

SYMPTOM / DISEASE ORGANISM / DIAGNOSIS	ADDITIONAL PRECAUTIONS REQUIRED	DURATION OF ADDITIONAL PRECAUTIONS	INFECTIVE MATERIAL	MODE OF TRANSMISSION	INCUBATION PERIOD	PROTECTIVE APPAREL REQUIRED	COMMENTS / ACTIONS & RELATED POLICIES
ABSCESS-DRAINING MAJOR (See specific organisms)	Contact	Until cessation of drainage	Purulent drainage	Direct & indirect contact	Variable	Gloves if touching infective material Gowns if contamination of clothing is likely	Isolate in a single room when a dressing cannot contain drainage
ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS) / HIV	No (except where complicating conditions are present eg pulmonary TB)	(Only whilst signs & symptoms of complicating conditions persist)	Blood & body fluids	Entry of virus via non-intact skin & mucosa including inoculation	Variable(up to 12 weeks to seroconversion)	Gloves if touching infective material Goggles if performing exposure-prone procedures	Notifiable disease Opportunistic infections &/or severe immunosuppression may require additional precautions See specific agents &/or Protective Isolation Policy
ADENOVIRUS (Also see GASTROENTERITIS)							
a Diarrhoea	Contact (if patient is in nappies or incontinent of faeces)	Until 7 days from onset of illness or 48 hrs asymptomatic	Faeces	Faecal/oral Direct & indirect contact	3 to 9 days	Gowns if contamination of clothing is likely Gloves if faecal contamination is likely	Preferably isolate a child in nappies or incontinent patient in a single room Transmission occurs through faecal contamination; thus where personal hygiene practices are adequate physical containment is not necessary
b Respiratory	Droplet + Contact	Whilst respiratory symptoms persist	Respiratory secretions	Direct & indirect contact	6 to 9 days	Gowns if contamination of clothing is likely Masks & goggles offer extra protection during exposure-prone procedures	Preferably isolate in a single room or cohort Infection is most communicable during the first few days of acute illness
c Conjunctivitis	Contact	Duration of signs & symptoms	Eye discharge	Direct & indirect contact	6 to 9 days	Gloves if touching infective material	
AMOEBIIC DYSENTERY	Contact (if patient is in nappies or incontinent of faeces)	Duration of illness	Faeces	Faecal/oral	Variable usually a few days but can be 2-4 weeks	Gowns if contamination of clothing is likely Gloves if faecal contamination is likely	Notifiable disease Preferably isolate a child in nappies or incontinent patient in a single room
ARBOVIRUS Murray Valley Encephalitis Ross River Fever Japanese B encephalitis	No	N/A	Infected mosquito	The bite of infective mosquitos	Variable (usually 3 to 11 days)	No	Notifiable disease No evidence of direct transmission from person to person
ARTHROPOD-BORNE VIRAL ENCEPHALITIS (Also see ARBOVIRUS)	No	N/A	Infected mosquito	The bite of infective mosquitos	Usually 5 to 15 days	No	Notifiable disease
ASCARIASIS (Roundworm)	No	N/A	Faeces	Faecal/oral Direct & indirect contact	Variable: the life cycle requires 4 to 8 weeks to be completed	No	No precautions required (ova must germinate in the soil to be infective)

