonia (shortness of breath, discomfort during breathing)

Infectious Substances	How it is Transmitted
Respiratory secretions and exhaled droplets and airborne particles, stool	Direct contact, indirect contact and large droplets

Precautions Needed*	
	Droplet and Contact Precautions Perform IPC 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	Period of Communicability
3-10 days	Unknown / variable

Comments

*Precautions required are in addition to Routine Practices

- **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 residents, children with chronic cardiac or lung disease, nephritic syndrome, neonates. These residents should not be cohorted. Refer to: Infection Prevention and Control Considerations for Immunocompromised Patients
- Immunocompromised resident additional precautions need to be maintained for a longer duration due to prolonged viral shedding.

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

References: PHAC (2012),

Suspected/Known Disease or Microorganism

Scabies (*Sarcoptes scabiei*), 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	How it is Transmitted
Mite	Direct contact and indirect contact
Precautions Needed*	**Contact Precautions**

Duration of Precautions

Until 24 hours after initiation of effective treatment

Incubation Period	Period of Communicability
Initial infestation: 2-6 weeks Re-infection: 1-4 days after re-exposure	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 Routine Practices

- 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)

Suspected/Known Disease or Microorganism

Schistosomiasis (*Schistosoma* 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)

Suspected/Known Disease or Microorganism

Septic arthritis – (*Haemophilus influenzae* type B [HIB] [possible in non-immune child <5 years of age], *Streptococcus* Group A, *Staphylococcus aureus*, 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	How it is Transmitted
Respiratory secretions if HIB	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	Period of Communicability
Not applicable	Not applicable

Comments

*Precautions required are in addition to Routine Practices

References: PHAC (2012)

Suspected/Known Disease or Microorganism

Shigella (*Shigella* spp.)

Clinical Presentation

Diarrhea

Infectious Substances	How it is Transmitted
Feces	Direct contact and indirect contact (fecal-oral)
Precautions Needed*	**Contact Precautions** If resident • 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 resident is continent and has good hygiene

Incubation Period	Period of Communicability
1-3 days	Until symptoms resolve

Comments

*Precautions required are in addition to Routine Practices

- Treatment with effective antimicrobial therapy shortens period of infectivity

References: PHAC (2012)

Suspected/Known Disease or Microorganism

Smallpox (variola major virus, variola minor virus)

Clinical Presentation

Fever, vesicular/pustular lesions in appropriate epidemiologic context

Infectious Substances	How it is Transmitted
Skin lesion exudate, oropharyngeal secretions	Direct contact, indirect contact and airborne

Precautions Needed*	
	Airborne Precautions
	Droplet and Contact Precautions

Duration of Precautions

3-4 weeks after onset of rash when all crusts have separated

Incubation Period	Period of Communicability
7-10 days	3-4 weeks after onset of rash when all crusts have separated

Comments

*Precautions required are in addition to Routine Practices

- **Physician to notify Medical Officer of Health of case by fastest means possible**
- May be Bioterrorism related
- If the resident is deceased, refer to the Alberta Bodies of Deceased Persons Regulations

References: PHAC (2012), CDC (2007)

Suspected/Known Disease or Microorganism

Sporotrichosis (*Sporothrix schenckii*)

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

Routine Practices

Duration of Precautions

Not applicable

Incubation Period

Variable

Period of Communicability

Not applicable

Comments

References: PHAC (2012)

Suspected/Known Disease or Microorganism

Staphylococcus aureus – 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*

Additional Precautions for ARO Positive Residents in Continuing Care

Droplet and Contact Precautions

if resident 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 Routine Practices

References: PHAC (2012)

Suspected/Known Disease or Microorganism ***Staphylococcus aureus* – not MRSA** **And other *Streptococci*, excluding Group A**	**Pneumonia** **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)

Suspected/Known Disease or Microorganism ***Staphylococcus aureus* – not MRSA** **And other *Streptococci*, excluding Group A** *(Continued from previous page)*	**Pneumonia** **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)

