Infection Prevention and Control (IPC) Diseases and Conditions Table: Recommendations for Management of Patients

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Introduction

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

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

Instructions

1: To view a disease or condition table:

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

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

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

3: To access interactive features:

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

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

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Index of Diseases and Conditions

A

B

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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 multidrug-resistant

Candidiasis (*Candida* sp.)

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*)

Chikungunya virus (alphavirus CHIKV)

Chlamydia (*Chlamydia trachomatis*) – Lymphogranuloma venereum

Cholera (*Vibrio cholerae*)

Citrobacter spp., MDR – Carbapenemase-producing organisms (CPO), ESBL or Amp C producing

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

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

- Adenovirus
- Coronavirus
- *Bordetella pertussis*
- *Mycoplasma pneumoniae*

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

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

D

Decubitus ulcer, infected – pressure ulcer (various organisms)

Dengue fever (arbovirus)

Dermatitis, infected – (various organisms)

Diarrhea – (various organisms)

E

Eastern equine encephalitis (alpha virus) – Arthropod-borne viral encephalitis

Ebola viral disease

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

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

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

Enterobacter sp., 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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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

Escherichia coli 0157: 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* sp.*, Vibrio parahaemolyticus, Escherichia coli 0157: H7), Listeria monocytogenes, Toxoplasma gondii, Bacillus* sp.*)*

G

Gas gangrene (*Clostridium* sp.)

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

- Skin infection
- Invasive GAS
- Scarlet fever
- Pharyngitis
- Toxic shock syndrome

Gastroenteritis – (several bacteria, viruses, parasites)

Giardiasis (*Giardia lamblia*)

Gonococcus (*Neisseria gonorrhoeae*)

Guillain-Barre syndrome

H

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

Hantavirus

Helicobacter pylori

Hemolytic uremic syndrome (HUS) – (may be associated with *Escherichia coli* 0157: 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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Herpes simplex –

- Mucocutaneous – primary and extensive or disseminated
- Mucocutaneous – recurrent
- Neonatal
- Type 1 (HSV-1) – gingivostomatitis, mucocutaneous

Histoplasmosis (*Histoplasma capsulatum*)

Human immunodeficiency virus (HIV)

Human metapneumovirus (HMPV)

I

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

Influenza – new pandemic strain

Influenza – seasonal

J

No organisms at this time

K

Klebsiella sp., 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 sp.)

Listeriosis (Listeria monocytogenes)

Lyme disease (Borrelia burgdorferi)

Lymphocytic choriomeningitis (LCM) virus

M

Malaria (*Plasmodium* spp.)

Marburg virus

Meningitis

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

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

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

Multidrug-resistant (MDR)* gram-negative bacilli

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Mumps (mumps virus) – Known case, Exposed susceptible
Mycobacterium – non-tuberculosis (atypical) (e.g., *Mycobacterium avium* complex)
Mycoplasma pneumoniae

N

Necrotizing enterocolitis
Neisseria gonorrhoeae
Neisseria meningitidis (Meningococcal, Rash – petechial or purpuric)
Nocardiosis (*Nocardia* sp.)
Norovirus

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*)
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 sp., MDR – see Multidrug-resistant (MDR) gram-negative bacilli
Providencia sp., MDR – see Multidrug-resistant (MDR) gram-negative bacilli
Pseudomembranous colitis – (*Clostridium difficile*)
Pseudomonas aeruginosa (Metallo-Carbapenamase 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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Rat-bite fever –

- *Actinobacillus* – (formerly *Streptobacillus moniliformis*)
- *Spirillum minus*

Relapsing fever (*Borrelia* sp.)

Rhinovirus

Rickettsialpox (*Rickettsia akari*)

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

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

S

Salmonella (*Salmonella* spp.)

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

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

Schistosomiasis (*Schistosoma* sp.)

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* sp.)

Smallpox (variola major virus, variola minor virus)

Sporotrichosis (*Sporothrix schenckii*)

Staphylococcus aureus – MRSA

Staphylococcus aureus – not MRSA –

- Pneumonia
- Skin infection
- Staphylococcal scalded skin syndrome (Ritter's disease)

Stenotrophomonas maltophilia

Streptococcus, Group B (*Streptococcus agalactiae*)

Streptococcus pneumoniae

Strongyloidiasis (*Strongyloides stercoralis*)

Syphilis (*Treponema pallidum*)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

T

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

Tetanus (*Clostridium tetani*)

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

Toxoplasmosis (*Toxoplasma gondii*)

Trachoma (*Chlamydia trachomatis*)

Trench fever (*Bartonella quintana*)

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*)

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

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

W

West Nile (West Nile virus)
Western equine encephalitis
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)*

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

A

Abscess – (various organisms)

Acinetobacter–multidrug resistant (MDRA)

Acquired Immunodeficiency Syndrome (AIDS)

Actinomycosis (*Actinomyces* spp.)

Adenovirus spp. –

- Conjunctivitis
- Cystitis
- Gastroenteritis
- Respiratory tract infection

Aeromonas spp.

Amebiasis – diarrhea (*Entamoeba histolytica*)

Anthrax – confirmed, probable or suspect case (*Bacillus anthracis*)

Antibiotic-resistant organisms (ARO) –

- Carbapenemase-producing organisms (CPO)
- ESBL (Extended-spectrum Beta-lactamase producers)
- 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

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism

Abscess – (various organisms)

Clinical Presentation

Abscess

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

Precautions Needed*

Routine Practices	Contact Precautions
Minor drainage contained by dressing	Major drainage not contained by dressing

Duration of Precautions

Until drainage resolved or contained by dressing

Incubation Period	Period of Communicability
Not applicable	Not applicable

Comments

*Precautions required are in addition to **Routine Practices**

- See specific organism once identified

References: PHAC (2012), CDC (2007)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism

Acinetobacter–multidrug resistant (MDRA)

** Pseudomonas sp. (ESBL, AmpC or MBL producing), MDR

Clinical Presentation

Colonization or infection at any body site

Infectious Substances	How it is Transmitted
Infected or colonized secretions/excretions	Direct contact, indirect contact and large droplets

Precautions Needed*

Contact Precautions

Duration of Precautions

As directed by Infection Prevention and Control

Incubation Period	Period of Communicability
Variable	While organism is present

Comments

*Precautions required are in addition to **Routine Practices**

***Acinetobacter* is classified as MDRA if it is resistant to all agents in at least 3 antimicrobial classes, including cephalosporins and/or carbapenems.

References: CDC (2006) PHAC (2012) Manchanda et al. (2010)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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

References: CDC (2007)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism

Actinomycosis (*Actinomyces* spp.)

Clinical Presentation

Cervicofacial, thoracic or abdominal infection

Infectious Substances	How it is Transmitted
Endogenous flora	No person-to-person transmission

Precautions Needed

Routine Practices

Duration of Precautions

Not applicable

Incubation Period	Period of Communicability
Variable	Not applicable

Comments

- Normal flora
- Infection is usually secondary to trauma

References: PHAC (2012)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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 patient • is incontinent • has stools that cannot be contained • has poor hygiene and may contaminate his/her environment
PEDIATRIC	**Contact Precautions**

(Continued on next page)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism **Adenovirus spp. –**	**Conjunctivitis** **Cystitis** **Gastroenteritis** **Respiratory tract infection**
Precautions Needed* ***(Continued from previous page)***	
Respiratory tract infection:	**Contact and Droplet Precautions**
Duration of Precautions	
Conjunctivitis:	Until symptoms resolve
Cystitis:	Not applicable
Gastroenteritis:	Until symptoms have stopped for 48 hours AND after at least one normal/baseline or formed bowel movement OR until patient is continent and has good hygiene
Respiratory tract infection:	Resolution of acute respiratory infection symptoms or return to baseline
Incubation Period Late in incubation period until 14 days after onset	**Period of Communicability** Until acute symptoms resolve

Comments

*Precautions required are in addition to **Routine Practices**

- Note that different strains are responsible for each disease condition
- 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: PHAC (2012), CDC (2007)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism

Aeromonas spp.

Clinical Presentation

Diarrhea (sometimes called Traveler's Diarrhea)

Infectious Substances	How it is Transmitted
Feces	Direct contact and indirect contact (fecal-oral)

Precautions Needed*

Contact Precautions

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

Duration of Precautions

Until symptoms have stopped for 48 hours AND after at least one normal/baseline or formed bowel movement

OR until patient is continent and has good hygiene

Incubation Period	Period of Communicability
3-10 days	Until symptoms resolve

Comments

*Precautions required are in addition to **Routine Practices**

References: PHAC (2012)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism

Amebiasis – diarrhea (*Entamoeba histolytica*)

Clinical Presentation

Dysentery, diarrhea and liver abscesses

Infectious Substances	How it is Transmitted
Feces	Direct contact and indirect contact (fecal-oral)

Precautions Needed*

Contact Precautions

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

Duration of Precautions

Until symptoms have stopped for 48 hours AND after at least one normal/baseline or formed bowel movement

OR until patient is continent and has good hygiene

Incubation Period	Period of Communicability
Days to weeks	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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism

Anthrax – confirmed, probable or suspect case (*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 patient is deceased, refer to the Alberta Bodies of Deceased Persons Regulations

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

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism

Antibiotic-resistant organisms (ARO) –

Carbapenemase-producing organisms (CPO)
ESBL (Extended-spectrum Beta-lactamase producers)
Methicillin-resistant Staphylococcus aureus (MRSA)

Vancomycin-intermediate *Staphylococcus aureus* (VISA)
Error! Reference source not found.
Vancomycin-resistant Staphylococcus aureus (VRSA)

Commented [A1]: Antibiotic-resistant organisms

Commented [A2]: Vancomycin-resistant Enterococci (VRE)

Commented [A3R2]:

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*

Contact Precautions

Duration of Precautions

As directed by Infection Prevention and Control

Incubation Period

Variable

Period of Communicability

Variable

Comments

*Precautions required are in addition to **Routine Practices**

- See specific organism once identified

***References*:** PHAC (2012),

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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	

(Continued on next page)

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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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 patients have been associated with exposure to construction dust. Refer to: Infection Prevention and Control Considerations for Immunocompromised Patients

References: PHAC (2012), CDC (2007)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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

Duration of Precautions

Until symptoms have stopped for 48 hours AND after at least one normal/baseline or formed bowel movement

OR until patient is continent and has good hygiene

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

Comments

*Precautions required are in addition to **Routine Practices**

***References*:** PHAC (2012)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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*

Contact and Droplet Precautions

Perform Point of Care Risk Assessment and wear fit tested N95 respirator when performing Aerosol-generating medical procedures (AGMPs)*

Duration of Precautions

Until acute symptoms resolve.