ASPERGILLOSIS	No	N/A	Environment	Inhalation of spores from the environment	Unknown	No	Person to person spread does not occur No precautions required See Protective Isolation Policy
ASTROVIRUS (See GASTROENTERITIS)							
BOILS FURUNCLES etc (See ABSCESS)							
BRONCHIOLITIS (Also see specific organisms eg RSV)	Droplet + Contact	Whilst respiratory symptoms persist	Respiratory secretions	Direct & indirect contact & droplet	5 to 8 days	Gowns if contamination of clothing is likely Gloves if touching infective material	May be cohorted with same viral infection or like illness during seasonal epidemics
BRUCELLOSIS	Contact (if a dressing does not contain drainage)	Whilst drainage persists	Animal or animal product & rarely wound drainage tissue & blood	Direct & indirect contact Ingestion	Variable	Gowns if contamination of clothing is likely Gloves if touching infective material	Notifiable disease In Australia wild pigs are the usual reservoir Overseas travel most common source
BURKHOLERIA CEPACIA (<i>Pseudomonas cepacia</i>) in sputum	Droplet + Contact	Duration of hospitalisation	Respiratory secretions	Direct & indirect contact	Unknown	Gowns if contamination of clothing is likely Gloves if touching infective material	Ensure adequate decontamination of reprocessable respiratory equipment Single room is generally not required Discuss with ICT if concerned
<i>Campylobacter sp</i> (See GASTROENTERITIS)							
CANDIDIASIS (Skin / mucosal)	No	N/A	Lesions	Direct & indirect contact	Variable	Gloves may be worn if touching infective material	Good handwashing between body sites is essential
CAT SCRATCH FEVER (<i>Bartonella</i> [formerly <i>Rochalimaea</i>] <i>henselae</i>)	No	N/A	Infected kitten or cat	Scratch of an infected kitten or cat	Usually 7 to 12 days can be 3 to 30 days	No	Not communicable from person to person
CELLULITIS – Organism unknown a Draining (See ABSCESS) b Intact skin Organism known See Streptococci / Staphylococcal infections	No	N/A	N/A	N/A	Variable	No	No isolation necessary
CHICKENPOX							
a Varicella (acute)	Contact + Airborne	Until all lesions have crusted For approximately 2 days before until 5 days after the appearance of the 1 st lesion	Fluid in lesions Respiratory secretions	Direct contact & airborne	8 to 21 days (up to 28 days if VZIG is given) Can be less if congenitally acquired or in neonate	Gowns if contamination of clothing is likely	Highly contagious Must be isolated in a single room (& with controlled negative air pressure airflow where possible) Most infectious 2 days before & up to 5 days after the 1 st lesion skin lesion Staff with unknown or negative history should be deployed excluded until immune status has been assessed serologically

b Varicella contact	Potentially Contact + Airborne	From 8 days after 1 st exposure to 21 days after last exposure (28 days if VZIG is given)	Potentially: respiratory secretions & fluid in lesions	Direct contact & airborne	From 8 to 21 days (up to 28 days if VZIG was given) after 1 st exposure	Gowns if contamination of clothing is likely	Seronegative staff should be offered vaccination Discharge susceptible contacts if possible Contacts may be cohorted Notify Infection Control Team for patient placement advice
c Shingles (Herpes Zoster)	Contact (if lesions are not covered)	Until lesions have crusted	Fluid in lesions	Direct & indirect contact	See comment	Gowns if contamination of clothing is likely Gloves if touching infective material	Shingles is a reactivation of a previous infection Therefore shingles cannot be caught from shingles However in a nonimmune host chickenpox can be caught from shingles and airborne spread has been documented particularly with disseminated zoster in an immunocompromised patient
d Maternal Peripartum Varicella	Contact + Airborne	Until lesions have crusted	Fluid in lesions & respiratory secretions	Direct & indirect contact	8 to 21 days (up to 28 days if VZIG is given)	As above	

Chlamydia trachomatis

a Conjunctivitis	No	N/A	Purulent discharge	Direct & indirect contact	7 to 14 days	Gloves if touching infective material	Notifiable disease – until treated
b Respiratory	No	N/A	N/A	Person to person respiratory spread is rare in hospital	Unknown	Gloves if touching infective material	
c Genital	No	N/A	Genital secretions	Direct & indirect contact	Variable probably 7 to 14 days	Gloves if touching infective material	Most adults with chlamydial conjunctivitis have concurrent genital infection Most infants acquire infection from infected mother at birth

CHOLERA (See GASTROENTERITIS)

***Clostridium difficile* (See GASTROENTERITIS)**

CONGENITAL RUBELLA (See RUBELLA)