Suspected/Known Disease or Microorganism

Staphylococcus aureus – not MRSA

And other *Streptococci*, excluding Group A

(Continued from previous page)

Pneumonia

Skin infection

Staphylococcal scalded skin syndrome (Ritter's disease)

Incubation Period

Variable

Period of Communicability

Pneumonia: Variable

All other cases: While organism is present in drainage

Comments

*Precautions required are in addition to Routine Practices

References: PHAC (2012), CDC (2007)

Suspected/Known Disease or Microorganism

Stenotrophomonas maltophilia

Clinical Presentation

Infection or colonization of respiratory secretions/sputum, sepsis

Infectious Substances	How it is Transmitted
Respiratory secretions	Direct contact and indirect contact
Precautions Needed*	**Contact Precautions** In High-Risk Settings only **

Duration of Precautions

Determined on a case-by-case bases.

Contact Infection Prevention and Control for discontinuation of precautions

Incubation Period	Period of Communicability
Unknown	While organism is in respiratory secretions

Comments

*Precautions required are in addition to Routine Practices

When clusters or outbreaks occur IPC may initiate **Contact Precautions**

** High Risk Settings:

Initiate **Contact Precautions** in high risk settings where residents are ventilated or have tracheostomies (e.g., ICU, NICU, any unit where residents have tracheostomies)

References: PHAC (2012)

Suspected/Known Disease or Microorganism

Streptococcus, Group B (*Streptococcus agalactiae*)

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)

Suspected/Known Disease or Microorganism

Streptococcus pneumoniae

Clinical Presentation

Meningitis, bacteremia, epiglottitis, pneumonia

Infectious Substances	How it is Transmitted
Normal flora	Not applicable
Precautions Needed	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	Period of Communicability
Variable	Not applicable

Comments

References: PHAC (2012), CDC (2007)

Suspected/Known Disease or Microorganism

Strongyloidiasis (*Strongyloides stercoralis*)

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

- Although usual route of transmission is through skin contact of contaminated soil, Fecal-oral transmission can occur.
- May cause disseminated disease in immunocompromised resident. Refer to: Infection Prevention and Control Considerations for Immunocompromised Patients

References: PHAC (2012), CDC (2007)

Suspected/Known Disease or Microorganism

Syphilis (*Treponema pallidum*)

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 Routine Practices

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 tularenis*)

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

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

Suspected/Known Disease or Microorganism

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

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

T. saginata is not directly transmitted person-to-person, however *T. solium* can be. Eggs may be viable in the environment for months.

Comments

- 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)

Suspected/Known Disease or Microorganism

Tetanus (*Clostridium tetani*)

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)

Suspected/Known Disease or Microorganism

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

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)

Suspected/Known Disease or Microorganism

Toxoplasmosis (*Toxoplasma gondii*)

Clinical Presentation

Asymptomatic or fever, lymphadenopathy, retinitis, encephalitis in immunocompromised resident, 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

- For immunocompromised resident, precautions need to be maintained for a longer duration due to prolonged viral shedding: Refer to: Infection Prevention and Control Considerations for Immunocompromised Patients
- 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)

Suspected/Known Disease or Microorganism

Trachoma (*Chlamydia trachomatis*)

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)

Suspected/Known Disease or Microorganism

Trench fever (*Bartonella quintana*)

Clinical Presentation

Headache, malaise, pain and tender shins, splenomegaly, rash

Infectious Substances	How it is Transmitted
Feces of human body lice	No person-to-person transmission
Precautions Needed	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	Period of Communicability
7-30 days	Not applicable

Comments

References: PHAC (2012), CDC (2007)

Suspected/Known Disease or Microorganism

Trichinosis (*Trichinella spiralis*)

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)

Suspected/Known Disease or Microorganism

Trichomoniasis (*Trichomonas vaginalis*)