In the case of outbreak, patients are to remain on precautions for 5 days from the onset of acute illness OR until they are over the acute illness and have been afebrile X 48 hours, as indicated by 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 http://www.phac-aspc.gc.ca/influenza/index-eng.php http://www.phac-aspc.gc.ca/publicat/daio-enia/9-eng.php

** For complete list of AGMPs

References: PHAC (2012), CDC (2017)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Aerosol-generating medical procedures (AGMP)

Commented [A4]: Aerosol-generating medical procedures

Clinical Presentation
Not applicable

Infectious Substances	How it is Transmitted
Aerosols	Airborne

Precautions Needed*

Commented [A5]: Make it contact & droplet + N95

Commented [A6]: Ask Sara to review Precautions for AGMP & confirm if any other organism pgs. require same info

Contact and Droplet Precautions + N95 Respirator

For Viral Haemoraghic fevers including Ebola, Lassa, and Marburg Contact and Droplet Precautions & N95 & link from Ebola. Refer to the Contact and Droplet Precautions Suspect/Confirmed Ebola Virus Disease. Single-patient room and dedicated bathroom is required. Room door to remain closed to limit access to room.

Refer to the PPE Requirements for Suspect/Confirmed 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. Wear fit tested N95 respirator when performing Aerosol-generating medical procedures (AGMPs). Maintain a log of all people entering the patient's room.

Duration of Precautions
Until procedure is finished AND minimum time to allow airborne particles to settle has elapsed; consult Infection Prevention and Control for specific time as settle times vary, based on facility air exchanges.

Incubation Period	Period of Communicability
Not applicable	Not applicable

Comments

AGMPs include:

- Intubation
- CPR
- Bronchoscopy
- Sputum induction
- BiPAP
- Open tracheal suctioning
- High frequency oscillatory ventilation
- Tracheostomy care
- Aerosolized medical administration
- High-flow oxygen systems (e.g.,opti-flow, AIRVO, FLO2 MAX)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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 patient has bedbugs at home or they are visible on admission, have all belongings that are potentially infested (see Infectious Substances above) placed in sealed plastic bags or taken straight home.
- Refer to the Bedbug Management Protocol for Healthcare Workers

***References*:** PHAC (2012)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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 immunosuppressed or immunodeficient patients. 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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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	How it is Transmitted
Moist soil	Inhalation of spore-laden dust No person-to-person transmission

Precautions Needed

Routine Practices

Duration of Precautions

Not applicable

Incubation Period	Period of Communicability
21-105 days	Not applicable

Comments

- Acquired from spores in soil

References: PHAC (2012), CDC (2007)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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**

- Close contacts may need chemoprophylaxis

References: PHAC (2012)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism

Botulism (*Clostridium botulinum*)

Clinical Presentation

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

Infectious Substances

Toxin producing spores in soil, agricultural products, honey, and animal intestine

How it is Transmitted

Ingestion of spores/toxin in contaminated food; wounds contaminated by soil

No person-to-person transmission

Precautions Needed

Routine Practices

Duration of Precautions

Not applicable

Incubation Period

Variable

Period of Communicability

Not applicable

Comments

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

***References*:** PHAC (2012)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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*

Contact and Droplet Precautions

Duration of Precautions

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

Incubation Period	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 patients, children with chronic cardiac or lung disease, nephritic syndrome, neonates. These patients should not be cohorted. Refer to: Infection Prevention and Control Considerations for Immunocompromised Patients

References: PHAC (2012)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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

(Continued on next page)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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 patients:	As directed by Infection Prevention and Control
Respiratory infections:	As directed by Infection Prevention and Control
Incubation Period Variable	**Period of Communicability** Variable

Comments

*Precautions required are in addition to **Routine Practices**

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

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

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism

Burkholderia pseudomallei (Melioidosis) – (aka Whitmore's disease)

Clinical Presentation

Ac 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- with a high inoculum symptoms can develop in a few hours

References: PHAC (2012), CDC (2016)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism

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

Clinical Presentation

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

Precautions Needed*

Routine Practices	Contact Precautions
Minor drainage contained by dressing	Major drainage not contained by dressing

Duration of Precautions

Until drainage resolved or contained by dressing

Incubation Period	Period of Communicability
Variable	Variable

Comments

*Precautions required are in addition to **Routine Practices**

- See specific organism once identified

***References*:** PHAC (2012)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

C

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

Campylobacter jejuni

Candida auris multidrug-resistant

Candidiasis (*Candida* sp.)

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*)

Chikungunya virus (alphavirus CHIKV)

Chlamydia (*Chlamydia trachomatis*) – Lymphogranuloma venereum

Cholera (*Vibrio cholerae*)

Citrobacter spp., MDR – Carbapenemase-producing organisms (CPO), ESBL or Amp C producing

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*)

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

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

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism

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

Clinical Presentation
Ac 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*

If non-toxigenic - **Routine Practices** required

Contact Precautions

Contact and Droplet Precautions
if patient is actively vomiting

Duration of Precautions

ADULT	Until symptoms have stopped for 48 hours and after at least one normal or formed bowel movement
PEDIATRIC	Extend duration of isolation to 5 days after resolution of symptoms in children

Incubation Period	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 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
- Common causes of outbreaks. Refer to the AHS Guidelines for Outbreak Prevention, Control and Management in Acute Care and Facility Living Sites

References: PHAC (2012)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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

Duration of Precautions

Until symptoms have stopped for 48 hours AND after at least one normal/baseline or formed bowel movement

OR until patient is continent and has good hygiene

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

Comments

*Precautions required are in addition to **Routine Practices**

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

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism

Candida auris multidrug-resistant

Clinical Presentation

Infection or colonization at any body site

Infectious Substances

Surface skin, infected or colonized secretions, excretions

How it is Transmitted

Direct contact and indirect contact

Precautions Needed*

Contact Precautions
Sporicidal Cleaning

Duration of Precautions

At least 2 negative specimens collected at least 1 week apart from all previously positive sites are needed before discontinuing Precautions. The patient should not be on antifungal medications active against *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

Variable

Period of Communicability

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.

Commented [A7]: Same wording as used for other orgs in the manual like ESBL and MDR Gram Negs

Commented [A8R7]:

Commented [A9]: Above comment

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism

Candidiasis (*Candida* sp.)

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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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* sp.**

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*
Contact Precautions

Duration of Precautions
As directed by Infection Prevention and Control

Incubation Period
Variable

Period of Communicability
Variable

Comments
*Precautions required are in addition to **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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism

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

Clinical Presentation

Inflammation 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**

- See specific organism once identified

***References*:** PHAC (2012)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism

Chikungunya virus (alphavirus 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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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

Duration of Precautions

Until symptoms have stopped for 48 hours AND after at least one normal/baseline or formed bowel movement

OR until patient is continent and has good hygiene

Incubation Period	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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism

Citrobacter spp., MDR – Carbapenemase-producing organisms (CPO), ESBL or Amp C producing

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.

***References*:** PHAC (2012)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism

Clostridium difficile infection (CDI)

Clinical Presentation

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

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

Infectious Substances	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 discharge cleaning is required

References: PHAC (2012), CDC (2007), Cohen et al. (2010)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism

Clostridium perfringens – food poisoning

Clinical Presentation

Gastroenteritis (abdominal pain, severe diarrhea)

Infectious Substances	How it is Transmitted
Feces or soil contaminated food	Foodborne No person-to-person transmission

Precautions Needed

Routine Practices

Duration of Precautions

Not applicable

Incubation Period	Period of Communicability
6-24 (typically 8-12) hours	Not applicable

Comments

References: PHAC (2012), CDC (2007)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism

Coccidioidomycosis (*Coccidioides immitis)*

Clinical Presentation

Pneumonia, draining lesions

Infectious Substances

Spores from soil and dust in endemic areas and exudates from infected host

How it is Transmitted

Inhalation of spores

No person-to-person transmission

Precautions Needed

Routine Practices

Duration of Precautions

Not applicable

Incubation Period

1-4 weeks

Period of Communicability

Not applicable

Comments

- 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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism

Congenital rubella

Clinical Presentation

Congenital rubella syndrome in the newborn (mild fever, rash with diffuse red spots and skin eruptions of irregular round shapes)

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

Precautions Needed*

Contact and Droplet Precautions

Duration of Precautions

Precautions will be required during any admission during the first year of life unless nasopharyngeal and urine cultures are done at > 3 months of age and are negative

Incubation Period	Period of Communicability
Not applicable	Prolonged shedding in respiratory tract and urine can be up to one year

Comments

*Precautions required are in addition to **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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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

Duration of Precautions

ADULT

Bacterial: Not applicable

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

PEDIATRIC

Bacterial: Until 24 hours of effective antimicrobial therapy completed

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

(Continued on next page)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism

Conjunctivitis – pink eye; bacterial and viral

(Continued from previous page)

Incubation Period	Period of Communicability
Bacterial: Variable **Viral:** Adenovirus: 2-14 days Picornavirus (Enterovirus 70 or coxsackievirus): 24-48hr	**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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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*

Contact and Droplet Precautions
Perform Point of Care Risk Assessment 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

14 days following resolution of fever if respiratory symptoms have also resolved.