CONJUNCTIVITIS

a Acute bacterial	Contact	Until 24 hrs after the initiation of appropriate therapy	Purulent eye discharge	Direct & indirect contact	24 to 72 hrs	Gloves if touching infective material	Ensure careful handwashing Risk factors associated with nosocomial conjunctivitis: suctioning ETT or NG tape directed towards the patient's eyes manipulation of ETT/NGT
b <i>Chlamydia</i> (See <i>Chlamydia trachomatis</i>)							

c Gonococcal	Contact	Until 24 hrs after initiation of appropriate therapy	Purulent eye discharge	Direct & indirect contact	1 to 5 days	Gloves if touching infective material	
d Acute viral (Acute haemorrhagic)	Contact	Duration of signs & symptoms	Purulent eye discharge	Direct & indirect contact	4 to 12 days	Gloves if touching infective material	

COXSACKIEVIRUS (See ENTEROVIRUS [non-polio] INFECTIONS)

CREUTZFELDT-JAKOB DISEASE (Sub-acute spongiform encephalopathy)	Contact Infection Control on admission	Duration of hospitalisation	CNS tissue & CSF	Unknown	Months to years	Gloves if touching infective material	Notifiable disease See Network policy: CJD
CROUP (Also see specific aetiological agents) Eg Parainfluenza virus	Contact + Droplet	Duration of illness	Respiratory secretions	Droplet direct & indirect contact	Varies with aetiology	Gowns if contamination of clothing is likely Gloves if touching infective material Mask/goggles during procedures where there is a risk of aerosoling respiratory secretions (Eg suctioning)	Preferably isolate child in a single room May cohort children with like illnesses during seasonal epidemics
Cryptococcus neoformans	No	N/A	N/A	Not known	Unknown	No	
CRYPTOSPORIDIOSIS	Contact (if patient is in nappies or incontinent of faeces)	Duration of excretion	Faeces	Direct & indirect contact	2 to 14 days	Gowns if contamination of clothing is likely Gloves if touching infective material	Notifiable disease if 2 or more cases are linked There is intermittent shedding of this organism so 2 clear consecutive specimens are required
CYSTICERCOSIS (Tapeworm)	No	N/A	Undercooked meat	Ingestion	Months to years	No	Notifiable disease
CYTOMEGALOVIRUS	No	N/A	Urine saliva cervical secretions seminal fluid organ transplants breast milk	Direct contact Transplacentally or blood transfusion or via transplant	Illness following a transplant or transfusion with infected blood begins within 3 to 8 weeks Infection acquired during birth is first apparent 3 to 12 weeks after delivery	No Gloves may be worn if touching infective material (eg urine)	Ensure careful handwashing The occupational contact of paediatric HCWs poses no greater risk than that faced by personnel with no patient contact HCWs planning pregnancy & who are seronegative may discuss their situation with the Infection Control Team

DIARRHOEAL DISEASE OF UNKNOWN ORIGIN (See GASTROENTERITIS)

DIPHTHERIA (*Corynebacterium diphtheriae*)

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a Cutaneous	Contact	Until 2 cultures of skin lesions (taken at least 24 hrs apart after termination of antibiotics) are negative	Drainage from lesions	Direct & indirect contact	2 to 5 days	Gowns if contamination of clothing is likely. Gloves if touching infective material	Notifiable disease Isolate in a single room Where cultures are impractical isolation can be discontinued after 14 days of antibiotic therapy Survey contacts for at least 7 days Asymptomatic contacts previously immunised should receive DTP or DT booster if they haven't received one within 5 years Asymptomatic contacts unimmunised or status unknown should receive prophylaxis (erythromycin or penicillin) have cultures done before & after prophylaxis & start immunisation
b Pharyngeal/laryngeal	Contact & Droplet	Until 2 cultures from both the nose & throat (taken at least 24 hrs apart after termination of antibiotics) are negative	Respiratory secretions	Droplet & direct & indirect contact	2 to 5 days	Gowns if contamination of clothing is likely. Gloves if touching infective material Masks are to be worn on room entry	

EBOLA (See VIRAL HAEMORRHAGIC FEVERS)

ECHINOCOCCOSIS (Hydatidosis)	No	N/A	Intermediate host (eg eggs in dog's faeces)	Hand to mouth transfer of eggs after association with infected dogs or indirectly through contaminated food water soil or fomites	Variable	No	Notifiable disease
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ECHOVIRUS (See ENTEROVIRUS)