Clinical Presentation

Vaginitis

Infectious Substances	How it is Transmitted
Vaginal secretions and urethral discharges of infected people	Sexual contact
Precautions Needed	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	Period of Communicability
4-28 days	Duration of infection

Comments

References: PHAC (2012), CDC (2007)

Suspected/Known Disease or Microorganism

Trichuriasis – whipworm (*Trichuris trichiura*)

Clinical Presentation

Abdominal pain, diarrhea

Infectious Substances	How it is Transmitted
Acquired from ova in soil	No person-to-person transmission
Precautions Needed	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	Period of Communicability
Unknown	Not applicable

Comments

- Acquired through ingestion of contaminated soil. Ova must hatch in soil to be infective.

References: PHAC (2012), CDC (2007)

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*)**	
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**

(Continued on next page)

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)*

(Continued from previous page)

Duration of Precautions

Extrapulmonary:	While viable organisms are in drainage	
Pulmonary TB smear status:	**Rifampin-susceptible**	**Confirmed or suspect rifampin-resistant**
Smear-negative	Precautions can be discontinued once there is clinical evidence of improvement and a minimum of two weeks of effective therapy has been completed.	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.
Smear-positive	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.	
Persistent smear-positive	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.	

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)*

(Continued from previous page)

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 Routine Practices

Extrapulmonary:

- **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:

- **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 no*n*-infectious.
- 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 Alberta Bodies of Deceased Persons Regulations.

(Continued on next page)

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)*

(Continued from previous page)

Comments (continued)

Discharge Settle Time

Non-negative pressure rooms:

- Do not admit a new resident 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 resident 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.

Suspected/Known Disease or Microorganism

Tularemia (*Francisella tularenis*)

Clinical Presentation

Fever, lymphadenopathy, pneumonia

Infectious Substances	How it is Transmitted
Acquired from contact with infected animals	No person-to-person transmission
Precautions Needed	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	Period of Communicability
1-14 days	Not applicable

Comments

- **Physician to notify Medical Officer of Health of case by fastest means possible**
- May be bioterrorism related

References: PHAC (2012), CDC (2007)

Suspected/Known Disease or Microorganism

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

Clinical Presentation

Sustained fever, headache, malaise, anorexia

Infectious Substances	How it is Transmitted
Feces, urine	Direct contact, indirect contact and foodborne

Precautions Needed*	
	Contact Precautions If resident • 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 resident is continent and has good hygiene

Incubation Period	Period of Communicability
3-60 days for enteric fever	Variable

Comments

*Precautions required are in addition to Routine Practices

- **Physician to notify Medical Officer of Health of case by fastest means possible**

References: PHAC (2012)

Suspected/Known Disease or Microorganism

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

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

- **Physician to notify Medical Officer of Health of case by fastest means possible**
- If the resident is deceased, refer to the Alberta Bodies of Deceased Persons Regulations

References: PHAC (2012)

U

Urinary tract infection

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	How it is Transmit
Urine	Direct and Indirect contact
Precautions Needed	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	Period of Communicability
Variable	Variable

Comments

- 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 resident, 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 (VHS)

Suspected/Known Disease or Microorganism

Vancomycin-intermediate *Staphylococcus aureus* (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

Droplet and Contact Precautions
if resident 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 Routine Practices

References: PHAC (2012), CDC (2007)

Suspected/Known Disease or Microorganism

Vancomycin-resistant *Enterococcus* (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	How it is Transmitted
Infected or colonized secretions, excretions	Direct contact and indirect contact
Precautions Needed*	**Additional Precautions for ARO Positive Residents in Continuing Care**

Duration of Precautions

As directed by Infection Prevention and Control

Incubation Period	Period of Communicability
Variable	Duration of colonization

Comments

*Precautions required are in addition to Routine Practices

References: PHAC (2012), CDC (2007)