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 patients, children with chronic cardiac or lung disease, nephritic syndrome, neonates. These patients should not be cohorted. Refer to: Infection Prevention and Control Considerations for Immunocompromised Patients

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

***References*:** PHAC (2016)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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*

Contact and Droplet Precautions

Duration of Precautions

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

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

***References*:** PHAC (2012)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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

Commented [A10]:

(Continued on next page)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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:

- Close contacts require antimicrobial prophylaxis

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

Commented [A11]:

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism **Cough, Fever, Acute upper respiratory tract infection –**	**Rhinovirus** **Respiratory syncytial virus, [RSV]** **Parainfluenza virus** **Influenza** **Adenovirus** **Coronavirus** ***Bordetella pertussis*** ***Mycoplasma pneumoniae***
Clinical Presentation Cough, fever, sore throat, runny nose	
Infectious Substances Respiratory secretions	**How it is Transmitted** Direct contact, indirect contact and large droplets
Precautions Needed*	**Contact and Droplet Precautions**
	Droplet Precautions – Bordetella Pertussis, Mycoplasma pneumoniae
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** 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 patients, children with chronic cardiac or lung diseases, nephritic syndrome, neonates. These patients **should not** be cohorted. Refer to: Infection Prevention and Control Considerations for Immunocompromised Patients • Refer to the **AHS Guidelines for Outbreak Prevention, Control and Management in Acute Care and Facility Living Sites** • Patients 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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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
Respiratory Secretions	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 patient non-infectious.
- Household/close contacts visiting pediatric patients admitted with suspected or confirmed TB should remain in the patient's room and when leaving the room should wear a procedure mask until active TB disease can be ruled out in the visiting contacts.
- If the patient is deceased, refer to the Alberta Bodies of Deceased Persons Regulations.
- **Discharge Settle Time**

Non-negative pressure rooms:

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

Negative pressure rooms:

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

References: PHAC (2012)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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 patient remains incontinent

Comments

*Precautions required are in addition to **Routine Practices**

***References*:** PHAC (2012)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism

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

Clinical Presentation

Subac 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 patient requires surgery or invasive procedure(s).**
- Information is available on Insite Home > Employee Tools > Policies & Forms > Policies >. Creutzfeldt-Jakob Disease (CJD) Surgical Precautions > Creutzfeldt-Jacobs Disease (CJD) Surgical Precautions
- If the patient is deceased, refer to the Alberta Bodies of Deceased Persons Regulations.

References: PHAC (2007)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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*

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

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

Refer to the PPE Requirements for Suspect/Confirmed 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 patient's room.

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 patient 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
Adenoviruses
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*

Contact and Droplet Precautions

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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism

Cryptococcosis (*Cryptococcus neoformans*)

Clinical Presentation

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

Infectious Substances	How it is Transmitted
Soil contaminated with 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

- 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: PHAC (2012)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism

Cryptosporidiosis (*Cryptosporidium parvum*)

Clinical Presentation

Diarrhea, cramps, weight loss, nausea and headaches

Infectious Substances

Feces (Fecal oocysts)

How it is Transmitted

Direct contact and indirect contact (fecal-oral)

Precautions Needed*

Contact Precautions

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

Duration of Precautions

Until symptoms have stopped for 48 hours AND after at least one normal/baseline or formed bowel movement

OR until patient is continent and has good hygiene

Incubation Period

1-12 days

Period of Communicability

From onset of symptoms until several weeks after symptoms are resolved

Comments

*Precautions required are in addition to **Routine Practices**

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

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism

Cyclosporiasis (*Cyclospora cayetanensis*)

Clinical Presentation

Vomiting, diarrhea, weight loss, abdominal pain, nausea, fever, or may be asymptomatic

Infectious Substances	How it is Transmitted
Contaminated water, fruits and vegetables. Imported, fresh raspberries, other fruits and lettuce from central America	Fecal-oral ingestion of contaminated food or water Direct person-to-person transmission unlikely

Precautions Needed*

Routine Practices

Duration of Precautions

Until symptoms have stopped for 48 hours AND after at least one normal/baseline or formed bowel movement

OR until patient is continent and has good hygiene

Incubation Period	Period of Communicability
2-14 days	Not applicable

Comments

*Precautions required are in addition to **Routine Practices**

***References*:** PHAC (2012)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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 patient rather than transmission of infection

***References*:** PHAC (2012)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

D

Decubitus ulcer, infected – pressure ulcer (various organisms)
Dengue fever (arbovirus)
Dermatitis, infected – (various organisms)
Diarrhea – (various organisms)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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 symptoms resolve or return to baseline

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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism

Dermatitis, infected – (various organisms)

Clinical Presentation

Multiple presentations on skin: inflammation, rash, blisters, scaly patches

Infectious Substances	How it is Transmitted
Drainage	Direct contact and indirect contact

Precautions Needed*

Contact Precautions

Duration of Precautions

Until symptoms resolve or return to baseline

Incubation Period	Period of Communicability
Variable	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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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

Duration of Precautions

Until symptoms have stopped for 48 hours AND after at least one normal/baseline or formed bowel movement

OR until patient is continent and has good hygiene

Incubation Period	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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

E

Eastern equine encephalitis (alpha virus) – Arthropod-borne viral encephalitis
Ebola viral disease
Echinococcosis/Hydatidosis – (*Echinococcus granulosis, Echinococcus multilocularis*)
Encephalitis – (herpes simplex virus [HSV types 1 and 2], enterovirus, arbovirus)
Endometritis (puerperal sepsis) – (*Streptococcus* Group A)
Enterobacter sp., 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)
ESBL (Extended-spectrum Beta-lactamase producers) – *E. coli, Klebsiella* sp., others
Escherichia coli 0157: H7

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism

Eastern equine encephalitis (alpha virus) – Arthropod-borne viral encephalitis

Clinical Presentation

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

Infectious Substances	How it is Transmitted
Aedes mosquito bite (virus found in birds, bats, and possibly rodents)	Bite of infected mosquito No person-to-person transmission

Precautions Needed

Routine Practices

Duration of Precautions

Not applicable

Incubation Period	Period of Communicability
4-10 days	Not applicable

Comments

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

***References*:** CDC (2007)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism

Ebola viral disease

Clinical Presentation

Fever, myalgias, pharyngitis, nausea, vomiting and diarrhea

Hemorrhagic fever in late clinical presentation

History of travel and/or contact with persons and non-human primates from endemic countries must be considered at triage

Infectious Substances	How it is Transmitted
Blood, body fluids and respiratory secretions	Direct contact, indirect contact and large droplets

Precautions Needed*

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

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

Single-patient room and dedicated bathroom is required. Room door to remain closed to limit access to room.

Refer to the PPE Requirements for Suspect/Confirmed Ebola Virus Disease for details on donning, doffing and disposal of PPE. Post donning posters for PPE used on the wall of the Donning/Doffing room.

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

Duration of Precautions

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

Incubation Period	Period of Communicability
2-21 days	Until all symptoms resolve

(Continued on next page)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism

Ebola viral disease

(Continued from previous page)

Comments

*Precautions required are in addition to **Routine Practices**

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

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

***References*:** PHAC (2015), CDC (2007)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism

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

Clinical Presentation

Ac onset febrile illness with altered level of consciousness, +/- focal neurological deficits and seizures

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

Precautions Needed*

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

Duration of Precautions

ADULT	Not applicable
PEDIATRIC	Until specific etiology established

Incubation Period	Period of Communicability
Not applicable	**ADULT:** not applicable **PEDIATRIC**: Until specific etiology established

Comments

*Precautions required are in addition to **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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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*

Contact and Droplet 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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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	How it is Transmitted
Respiratory secretions, fecal and infective secretions or blister fluid	Direct contact, indirect contact and droplet

Precautions Needed*

Contact and Droplet Precautions

Duration of Precautions

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

Incubation Period	Period of Communicability
2-10 days	Resolution of acute respiratory infection symptoms or return to baseline.

Comments

*Precautions required are in addition to **Routine Practices**

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

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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**

- **Invasive *Haemophilus influenzae* type B is a notifiable disease**

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

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism

Erysipelas – (*Streptococcus* Group A)

Clinical Presentation

Purulent inflammation of cellular or subcutaneous tissue

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

Precautions Needed*

Routine Practices	Contact Precautions
Minor drainage contained by dressing	Major drainage not contained by dressing

Duration of Precautions

Until drainage resolved or contained by dressing

Incubation Period	Period of Communicability
Not applicable	Not applicable

Comments

*Precautions required are in addition to **Routine Practices**

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

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism

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

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**

- Lab report may identify as an ESBL or ESBL producing organism

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

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism

Escherichia coli 0157: H7

Clinical Presentation

Diarrhea, stomach cramps, vomiting, hemolytic uremic syndrome (HUS), thrombotic thrombocytopenic purpura

Infectious Substances	How it is Transmitted
Feces	Ingestion of contaminated food, direct contact and indirect contact

Precautions Needed*

Contact Precautions

PEDIATRIC or ADULTS

If patient
- 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 patient is continent.