ECZEMA

a Infected(Also see specific organisms eg herpes)	Contact	Until all crusts have fallen off	Drainage from lesions	Direct & indirect contact	Variable	Gowns if contamination of clothing is likely. Gloves when touching infective material	Isolate in single room Patient should avoid contact with anyone with herpes varicella-zoster virus
b Uninfected	No	N/A	N/A	N/A	N/A	No	

ENCEPHALITIS or ENCEPHALOMYELITIS (See specific aetiologic agents)

ENDOMETRITIS (See STREPTOCOCCAL INFECTIONS)

ENTEROBIASIS (Pinworm)	No	N/A	Faeces	Direct & indirect contact	1 month	Gloves if handling infective material	Eggs remain infectious for up to 2 weeks outside the host
Enterococcus sp							
a Non drug-resistant	No	N/A	Faeces	Direct & indirect contact			
b Vancomycin resistant (See MULTI DRUG RESISTANT ORGANISMS)	Contact	Duration of hospitalisation	Faeces & faecally contaminated areas/fomites	Direct & indirect contact	Variable	Gloves & gowns at all times on entering the room	Single room is essential Contact Infection Control Immediately

ENTEROVIRAL INFECTIONS	Contact (if patient is in nappies or incontinent of faeces)	N/A	Respiratory secretions faeces & CSF	Direct & indirect contact	3 to 6 days	Gowns if contamination of clothing is likely. Gloves if touching infective material	
EPIDERMOLYSIS BULLOSA: Infected	Contact	Duration of infection	Infected drainage from lesions	Direct & indirect contact	Variable	Gowns if contamination of clothing is likely. Gloves if touching infective material	
EPIGLOTTITIS	Droplet + Contact	For 24 hours after initiation of appropriate therapy	Respiratory secretions	Droplet & direct & indirect contact	Variable	Gloves when touching infective material	Notifiable disease Consider antibiotic prophylaxis for contacts
EPSTEIN-BARR VIRUS (INFECTIOUS MONONUCLEOSIS / GLANDULAR FEVER)	No	N/A	Oral secretions	Sharing oral secretions	Variable	Nil	
ERYTHEMA INFECTIOSUM (PARVOVIRUS B19/SLAPPED CHEEK/FIFTH DISEASE)							Parvovirus is no longer present when the rash appears
a Non immune-compromised	No	N/A	Respiratory secretions Only infectious just prior to development of rash	Droplet & contact Also vertical transmission & rarely parenterally by transfusion of blood or blood products	Usually 1 to 2 weeks	Gloves if touching infective secretions	When this infection is active in the community pregnant HCWs in contact with cases should consult their obstetrician
b Immune-compromised	Droplet + Contact	For duration of illness	Respiratory secretions & blood	Droplet & contact Spread via contact with infected respiratory secretions	Usually 1 to 2 weeks	Gloves if touching infective secretions	Immune-compromised patients may not readily clear the virus and may be infectious up to 1 week after onset of symptoms
<i>Escherichia coli</i> GASTROENTERITIS (See GASTROENTERITIS)							
FOOD POISONING (Also see specific organisms) Eg <i>Staphylococcus aureus</i> <i>Bacillus cereus</i> <i>Shigella sp</i>)	Contact (if patient is in nappies or incontinent of faeces)	Duration of signs & symptoms	Food faeces & vomitus	Foodborne & direct & indirect contact with faeces or vomitus from infected person	Variable	Gowns if contamination of clothing is likely. Gloves if touching infective material	Notifiable disease
FUNGAL INFECTIONS - MUCORMYCOSIS-PHYCOMYCOSIS-ZYGOMYCOSIS	No	N/A	N/A	Not transmitted from person to person	Variable	No	
GANGRENE (Gas gangrene) Clostridial myonecrosis	No	Whilst drainage from lesions persist	Faecal or environmental <i>clostridia</i>	Contact with infective material	6 hrs to 3 weeks Usually 2 to 4 days	Gloves if touching infective material	