Suspected/Known Disease or Microorganism

Vancomycin-resistant *Staphylococcus aureus* (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

Droplet and Contact Precautions
if resident 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 Routine Practices

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*	**Airborne Precautions**	**Airborne and Contact Precautions**
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 Routine Practices ***References:*** PHAC (2012), CDC (2007)	• 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 workers should not enter the room during the incubation period of exposed residents (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 resident on **Airborne and Contact Precautions** • Exposure to either chickenpox or shingles can result in a chickenpox infection in Varicella susceptible individuals.	**All Cases:** • 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 workers 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: • Do not admit a new resident 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 resident 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 resident 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 resident, 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*	**Routine Practices**	**Contact Precautions**	**Airborne and Contact Precautions**		**Airborne Precautions**
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 *Precautions required are in addition to Routine Practices	• Exercise care when handling dressings, clothing or other materials that may be contaminated with vesicular fluid				• 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 resident on Airborne and Contact Precautions
References: PHAC (2012), CDC (2007)		**All Cases**: • 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 workers should not enter the room during the incubation period of exposed residents (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 **Immunocompromised resident, localized (1 or 2 dermatomes)** • If treated: Until 24 hours of effective therapy AND no new lesions, then manage as for localized zoster (shingles)			**For residents on Airborne Precautions: Discharge Settle Time** Non-negative pressure rooms: • Do not admit a new resident 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 resident 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)

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

Culex 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

- **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	How it is Transmitted
Aedes and *Culex* mosquito	Bite of mosquito No person-to-person transmission
Precautions Needed	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	Period of Communicability
5-15 days	Not applicable

Comments

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

Clinical Presentation

Draining wound, redness or heat around wound, inflammation, rash, blisters, scaly patches

Infectious Substances	How it is Transmitted
Drainage	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	Period of Communicability
Variable	Variable

Comments

*Precautions required are in addition to Routine Practices

- 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 (*Treponema pallidum*)

Clinical Presentation

Cutaneous lesions, late-stage destructive lesions of skin and bone

Infectious Substances	How it is Transmitted
Exudates from skin lesions	Direct contact and indirect contact
Precautions Needed	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	Period of Communicability
9 days to 3 months	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	How it is Transmitted
Human blood	Bite of mosquito Person-to-person transmission not seen
Precautions Needed	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	Period of Communicability
3-6 days	Not applicable

Comments

- If the resident is deceased, refer to the Alberta Bodies of Deceased Persons Regulations.
- **Physician to notify Medical Officer of Health**

References: PHAC (2012), CDC (2007)

Suspected/Known Disease or Microorganism

Yersinia enterocolitica, *Yersinia pseudotuberculosis*

Clinical Presentation

Diarrhea

Infectious Substances	How it is Transmitted
Feces	Direct contact, indirect contact and foodborne
Precautions Needed*	**Contact Precautions** If resident • 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 resident is continent and has good hygiene

Incubation Period	Period of Communicability
3-7 days	Until symptoms resolve

Comments

*Precautions required are in addition to Routine Practices

References: PHAC (2012)

Z

Zika virus *(Flavivirus)*

Zoster

Suspected/Known Disease or Microorganism

Zika virus *(Flavivirus)*

Clinical Presentation

Fever, skin rashes, conjunctivitis, muscle and joint pain, malaise, and headache

Infectious Substances	How it is Transmitted
Blood, possibly body fluids (some evidence for sexual transmission) Breastmilk*	Mosquito bite (mainly Aedes aegypti in tropical regions), potential by ticks, maternal infant transmission in utero, possibly sexually transmitted
Precautions Needed	**Routine Practices**

Duration of Precautions

Not applicable

Incubation Period	Period of Communicability
2-12 days	Not applicable

Comments

* 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”

- Infection in humans is acquired most frequently during blood feeding by the infected mosquito
- **Physician to notify Medical Officer of Health**

References: PHAC (2018)

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