If HUS: Until two (2) successive negative stool samples for E. coli 0157: H7 or 10 days after onset of diarrhea and symptoms have resolved.

Incubation Period	Period of Communicability
10 hours to 10 days	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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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* sp.*, Vibrio parahaemolyticus, Escherichia coli 0157: H7), Listeria monocytogenes, Toxoplasma gondii, Bacillus* sp.*)*

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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*
Contact and Droplet 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
Resolution of acute respiratory infection symptoms or return to baseline.

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

***References*:** PHAC (2012)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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	**Contact and Droplet 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 the 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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism

Food poisoning – (*Bacillus cereus, Clostridium perfringens, Staphylococcus aureus, Salmonella* sp., *Vibrio parahaemolyticus, Escherichia coli 0157: H7), Listeria monocytogenes, Toxoplasma gondii, Bacillus* sp.)

Clinical Presentation

Nausea, vomiting, diarrhea, abdominal cramps/pain

Infectious Substances

Feces

How it is Transmitted

Foodborne, direct contact and indirect contact (fecal-oral)

Precautions Needed*

Contact Precautions

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

Contact and Droplet Precautions

If actively vomiting

Duration of Precautions

Until symptoms have stopped for 48 hours AND after at least one normal/baseline or formed bowel movement

OR until patient is continent and has good hygiene

Incubation Period

Not applicable

Period of Communicability

Variable

Comments

*Precautions required are in addition to **Routine Practices**

- See specific organism once identified

References: PHAC (2012)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

G

Gas gangrene (*Clostridium* sp.)

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

- Skin infection
- Invasive GAS
- Scarlet fever
- Pharyngitis
- Toxic shock syndrome

Gastroenteritis – (several bacteria, viruses, parasites)

Giardiasis (*Giardia lamblia*)

Gonococcus (*Neisseria gonorrhoeae*)

Guillain-Barre syndrome

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism

Gas gangrene (*Clostridium* sp.)

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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism **GAS – Group A *Streptococcus (Streptococcus pyogenes)* –**	**Skin Infection**	**Invasive GAS**	**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	**Contact and Droplet Precautions**	ADULT - **Routine Practices** PEDIATRIC - **Contact and Droplet Precautions**	ADULT - **Routine Practices** **Droplet Precautions** - If unable to cover cough PEDIATRIC - **Contact and Droplet 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. (Eg., bloodstream, cerebrospinal fluid, etc.) • Exposed contacts of invasive disease may require prophylaxis • If the patient 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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism

Gastroenteritis – (several bacteria, viruses, parasites)

Clinical Presentation
Diarrhea and/or vomiting

Infectious Substances	How it is Transmitted
Feces, emesis	Direct contact and indirect contact (fecal-oral)

Precautions Needed*

Contact Precautions
PEDIATRIC or ADULTS
If patient
- is incontinent
- has stools that cannot be contained
- has poor hygiene and may contaminate his/her environment

Contact and Droplet Precautions
actively vomiting patients

Duration of Precautions
Until symptoms have stopped for 48 hours and after at least one normal or formed bowel movement OR patient is continent and infectious cause ruled out

Incubation Period	Period of Communicability
Variable	Until symptoms resolve

Comments
*Precautions required are in addition to **Routine Practices**

- See specific organism once identified
- For outbreaks: Refer to the 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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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

Duration of Precautions

Until symptoms have stopped for 48 hours AND after at least one normal/baseline or formed bowel movement

OR until patient is continent and has good hygiene

Incubation Period	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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism

Guillain-Barre syndrome

Clinical Presentation

Ac 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

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

***References*:** CDC (2015)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

H

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

Hantavirus

Helicobacter pylori

Hemolytic uremic syndrome (HUS) – (may be associated with *Escherichia coli* 0157: 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

Histoplasmosis (*Histoplasma capsulatum*)

Human immunodeficiency virus (HIV)

Human metapneumovirus (HMPV)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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 Respiratory secretions if HIB	**How it is Transmitted** Direct contact and large droplets if HIB
Precautions Needed*	
ADULT	**Routine Practices**
PEDIATRIC	**Droplet Precautions** if HIB suspected or confirmed
Duration of Precautions	
ADULT	Not applicable
PEDIATRIC	Until 24 hours of effective antimicrobial therapy completed
Incubation Period Approximately 2-4 days	**Period of Communicability** If HIB, infectious in the week prior to onset of illness and during the illness until treated. HIB is communicable until 24 hours of effective antimicrobial therapy completed.

(Continued on next page)

Suspected/Known Disease or Microorganism

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

(Continued from previous page)

Comments

*Precautions required are in addition to **Routine Practices**

- **Physician to Notify Medical Officer of Health of case by fastest means possible**
- Close contacts <48 months old, who are not immune may require chemoprophylaxis
- 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

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

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism

Hemolytic uremic syndrome (HUS) – (may be associated with *Escherichia coli* 0157: H7)

Clinical Presentation

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

Symptoms of HUS vary. Patients may present with seizures, stroke, kidney issues, blood transfusion requirements

Infectious Substances

Feces and respiratory secretions

How it is Transmitted

Direct contact and indirect contact (fecal-oral)

Precautions Needed*

Contact Precautions

PEDIATRIC or ADULTS

If patient
- 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 0157: 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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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*

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

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

Single-patient room and dedicated bathroom is required. Room door to remain closed to limit access to room. Refer to the PPE Requirements for Suspect/Confirmed Ebola Virus Disease for details on donning, doffing and disposal of PPE. Post donning posters for PPE used on the wall of the Donning/Doffing room. Maintain a log of all people entering the patient's room.

Duration of Precautions

Until symptoms resolve *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 patient is deceased, refer to the Alberta Bodies of Deceased Persons Regulations

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

***References*:** PHAC (2015), CDC (2007)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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 patient
- 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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism

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

Clinical Presentation

Often asymptomatic; hepatitis

Infectious Substances

Blood and certain body fluids, including saliva, semen, cerebrospinal fluid, vaginal, synovial, pleural, peritoneal, pericardial, amniotic fluids

How it is Transmitted

Mucosal or percutaneous exposure to infective body fluids includes mom to newborn

Precautions Needed

Routine Practices
Please note: patients in Hemodialysis centers may require additional precautions**

Duration of Precautions

Not applicable

Incubation Period

Weeks to 6 months

Period of Communicability

From onset of infection

Comments

- **Physician to Notify Medical Officer of Health of case by fastest means possible**
- If the patient is deceased, refer to the Alberta Bodies of Deceased Persons Regulations
- Contact Workplace Health and Safety (WHS) immediately if healthcare 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 Patients

***References*:** PHAC (2015), CDC (2007)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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 patient • 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 patient 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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism **Herpes simplex** –	Herpes simplex Mucocutaneous primary and extensive or disseminated	Herpes simplex Mucocutaneous – recurrent	Herpes simplex Neonatal	Herpes simplex Type 1 (HSV-1) – Gingivostomatitis, mucocutaneous
Clinical Presentation	Disseminated or primary and extensive	Not Applicable	Not Applicable	Gingivostomatitis: Fever, redness and swelling of gingivae and oral mucosa, ulcerative lesions Mucocutaneous: Disseminated or primary and extensive
Infectious Substances	Skin or mucosal lesions, oral secretions, genital secretions	Skin or mucosal lesions, oral secretions	Mucosal lesions; possibly all body secretions and excretions	Oral secretions membranes Skin or mucosal lesions
How it is Transmitted	Direct contact (sexual, mother to child at birth)	Direct contact with herpetic lesions or secretions Virus may also be shed when patient is asymptomatic	Direct contact	
Precautions Needed*	**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 patient with herpetic lesions should not be roomed with newborns, children with eczema, burned patients or immunocompromised patients. Refer to: http://www.albertahealthservices.ca/assets/healthinfo/ipc/hi-ipc-immunocompromised-patients.pdf			

References: PHAC (2012), CDC (2007)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism

Histoplasmosis (*Histoplasma capsulatum*)

Clinical Presentation

Pneumonia, lymphadenopathy, fever

Infectious Substances

Acquired from spores in soil

How it is Transmitted

Inhalation of spores
Rarely person-to-person transmission, sometimes occurs with organ transplantation

Precautions Needed

Routine Practices

Duration of Precautions

Not applicable

Incubation Period

3-17 days

Period of Communicability

Not applicable

Comments

References: PHAC (2012), CDC (2007)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism

Human immunodeficiency virus (HIV)

Clinical Presentation

Asymptomatic; multiple clinical presentations

Infectious Substances

Blood and body fluids including cerebrospinal fluid, semen, vaginal, synovial, pleural, peritoneal, pericardial, and amniotic fluids and breast milk

How it is Transmitted

Mucosal or percutaneous exposure to infective body fluids, sexual transmission, mother to child

Precautions Needed

Routine Practices

Duration of Precautions

Not applicable

Incubation Period

Weeks to years

Period of Communicability

From onset of infection, until death

Comments

- If the patient 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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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	Large droplets, direct contact and indirect contact

Precautions Needed*

Contact and Droplet Precautions

Duration of Precautions

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

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

References: PHAC (2012), CDC (2007)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

I

Impetigo – (*Staphylococcus aureus, Streptococcus* Group A –many other bacteria)
Influenza – new pandemic strain
Influenza – seasonal

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

www.albertahealthservices.ca

Suspected/Known Disease or Microorganism

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

Clinical Presentation

Skin lesions

Infectious Substances	How it is Transmitted
Drainage from lesions	Direct contact and indirect contact

Precautions Needed*

Routine Practices	Contact Precautions
Minor drainage contained by dressing	Major drainage not contained by dressing

Duration of Precautions

Until drainage resolved or contained by dressing.