GASTROENTERITIS(eg Rotavirus Adenovirus Salmonellosis Shigellosis)	Contact (if patient is in nappies or incontinent of faeces)	Duration of signs & symptoms	Faeces	Faecal/oral Direct & indirect contact	Variable usually 1 to 3 days	Gowns if contamination of clothing is likely Gloves if touching infective material	Notifiable disease if 2 or more linked cases are admitted May be cohorted Isolate in single room if patient is in nappies or cannot be expected to maintain infection control precautions
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GERMAN MEASLES (See RUBELLA)

Giardia (See GASTROENTERITIS)

GONOCOCCAL OPHTHALMIA NEONATORUM (GONORRHEAL OPHTHALMIA)	Contact	Until 24 hours after initiation of effective antimicrobial therapy	Eye discharge	Direct & indirect contact	2 to 7 days	Gloves if touching infective material	Transmission occurs from infected mother who also needs treatment
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GUILLAIN BARRE SYNDROME	No	N/A	N/A				Acute Flacid Paralysis Notify Australian Polio Surveillance Unit (APSU) or Victorian Infectious Diseases Reference Laboratory (VIRDL)
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<i>Haemophilus influenzae</i> type b	Droplet	Until 24 hrs after initiation of appropriate antibiotic therapy	Respiratory secretions blood & body fluids	Direct & indirect contact & droplet	Unknown & probably widely variable	Gowns if contamination of clothing is likely Gloves if touching infective material	Meningitis due to <i>H inf</i> Is a notifiable disease Consider prophylaxis for close contacts
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HAEMORRHAGIC FEVER (See VIRAL HAEMORRHAGIC FEVERS)

HAND FOOT & MOUTH DISEASE (Also see ENTEROVIRUS [non-polio] INFECTIONS	Contact (if patient is in nappies or incontinent of faeces)	Duration of hospitalisation	Faeces & fluid in the blisters	Direct contact & droplet	Usually 3 to 6 days	Gowns if contamination of clothing is likely Gloves if touching infective material	Usually caused by coxsackie virus A16 Faecal viral excretion & transmission can occur for several weeks after onset of infection
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HEPATITIS

a A	Contact (if patient is in nappies or incontinent of faeces)	Duration of hospitalisation	Faeces	Faecal/oral & direct & indirect contact with infective faeces	15 to 50 days Average 30 days	Gowns if contamination of clothing is likely Gloves if touching infective material	All types are notifiable diseases
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b B	No (unless there is a high risk of blood exposure eg haematemesis) then Contact	Until HbsAG negative	Blood & bloody body fluids	Usually by percutaneous introduction of blood or direct contact with secretions contaminated with blood	45 to 160 days Average 120 days	Gowns if contamination of clothing is likely Gloves if touching infective material Goggles & masks during exposure-prone procedures	Isolate in single room if patient is in nappies or is incontinent of faeces
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c C	No (unless there is a high risk of blood exposure eg haematemesis) then Contact	Duration of hospitalisation	Blood & bloody body fluids	Percutaneous	2 weeks to 6 months	As above	Isolate patient in a single room if there is uncontained bleeding
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d E	Contact	Duration of hospitalisation	Faeces	Faecal/oral Ingestion of contaminated water	15 to 54 days	Gowns if contamination of clothing is likely Gloves if touching infective material	Isolate patient in a single room if there is uncontained bleeding
e D	As for B	As for B	As for B	As for B			Ensure careful handwashing Significant mortality in pregnant women
f Unknown	No						

HERPES SIMPLEX VIRUS

a Disseminated	Contact	Until lesions are dry	Vesicle fluid saliva	Direct contact	2 to 12 days	Gloves if touching infective material Gowns if contamination of clothing is likely	Isolate in single room Consider antiviral treatment (eg aciclovir)
b Encephalitis (See ENCEPHALITIS)				Direct contact	2 to 12 days		
c Genital	No	Until lesions are dry	Secretions from genital lesions	Direct contact	2 to 12 days	As above	
d Primary Gingivostomatitis	Contact	Duration of illness or hospitalisation	Vesicle fluid saliva	Perinatal contact	2 to 12 days	Gloves if touching infective material Mask & goggles if performing exposure-prone procedures	Isolate in single room if lesions are extensive & if patient is aerosoling virus during treatment (eg mouth washouts)
e Neonatal	Contact	Until lesions are dry	Vesicle fluid possible all body secretions	Direct contact	2 to 12 days		
f Single cold sore/vesicle	No		Vesicle fluid saliva	Direct contact	2 to 12 days	Gloves if touching infective material	Staff should wash hands carefully to avoid herpetic whitlow including after use of gloves

HERPES ZOSTER [Shingles] – (See CHICKENPOX)

HOOKWORM INFECTIONS (Ancylostomiasis uncinariasis)	No	N/A	Larvae in contaminated soil	Larvae penetrate the skin usually on the feet	N/A	No	
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HUMAN HERPES VIRUS 6 (See ROSEOLA INFANTUM)

HYDATIDOSIS (See ECHINOCOCCOSIS)

IMPETIGO (Usually caused by Group A Streptococcus)	Contact	Until 24 hrs after initiation of appropriate antibiotic therapy	Wet lesions	Direct & indirect contact	4 to 10 days	Gowns if contamination of clothing is likely Gloves if touching infective material	Isolate in single room until 24 hours after treatment
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INFLUENZA VIRUS (A & B)	Airborne & Contact	Duration of illness	Respiratory secretions	Direct & indirect contact May be airborne	1 to 3 days	Gowns if contamination of clothing is likely Gloves if touching infective materialMasks for unimmunised staff	Preferably isolate in a single room May be cohorted with other influenza patients during seasonal epidemics Ensure door is closed
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LASSA FEVER (See VIRAL HAEMORRHAGIC FEVERS)

LEGIONNAIRES DISEASE	No	N/A	Inhalation of spores from environment	Airborne – from environment to patient	2 to 10 days	No	Notifiable disease Person to person transmission has not been known to occur
LEPROSY (HANSEN'S DISEASE)	No	N/A	Nasal discharge cutaneous ulcers	Not clear	N/A	No	Notifiable disease
LEPTOSPIROSIS	No	N/A	Blood & urine	Person to person spread is rare; urine may be infective	2 to 26 days Usually 10 days	Gloves if touching infective material	Notifiable disease Handle urine with care for duration of illness Leptosporia can persist for 11 months after the acute illness

LICE (See PEDICULOSIS)

LISTERIOSIS	No except for septic infants then Contact	Duration of hospitalisation	Faeces vaginal discharges & urine	Ingestion of contaminated food transplacentally or at birth	Variable	Gloves if touching infective material	Notifiable disease Infected patients may shed the organisms in their stools for several monthsPapular lesions on hands & arms may occur from direct contact with infectious material
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LYSSA VIRUS INFECTIONS	contact	Duration of illness	? saliva/tissue	Contact with infected fruit bats	unknown	See Rabies	See Rabies
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MALARIA	No	N/A	Infected mosquito & infected person's blood	Vector mosquito needleprick and blood transfusion	Variable	No	Notifiable disease
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MEASLES VIRUS (Rubeola)	Airborne	Until 4 days after the onset of the rash or duration of illness for immune-compromised patients	Respiratory secretions	Airborne	1 to 2 weeks	Gowns if contamination is likely	Notifiable disease Isolate patient in a single roomMasks for non-immune personnel during direct patient careUnimmunised or seronegative staff should not care for the patient (See Staff Immunisation policy) Isolate susceptible patients 5 days after 1 st possible contact to 18 th day after last possible contact
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MENINGITIS