Incubation Period	Period of Communicability
Variable, depending on causative organism	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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

www.albertahealthservices.ca

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 Point of Care Risk Assessment and wear fit tested N95 respirator when performing Aerosol-generating medical procedures (AGMPs)*

Duration of Precautions

Patients are to remain on precautions for 5 days from the onset of acute illness OR until they are over the acute illness and have been afebrile X 48 hours, whichever is longer.

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 patients during outbreaks
- Minimize exposure to immunocompromised patients, children with chronic cardiac or lung disease, nephritic syndrome, neonates. These patients should not be cohorted. Refer to: Infection Prevention and Control Considerations for Immunocompromised Patients
- Immunocompromised patient additional precautions need to be maintained for a longer duration due to prolonged viral shedding. Contact Infection Prevention and Control for discontinuation of precautions.
- Refer to the **AHS Guidelines for Outbreak Prevention, Control and Management in Acute Care and Facility Living Sites**
- ** ***For complete list of*** AGMPs

***References*:** PHAC (2012)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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*

Contact and Droplet Precautions
Perform Point of Care Risk Assessment and wear fit tested N95 respirator when performing Aerosol-generating medical procedures (AGMPs)*

Duration of Precautions

Until acute symptoms resolve.

In the case of outbreak, patients are to remain on precautions for 5 days from the onset of acute illness OR until they are over the acute illness and have been afebrile X 48 hours, as indicated by Guidelines for Outbreak Prevention, Control and Management in Acute Care and Facility Living Sites

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 patients during outbreaks
- Minimize exposure of immunocompromised patients, children with chronic cardiac or lung disease, neonates
- Patients may have prolonged post-viral dry cough for weeks but this may not represent ongoing acute illness
- For immunocompromised patient, precautions need to be maintained for a longer duration due to prolonged viral shedding. Refer to: Infection Prevention and Control Considerations for Immunocompromised Patients
- Contact Infection Prevention and Control for discontinuation of precautions

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

References: PHAC (2012), CDC (2007)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

www.albertahealthservices.ca

J

No organisms at this time

K

Klebsiella sp., 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 sp.)
Listeriosis (Listeria monocytogenes)
Lyme disease (Borrelia burgdorferi)
Lymphocytic choriomeningitis (LCM) virus

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

www.albertahealthservices.ca

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	How it is Transmitted
Blood and body fluids, respiratory secretions, possibly urine and stool	Direct contact, indirect contact and large droplets

Precautions Needed*

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

Refer to the Contact and Droplet Precautions Suspect/Confirmed Ebola Virus Disease
Single-patient room and dedicated bathroom is required. Room door to remain closed to limit access to room. Refer to the PPE Requirements for Suspect/Confirmed Ebola Virus Disease for details on donning, doffing and disposal of PPE. Post donning posters for PPE used on the wall of the Donning/Doffing room. Maintain a log of all people entering the patient's room.

Duration of Precautions

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

Incubation Period	Period of Communicability
5-21 days	Until 3-9 weeks after onset

Comments

*Precautions required are in addition to **Routine Practices**

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

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

References: PHAC (2012), CDC (2007)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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	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	Period of Communicability
2-14 days	Not applicable

Comments

References: PHAC (2012), CDC (2007)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

www.albertahealthservices.ca

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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

www.albertahealthservices.ca

Suspected/Known Disease or Microorganism

Leptospirosis (*Leptospira* sp.)

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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism

Listeriosis (*Listeria monocytogenes*)

Clinical Presentation

Fever, muscle aches, meningitis, diarrhea/gastrointestinal symptoms, congenital or neonatal infection

Infectious Substances	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	Period of Communicability
Average 21 days	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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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
	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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

www.albertahealthservices.ca

Suspected/Known Disease or Microorganism

Lymphocytic choriomeningitis (LCM) virus

Clinical Presentation

Fever, cough, malaise, myalgia, headache, photophobia, nausea, vomiting, adenopathy, and sore throat. Progression to meningitis, encephalitis, meningoencephalitis

Infectious Substances	How it is Transmitted
	Through skin or mucous membrane contact with rodents, inhalation of aerosolised virus (through dust), ingestion of contaminated food Congenital transmission: mother to fetus in utero No person-to-person transmission

Precautions Needed

Routine Practices

Duration of Precautions

Not applicable

Incubation Period	Period of Communicability
8-13 days, 15-21 days before any meningeal symptoms appear	Not applicable

Comments

References: PHAC (2012), CDC (2007)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

M

Malaria (*Plasmodium* spp.)

Marburg virus

Meningitis

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

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

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

Multidrug-resistant (MDR)* gram-negative bacilli

Mumps (mumps virus) – Known case, Exposed susceptible

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

Mycoplasma pneumoniae

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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*

Contact and Droplet Precautions

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

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

Single-patient room and dedicated bathroom is required. Room door to remain closed to limit access to room.

Refer to the PPE Requirements for Suspect/Confirmed Ebola Virus Disease for details on donning, doffing and disposal of PPE. Post donning posters for PPE used on the wall of the Donning/Doffing room. Maintain a log of all people entering the patient's room.

Duration of Precautions

Until symptoms resolve *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 patient is deceased, refer to the Alberta Bodies of Deceased Persons Regulations

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

References: PHAC (2012), CDC (2007)

Suspected/Known Disease or Microorganism	
Meningitis **Various causative agents:** **VIRAL: enterovirus, arbovirus** **FUNGAL: *Cryptococcus neoformans*, *Histoplasma capsulatum***	**BACTERIAL:** ***Neisseria meningitides*,** **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 Ac onset of meningeal symptoms commonly including headache, photophobia, stiff neck, vomiting, fever, and/or rash	
Infectious Substances Respiratory secretions and Feces (in viral meningitis)	**How it is Transmitted** 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 **Contact and Droplet 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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism	
Meningitis **Various causative agents:** **VIRAL: enterovirus, arbovirus** **FUNGAL: *Cryptococcus neoformans*, *Histoplasma capsulatum*** *(Continued from previous page)*	**BACTERIAL**: ***Neisseria meningitides*,** ***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***
Duration of Precautions *(continued)* **Bacterial meningitis**:	Until 24 hours of effective antimicrobial therapy completed Viral meningitis: Until symptoms resolve or until enterovirus ruled out
Incubation Period Variable	**Period of Communicability** 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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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	How it is Transmitted
Infected or colonized secretions/excretions Respiratory secretions if pneumonia	Direct contact and indirect contact, and large droplets (if pneumonia)

Precautions Needed*

Contact Precautions

Contact and Droplet Precautions
if patient has active MRSA pneumonia

Duration of Precautions

As directed by Infection Prevention and Control

Incubation Period	Period of Communicability
Variable	Variable

Comments

*Precautions required are in addition to **Routine Practices**

References: PHAC (2012), CDC (2007)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism

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

Clinical Presentation

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

Infectious Substances

Respiratory secretions and exhaled droplets and airborne particles, stool

How it is Transmitted

Direct contact, indirect contact and large droplets

Precautions Needed*

Contact and Droplet Precautions
Perform Point of Care Risk Assessment and wear fit tested N95 respirator when performing Aerosol-generating medical procedures (AGMPs).
For more information refer to Interim Guidance-Novel Coronavirus

Duration of Precautions

Duration of precautions will be determined on a case-by-case basis and in conjunction with Infection Prevention and Control, and the Medical Officer of Health

Incubation Period

14 days

Period of Communicability

Unknown

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

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

Reference: Interim Guidance-Novel Coronavirus

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism

Monkey pox

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*

Airborne Precautions

Contact and Droplet Precautions

Duration of Precautions

As directed by Infection Prevention and Control

Incubation Period	Period of Communicability
7-17 days	2-4 weeks

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

References: PHAC (2012), CDC (2007)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism

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

Clinical Presentation

Lung, skin, wound, rhino-cerebral infection

Infectious Substances	How it is Transmitted
Fungal spores in dust and soil	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	Period of Communicability
Unknown	Not applicable

Comments

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

References: PHAC (2012), CDC (2007)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism

Multidrug-resistant (MDR)* gram-negative bacilli

***Acinetobacter* sp., MDR**

***Pseudomonas* sp. (ESBL, AmpC or MBL producing), MDR**

Stenotrophomonas maltophilia, MDR**

Burkholderia cepacia, MDR**

MDR *Enterobacteriaceae* (Carbapenem-resistant (CPO, CRE, CRO); ESBL or Amp C producing)

***E. coli*, MDR**	***Providencia* sp., MDR**	***Enterobacter* sp., MDR**
***Klebsiella* sp., MDR**	***Proteus* sp., MDR**	***Morganella* sp., MDR**
***Serratia* sp., MDR**	***Citrobacter* sp., MDR**	***Salmonella* sp., 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 listed above except those identified by asterisks**.

For ** see specific organism page

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* sp., MDR**

***Pseudomonas* sp. (ESBL, AmpC or MBL producing), MDR**

Stenotrophomonas maltophilia, MDR**

Burkholderia cepacia, MDR**

MDR *Enterobacteriaceae* (Carbapenem-resistant (CPO, CRE, CRO); ESBL or Amp C producing)

***E. coli*, MDR**	***Providencia* sp., MDR**	***Enterobacter* sp., MDR**
***Klebsiella* sp., MDR**	***Proteus* sp., MDR**	***Morganella sp., MDR***
***Serratia* sp., MDR**	***Citrobacter* sp., MDR**	***Salmonella* sp., 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 Saliva, respiratory secretions	**How it is Transmitted** Direct contact and 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 14-25 days	**Period of Communicability** 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 patients 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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism

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

Clinical Presentation

Lymphadenitis, pneumonia, disseminated disease in immunocompromised patient

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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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

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

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

N

Necrotizing enterocolitis
Neisseria gonorrhoeae
Neisseria meningitidis (Meningococcal, Rash – petechial or purpuric)
Nocardiosis (*Nocardia* sp.)
Norovirus

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

www.albertahealthservices.ca

Suspected/Known Disease or Microorganism

Necrotizing enterocolitis

Clinical Presentation

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

Infectious Substances

Unknown

Probably many organisms can cause this

How it is Transmitted

Probably indirect contact, outbreaks would result from transmission on hands/equipment

Precautions Needed*

Contact Precautions
If outbreak is suspected

Duration of Precautions

Duration of outbreak

Incubation Period

Not applicable

Period of Communicability

Not applicable

Comments

*Precautions required are in addition to **Routine Practices**

References: PHAC (2012), CDC (2007)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism

Neisseria meningitidis (Meningococcal, Rash – petechial or purpuric)

Clinical Presentation

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

Infectious Substances	How it is Transmitted
Respiratory secretions	Direct contact and 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**
- Close contacts may require chemoprophylaxis

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

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism

Nocardiosis (*Nocardia* sp.)

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 patients 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

Clinical Presentation
Nausea, vomiting, diarrhea

Infectious Substances	How it is Transmitted
Feces, emesis/vomit	Direct contact and indirect contact (fecal-oral), and large droplets (vomiting)

Precautions Needed*

Contact Precautions

Contact and Droplet Precautions
if patient is actively vomiting

Duration of Precautions

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 to 4 days	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 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
- Common cause of outbreaks. Refer to the **AHS Guidelines for Outbreak Prevention, Control and Management in Acute Care and Facility Living Sites**

References: PHAC (2012)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

O

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

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

www.albertahealthservices.ca

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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism

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

Clinical Presentation

Ear drainage, ear pain

Infectious Substances	How it is Transmitted
Drainage	Direct contact and indirect contact

Precautions Needed*

Routine Practices	Contact Precautions
Minor drainage contained by dressing	Major drainage not contained by dressing

Duration of Precautions

Until drainage resolved or contained by dressings.

Incubation Period	Period of Communicability
Variable	Variable

Comments

*Precautions required are in addition to **Routine Practices**

- See specific organism once identified

References: PHAC (2012), CDC (2007)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

P

Parainfluenza virus
Parvovirus B19 – fifth disease, erythema infectiosum (rash), aplastic crisis
Pediculosis (Lice) – (*Pediculus humanus, Phthirus pubis*)
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 sp., MDR – see Multidrug-resistant (MDR) gram-negative bacilli
Providencia sp., MDR – see Multidrug-resistant (MDR) gram-negative bacilli
Pseudomembranous colitis – (*Clostridium difficile*)
Pseudomonas aeruginosa (Metallo-Carbapenamase producing**)
Psittacosis (ornithosis) – (*Chlamydia psittaci*)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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*
Contact and Droplet Precautions

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

In the case of outbreak, patients are to remain on precautions for 5 days from the onset of acute illness OR until they are over the acute illness and have been afebrile X 48hr

Incubation Period	Period of Communicability
2-6 days	1-3 weeks

Comments
*Precautions required are in addition to **Routine Practices**

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

Contact Infection Prevention and Control for discontinuation of additional precautions.

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

References: PHAC (2012), CDC (2007)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism

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

Clinical Presentation

Erythema Infectiosum (rash), aplastic crisis, fever, headache, rhinitis

Infectious Substances

Respiratory secretions

How it is Transmitted

Direct contact, indirect contact and large droplets and vertical mother to fetus

Precautions Needed*

Routine Practices
Fifth disease

Droplet Precautions
Aplastic crisis OR chronic infection in immunocompromised patient

Duration of Precautions

If patient with transient aplastic or erythrocyte crisis maintain precautions for 7 days. For immune-suppressed patients with chronic infection or those with papular purpuric gloves and socks syndrome (PPGS), maintain precautions for duration of hospitalization

Incubation Period

4-21 days

Period of Communicability

Aplastic Crisis: Up to one week after onset of crisis

Fifth Disease: immunocompromised patients are no longer infectious by the time the rash appears

Comments

*Precautions required are in addition to **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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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, pillow cases, 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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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	**Contact and Droplet 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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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

References: PHAC (2012), CDC (2007)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism

Plague – pneumonic (*Yersinia pestis*)

Clinical Presentation

Pneumonia, cough, fever, hemoptysis

Infectious Substances	How it is Transmitted
Respiratory secretions	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 patient is deceased, refer to the Alberta Bodies of Deceased Persons Regulations.
- Close contacts may require prophylaxis

References: PHAC (2012), CDC (2007)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

www.albertahealthservices.ca

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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism

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

Clinical Presentation

Pneumonia in an immunocompromised patient

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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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*

Contact and Droplet Precautions

Duration of Precautions

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

Incubation Period	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 patients, children with chronic cardiac or lung diseases, nephritic syndrome, neonates. These patients **should not** be cohorted. Refer to: Infection Prevention and Control Considerations for Immunocompromised Patients
- Patients 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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism

Pseudomembranous colitis – (*Clostridium difficile*)

Clinical Presentation

Diarrhea, abdominal cramps

Infectious Substances	How it is Transmitted
Feces	Direct contact and indirect contact (fecal-oral)

Precautions Needed*

Contact Precautions

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**

Incubation Period	Period of Communicability
Variable	Until symptoms resolve

Comments

*Precautions required are in addition to **Routine Practices**

- Bacterial spores persist in the environment. Ensure thorough cleaning of the patient's environment particularly toileting equipment, e.g., commodes, toilet grab rails

References: PHAC (2012)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism

Pseudomonas aeruginosa (Metallo-Carbapenamase 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*

Contact Precautions

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**

- Must demonstrate complete resistance to >3 antibiotic classes usually tested, including carbapenems
- **May be identified as Metallo-Carbapenamase producing or Metallo-beta-lactamase producing (MBL) *Pseudomonas* on the lab report
- Note: β=beta

Reference: CDC (2011)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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

Reference: PHAC (2012)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

www.albertahealthservices.ca

Q

Q fever (*Coxiella burnetii*)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

www.albertahealthservices.ca

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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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* sp.)
Rhinovirus
Rickettsialpox (*Rickettsia akari*)
Ringworm (tinea) – (*Trichophyton* sp., *Microsporum* sp., *Epidermophyton* sp.)
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

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism

Rabies

Clinical Presentation

Ac 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 patient is deceased, refer to the Alberta Bodies of Deceased Persons Regulations.
- Post-exposure prophylaxis is recommended for percutaneous or mucosal contamination with saliva of rabid animal

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

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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	Large droplets and direct contact

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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

www.albertahealthservices.ca

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	How it is Transmitted
Saliva of infected rodents; contaminated milk	Bite from infected animals Ingestion of contaminated milk No person-to-person transmission

Precautions Needed

Routine Practices

Duration of Precautions

Not applicable

Incubation Period	Period of Communicability
3-10 days for *A. moniliformis* 7-21 days for *S. minus*	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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism

Relapsing fever (*Borrelia* sp.)

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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

www.albertahealthservices.ca

Suspected/Known Disease or Microorganism

Rhinovirus

Clinical Presentation

Sore throat, runny nose, coughing, sneezing

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

Precautions Needed*

Contact and Droplet Precautions

Duration of Precautions

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

Incubation Period	Period of Communicability
2-3 days	Duration of symptoms

Comments

*Precautions required are in addition to **Routine Practices**

- May cohort individuals infected with the same virus. Patient should not share room with high-risk roommates (e.g., immunosuppressed)
- Minimize exposure to immunocompromised patients, children with chronic cardiac or lung disease, nephritic syndrome, neonates. These patients should not be cohorted.
- For immunocompromised patient, precautions need to be maintained for a longer duration due to prolonged viral shedding. Refer to: Infection Prevention and Control Considerations for Immunocompromised Patients

  Contact Infection Prevention and Control for discontinuation of additional precautions

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

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

www.albertahealthservices.ca

Suspected/Known Disease or Microorganism

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

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*, patient should be excluded from swimming pools and activities likely to lead to exposure of others

References: PHAC (2012)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

www.albertahealthservices.ca

Suspected/Known Disease or Microorganism

Rotavirus

Clinical Presentation

Ac fever, vomiting followed by watery diarrhea in 24 to 48 hours

Diarrhea may persist for up to 8 days

Infectious Substances	How it is Transmitted
Feces, contaminated objects (e.g., toys)	Direct contact and indirect contact, and if vomiting, large droplets

Precautions Needed*

Contact Precautions

Contact and Droplet Precautions
if vomiting

Duration of Precautions

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

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

Comments

*Precautions required are in addition to **Routine Practices**

- Prolonged fecal shedding may occur in immunocompromised patients 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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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*

Contact and Droplet Precautions

Duration of Precautions

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

Incubation Period	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 patients, children with chronic cardiac or lung disease, neonates.
- For immunocompromised patient, precautions need to be maintained for a longer duration due to prolonged viral shedding.
- Contact Infection Prevention and Control for discontinuation of additional precautions. Refer to: Infection Prevention and Control Considerations for Immunocompromised Patients

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

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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

(Continued on next page)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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 patients for 7 days after first contact through to 21 days after last contact.
Acquired:	Until 7 days after onset of rash
Congenital:	Precautions will be required during any admission during the first year of life unless nasopharyngeal and urine cultures are done at > 3 months of age and are negative
Incubation Period **All cases:**	14-21 days
Period of Communicability	
Congenital:	Prolonged shedding in respiratory tract and urine can be up to one year
All other cases:	One week before to 7 days after onset of rash, can be contagious up to 14 days after rash appears

(Continued on next page)

Suspected/Known Disease or Microorganism **Rubella (German measles) –** *(Continued from previous page)*	**Exposed susceptible contact** **Acquired** **Congenital**

Comments

*Precautions required are in addition to **Routine Practices**

Congenital:

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

If immunity is unknown, assume person is non-immune

All other cases:

- Defer non-urgent admission if rubella is present. May admit after rash has resolved
- If possible, only immune healthcare 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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism **Rubeola (Measles) – Exposed susceptible contact**	
Clinical Presentation Fever, cough, coryza, conjunctivitis (3Cs), maculopapular skin rash, koplik spots inside mouth, especially the cheeks	
Rubeola (measles):	Fever, cough, coryza, conjunctivitis (3Cs), maculopapular skin rash, koplik spots inside mouth, especially the cheeks
Exposed susceptible contact:	May be asymptomatic
Infectious Substances Exhaled airborne particles	**How it is Transmitted** Airborne
Precautions Needed* **Airborne Precautions**	
Duration of Precautions	
Rubeola (measles):	4 days after start of rash in immunocompetent patients or until all symptoms are gone in immunocompromised patients.
Exposed susceptible contact:	5 days after first exposure until 21 days after last exposure
Incubation Period	7-18 days
Period of Communicability	
Rubeola (measles):	5 days before onset of rash until 4 days after onset of rash
Exposed susceptible contact:	Potentially communicable during last 2 days of incubation period

(Continued on next page)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism

Rubeola (Measles) – Exposed susceptible contact

(Continued from previous page)

Comments

*Precautions required are in addition to **Routine Practices**

All Cases:

- Individuals with known immunity (serological proof of immunity; immunization with 2 appropriately timed doses of measles-containing vaccine), or received a minimum dose of Immunoglobulin (0.25/kg) within 5 months of exposure **are not** required to wear the N95 respirator when entering the room
- 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.
- Other non-immune persons should not enter except in urgent or compassionate circumstances. If immunity is unknown, assume person is non-immune.
- Immunoprophylaxis is indicated for susceptible contacts.
- Precautions should be taken with neonates born to mother with measles infection at delivery
- Refer to: Infection Prevention and Control Considerations for Immunocompromised Patients

Discharge Settle Time

Non-negative pressure rooms:

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

Negative pressure rooms:

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

Rubeola (measles):

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

Exposed susceptible contact:

- Defer non-urgent admission if a non-immune person is incubating the disease

References: PHAC (2012)

S

Salmonella (*Salmonella* spp.)

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

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

Schistosomiasis (*Schistosoma* sp.)

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* sp.)

Smallpox (variola major virus, variola minor virus)

Sporotrichosis (*Sporothrix schenckii*)

Staphylococcus aureus – MRSA

Staphylococcus aureus – not MRSA –

- Pneumonia
- Skin infection
- Staphylococcal scalded skin syndrome (Ritter's disease)

Stenotrophomonas maltophilia

Streptococcus, Group B (*Streptococcus agalactiae*)

Streptococcus pneumoniae

Strongyloidiasis (*Strongyloides stercoralis*)

Syphilis (*Treponema pallidum*)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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

Duration of Precautions

Until symptoms have stopped for 48 hours AND after at least one normal/baseline or formed bowel movement

OR until patient is continent and has good hygiene

Incubation Period	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**

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

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism

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

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*

Contact and Droplet Precautions

Perform Point of Care Risk Assessment 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 patients, children with chronic cardiac or lung disease, nephritic syndrome, neonates. These patients should not be cohorted. Refer to: Infection Prevention and Control Considerations for Immunocompromised Patients
- Immunocompromised patient additional precautions need to be maintained for a longer duration due to prolonged viral shedding.

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

***References*:** PHAC (2012),

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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.

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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism

Schistosomiasis (*Schistosoma* sp.)

Clinical Presentation

Diarrhea, fever, itchy rash, hepatosplenomegaly, hematuria

Infectious Substances

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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

www.albertahealthservices.ca

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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism

Shigella (*Shigella* sp.)

Clinical Presentation

Diarrhea

Infectious Substances	How it is Transmitted
Feces	Direct contact and indirect contact (fecal-oral)

Precautions Needed*

Contact Precautions

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

Duration of Precautions

Until symptoms have stopped for 48 hours AND after at least one normal/baseline or formed bowel movement

OR until patient is continent and has good hygiene

Incubation Period	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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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	Contact and Droplet 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 patient is deceased, refer to the Alberta Bodies of Deceased Persons Regulations

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

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism

Sporotrichosis (*Sporothrix schenckii*)

Clinical Presentation

Skin lesions

Infectious Substances	How it is Transmitted
Contaminated soil, vegetation	Acquired from spores in soil or vegetation No person-to-person transmission

Precautions Needed

Routine Practices

Duration of Precautions

Not applicable

Incubation Period	Period of Communicability
Variable	Not applicable

Comments

***References*:** PHAC (2012)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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*

Contact Precautions

Contact and Droplet Precautions
if patient has active MRSA pneumonia

Duration of Precautions

As directed by Infection Prevention and Control

Incubation Period

Variable

Period of Communicability

Variable

Comments

*Precautions required are in addition to **Routine Practices**

References: PHAC (2012)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism ***Staphylococcus aureus* – not MRSA –**	**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** **(Continued from previous page)**	**Pneumonia** **Skin infection** **Staphylococcal scalded skin syndrome (Ritter's disease)**
Precautions Needed*	
Pneumonia: **ADULT** **PEDIATRIC**	 **Routine Practices** **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** **(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**

** High Risk Settings:

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

***References*:** PHAC (2012)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

www.albertahealthservices.ca

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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

www.albertahealthservices.ca

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 patient. Refer to: Infection Prevention and Control Considerations for Immunocompromised Patients

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

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

T

Tapeworm (*Taenia saginata*, *Taenia solium*, *Diphyllobothrium latum*, *Hymenolepsis nana*)
Tetanus (*Clostridium tetani*)
Toxocariasis (*Toxocara canis*, *Toxocara cati*)
Toxoplasmosis (*Toxoplasma gondii*)
Trachoma (*Chlamydia trachomatis*)
Trench fever (*Bartonella quintana*)
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*)

Tularemia (*Francisella tularenis*)
Typhoid or paratyphoid fever (*Salmonella typhi*, *Salmonella paratyphi*)
Typhus fever (*Rickettsia typhi*, *Rickettsia prowazekii*)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism

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

Clinical Presentation

Usually asymptomatic

Infectious Substances	How it is Transmitted
Ova in feces	Direct contact and foodborne

Precautions Needed

Routine Practices

Duration of Precautions

Not applicable

Incubation Period	Period of Communicability
Variable when foodborne, 2-4 weeks if contact with feces	*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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism

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

Clinical Presentation

Fever, wheeze, rash, eosinophilia

Infectious Substances	How it is Transmitted
Acquired from contact with dogs, cats	Ova in dog or cat feces

Precautions Needed

Routine Practices

Duration of Precautions

Not applicable

Incubation Period	Period of Communicability
Unknown	Not applicable

Comments

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

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

www.albertahealthservices.ca

Suspected/Known Disease or Microorganism

Toxoplasmosis (*Toxoplasma gondii*)

Clinical Presentation

Asymptomatic or fever, lymphadenopathy, retinitis, encephalitis in immunocompromised patient, congenital infection

Infectious Substances

Cat feces, contaminated soil

How it is Transmitted

Acquired by contact with infected cat feces or soil contaminated by cats, consumption of raw meat, contaminated raw vegetables or contaminated water
No person-to-person transmission except mother to fetus.

Precautions Needed

Routine Practices

Duration of Precautions

Not applicable

Incubation Period

5-23 days

Period of Communicability

Comments

- 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
- 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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism

Trachoma (*Chlamydia trachomatis*)

Clinical Presentation

Conjunctivitis

Infectious Substances	How it is Transmitted
Ocular drainage	Direct contact and indirect contact

Precautions Needed

Routine Practices

Duration of Precautions

Not applicable

Incubation Period	Period of Communicability
5-12 days	As long as organism is present in secretions

Comments

References: PHAC (2012)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

www.albertahealthservices.ca

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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism

Trichinosis (*Trichinella spiralis*)

Clinical Presentation

Fever, rash, diarrhea

Infectious Substances	How it is Transmitted
Acquired from consumption of infected meat	No person-to-person transmission

Precautions Needed

Routine Practices

Duration of Precautions

Not applicable

Incubation Period	Period of Communicability
5-45 days	Not applicable

Comments

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

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

www.albertahealthservices.ca

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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

www.albertahealthservices.ca

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:	Criteria for discontinuing precautions include: 1. Receipt of 2 weeks effective treatment, AND 2. Clinical improvement, AND 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	
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

(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

*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.
- **Discharge Settle Time**

Non-negative pressure rooms:

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

Negative pressure rooms:

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

References: PHAC (2012), CDC (2016), GOVT AB (2013)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

www.albertahealthservices.ca

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

Duration of Precautions

Until symptoms have stopped for 48 hours AND after at least one normal/baseline or formed bowel movement

OR until patient is continent and has good hygiene

Incubation Period	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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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

References: PHAC (2012)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

www.albertahealthservices.ca

U

Urinary tract infection

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

www.albertahealthservices.ca

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 Transmitted
Urine	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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

www.albertahealthservices.ca

V

Vancomycin-intermediate *Staphylococcus aureus* (VISA)

Vancomycin-resistant Enterococcus (VRE)

Vancomycin-resistant *Staphylococcus aureus* (VRSA)

Varicella zoster virus – Chickenpox

- Chickenpox – Exposed susceptible contact
- Chickenpox – Known case

Varicella zoster virus – Herpes Zoster: Shingles

- Shingles - Disseminated Shingles
- Shingles - Exposed susceptible contact
- Shingles - Immunocompromised patient, localized (1 or 2 dermatomes)
- Shingles - Localized (1 or 2 dermatomes AND lesions that CANNOT be covered with dressings or clothing
- Shingles - Localized (1 or 2 dermatomes AND lesions that CAN be covered with dressings or clothing

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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

Contact and Droplet Precautions
if patient has active VISA pneumonia

Duration of Precautions

As directed by Infection Prevention and Control

Incubation Period

Variable

Period of Communicability

Duration of colonization

Comments

*Precautions required are in addition to **Routine Practices**

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

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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*

Contact Precautions

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**

- Enterococcus persist in the environment, ensure thorough cleaning

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

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

www.albertahealthservices.ca

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

Contact and Droplet Precautions
if patient has active VRSA pneumonia

Duration of Precautions

As directed by Infection Prevention and Control

Incubation Period

Variable

Period of Communicability

Duration of colonization

Comments

*Precautions required are in addition to **Routine Practices**

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

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

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, respiratory secretions and exhaled droplets and 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 patients (day 8 from exposure to additional 21 or 28 days if given VZIG) if immune staff are available. If non-immune staff must enter the room an N95 respirator must be worn • Individuals with known immunity (history of past illness or vaccination with 2 appropriately timed doses of varicella vaccine) are not required to wear the N95 respirator when entering the room • Defer non-urgent admissions if there is an exposed susceptible contact within their incubation period. • Newborn: If mom develops chickenpox <5 days before giving birth or 48 hours after, place newborn on Airborne Precautions. Newborn needs to be assessed for VZIG and put on Airborne Precautions till assessed by IPC. • If lesions develop, the contact becomes a known case. Follow recommendations for a known case and place patient on Airborne and Contact Precautions • Exposure to either chickenpox or shingles can result in a chickenpox infection in Varicella susceptible individuals.	All Cases: • 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) 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 patient into this room for at least 2 hours. If entering room before 2 hours and non-immune, wear an N95 respirator Negative pressure rooms: • Do not admit a new patient into this room for at least 45 minutes. If entering room before 45 minutes, and non-immune, wear an N95 respirator • Alternatively, if specific air exchange rates for the room are known, refer to Table 1: Air Clearance Rates to determine discharge settle times • Susceptible high-risk contacts should be given VZIG as soon as possible within 10 days of exposure • Immunocompromised patient additional precautions need to be maintained for a longer duration due to prolonged viral shedding.

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism **Varicella zoster virus – Herpes Zoster: Shingles**	Shingles - Exposed susceptible contact	Shingles - Disseminated	Shingles - Immunocompromised patient, localized (1 or 2 dermatomes)	Shingles - Localized (1 or 2 dermatomes AND lesions that CANNOT be covered with dressings or clothing	Shingles - Localized (1 or 2 dermatomes AND lesions that CAN be covered with dressings or clothing
Clinical Presentation	Asymptomatic	Vesicular lesions that involve multiple areas (>2 dermatomes) with possible visceral complications, refer to Dermatome Chart	Vesicular lesions in a dermatomal distribution, refer to Dermatome Chart		
Infectious Substances	Respiratory secretions and exhaled droplets and airborne particles	Vesicular fluid, respiratory secretions		Vesicular fluid	
How it is Transmitted	Airborne	Airborne, direct contact, indirect contact		Direct contact and indirect contact	
Precautions Needed*	**Airborne Precautions**	**Airborne and Contact Precautions**		**Contact Precautions**	**Routine Practices**
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			Not applicable
Incubation Period	10-21 days or 28 days if given VZIG				Not applicable
Period of Communicability	Once incubation period has ended and no lesions have developed	Until all lesions have crusted and dried			Not applicable
Comments	• Newborn: If mom develops chickenpox <5 days before giving birth or 48 hours after, place newborn on Airborne Precautions. Newborn needs to be assessed for VZIG and put on Airborne • If lesions develop, the contact becomes a known case. Follow recommendations for a known case and place patient on Airborne and Contact Precautions	• Exercise care when handling dressings, clothing or other materials that may be contaminated with vesicular fluid			
***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) 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 patients (day 8 from exposure to additional 21 or 28 days if given VZIG) or know 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		For patients on Airborne Precautions: Discharge Settle Time Non-negative pressure rooms: • Do not admit a new patient into this room for at least 2 hours. If entering room before 2 hours and non-immune, wear an N95 respirator Negative pressure rooms: • Do not admit a new patient into this room for at least 45 minutes. If entering room before 45 minutes, and non-immune, wear an N95 respirator • Alternatively, if specific air exchange rates for the room are known, refer to Table 1: Air Clearance Rates to determine 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-immun • Individuals with known immunity (history of past illness or vaccination with 2 appropriately timed doses of varicella vaccine) are not required to wear the N95 respirator when entering the room		

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

W

West Nile (West Nile virus)
Western equine encephalitis
Wound infection – (*Staphylococcus aureus*, *Streptococcus* Group A, many other bacteria)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

www.albertahealthservices.ca

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	How it is Transmitted
Culex mosquito	No person-to-person transmission

Precautions Needed

Routine Practices

Duration of Precautions

Not applicable

Incubation Period	Period of Communicability
Variable, usually 3-21 days	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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism

Western equine encephalitis

Clinical Presentation

Fever, encephalomyelitis

Infectious Substances

Aedes and *Culex* mosquito

How it is Transmitted

Bite of mosquito

No person-to-person transmission

Precautions Needed

Routine Practices

Duration of Precautions

Not applicable

Incubation Period

5-15 days

Period of Communicability

Not applicable

Comments

- Virus found in birds, bats, and possible rodents
- **Physician to notify Medical Officer of Health**

***References*:** PHAC (2012)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Suspected/Known Disease or Microorganism

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

Clinical Presentation

Draining wound, redness or heat around wound

Infectious Substances	How it is Transmitted
Drainage	Direct contact and indirect contact

Precautions Needed*

Routine Practices	Contact Precautions
Minor drainage contained by dressing	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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

www.albertahealthservices.ca

X

No organisms at this time

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

www.albertahealthservices.ca

Y

Yaws (*Treponema pallidum*)
Yellow fever
Yersinia enterocolitica, *Yersinia pseudotuberculosis*

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

www.albertahealthservices.ca

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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

www.albertahealthservices.ca

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

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

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

www.albertahealthservices.ca

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

Duration of Precautions

Until symptoms have stopped for 48 hours AND after at least one normal/baseline or formed bowel movement

OR until patient is continent and has good hygiene

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

Comments

*Precautions required are in addition to **Routine Practices**

***References*:** PHAC (2012)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

Z

Zika virus *(Flavivirus)*

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

www.albertahealthservices.ca

Suspected/Known Disease or Microorganism

Zika virus *(Flavivirus)*

Clinical Presentation

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

Infectious Substances

Blood, possibly body fluids (some evidence for sexual transmission)

Breastmilk*

How it is Transmitted

Mosquito bite (mainly 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

2-12 days

Period of Communicability

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)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

References

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

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

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

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

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

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

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

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

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

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

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

References (continued)

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

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

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

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

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

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

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

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

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

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

References (continued)

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

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

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

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

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

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

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

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

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

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

References (continued)

Public Health Agency of Canada, Infection Prevention and Control Guidance for Middle East Respiratory Syndrome Coronavirus (MERS-CoV) in Acute Care Settings. (2016, May 17). Retrieved April 6, 2018, from https://www.canada.ca/en/public-health/services/publications/diseases-conditions/infection-prevention-control-guidance-middle-east-respiratory-syndrome-coronavirus-mers-cov-acute-care-settings.html

Public Health Agency of Canada, Infectious Diseases, Hepatitis. (2015). Retrieved April 9, 2018, from

Public Health Agency of Canada, Infectious Diseases, Pandemic Preparedness, Frequently Asked Questions – Pandemic Preparedness. (2012). Retrieved April 9, 2018, from http://www.phac-aspc.gc.ca/influenza/pp-faq-eng.php

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

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

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

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

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

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

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME

References (continued)

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

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z HOME