a Aseptic (Non-bacterial or viral)	No	N/A	Varies with specific infectious agent	Direct & indirect contact & droplet	Variable	Gowns if contamination of clothing is likely Gloves if touching infective material	Infected individuals may shed the organisms in their stools for several months
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b Bacterial gram-negative enteric	No	N/A			Variable	As above	
c Fungal	No	N/A			Variable	No	
d Haemophilus influenzae	Droplet	For 24 hrs after initiating appropriate antibiotic therapy	Respiratory secretions	Direct & indirect contact & droplet	Unknown probably 2 to 4 days	Gowns if contamination of clothing is likely Gloves if touching infective material	Notifiable disease Chemoprophylaxis for contacts
e Listeria monocytogenes	No	N/A	Faeces	Direct & indirect contact	Variable 2 to 10 days (Often 3 to 4)	As above	Notifiable disease
f Neisseria meningitidis	Droplet	For 24 hrs after initiation of appropriate antibiotic therapy	Respiratory secretions	Direct & indirect contact & droplet	2-10 days average is 4 days	As above Wear masks during high risk procedures (eg Suctioning) until 24 hours of effective therapy	Notifiable disease Chemoprophylaxis for contacts
g Streptococcus pneumoniae	No	N/A	Respiratory secretions	Direct & indirect contact & droplet	Unknown but often 1 to 3 days		
MENINGOCOCCAL-SEPSIS & PNEUMONIA	Droplet	For 24 hrs after initiation of appropriate antibiotic therapy	Respiratory secretions	Droplet	2 to 10 days usually less than 1 week	Wear masks during high risk procedures (eg suctioning) until 24 hours of effective therapy	Notifiable disease Chemoprophylaxis for contacts
MOLLUSCUM CONTAGIOSUM	No	N/A	Drainage/fluid in the lesions	Direct & indirect contact	2 to 7 weeks – up to 6 months	Gloves if touching lesions	Isolation not required
MONONUCLEOSIS INFECTIONS (See EBV)							
MULTI DRUG RESISTANT ORGANISMS							
a Gastrointestinal	Contact	During illness	Faeces	Direct & indirect contact	Variable	Gowns if contamination of clothing is likely Gloves if touching infective material	See Network Policy: "Multi-antibiotic Resistant Organisms" If organism is a "Vancomycin Resistant Enterococci" contact Infection Control
b Respiratory	Contact + Droplet	During illness	Respiratory secretions	Direct & indirect contact & droplet	Variable	As above	
c Skin wound burn	Contact	Until signs & symptoms have abated	Skin squames purulent discharge	Direct & indirect contact	Variable	As above	Isolate in single room if uncontained in dressing or similar
d Urinary	No	N/A	Urine	Direct & indirect contact	Variable		Single room not necessary
MUMPS VIRUS	Contact + Droplet	Until 9 days after onset of parotid swelling	Saliva respiratory secretions	Direct & indirect contact & droplet	2 to 3 weeks	Masks for susceptible persons in close contact with patient	Notifiable disease Isolate in single room until 9 days after onset of parotid swelling
MYCOBACTERIA MAIS NON-TUBERCULOSIS (ATYPICAL)							
a Pulmonary	No	N/A	Respiratory secretions		Probably weeks to several months		

b Wound/abscess	Contact (if the dressing cannot contain drainage)	Duration of hospitalisation	Wound discharge	Direct & indirect contact			
<i>Mycobacterium ulcerans</i> – Skin ulcers	No	N/A	Purulent discharge	Direct & indirect contact	Variable	Gloves if touching infective material	
<i>Mycoplasma pneumoniae</i> PNEUMONIA (Primary atypical pneumonia)	Droplet	Duration of hospitalisation	Respiratory secretions	Direct & indirect contact & droplet	6 to 32 days	Gowns if contamination of clothing is likely Gloves if touching infective material	Isolation in single room not necessary
NECROTIZING ENTEROCOLITIS	No	N/A	N/A	N/A	Variable	No	Not spread from person to person
NOCARDIOSIS Draining lesions or other presentations)	No	N/A	Nil	N/A	Unknown	No	Not directly transmitted from person to person
NORWALK VIRUS (Gastroenteritis)	Contact & possibly Airborne	Duration of hospitalisation	Faeces & possibly vomitus	Faecal/oral Direct & indirect contact & possibly airborne	Usually 24 to 48 hrs can be as short as 10 hours	Gowns if contamination of clothing is likely Gloves if touching infective material Mask & goggles if performing exposure-prone procedures	Notifiable disease if 2 or more linked cases admitted Notify Infection Control This virus has caused multiple hospital outbreaks of gastroenteritis Highly communicable during acute stage of illness
PARAINFLUENZA VIRUS (See CROUP)							
PARATYPHOID FEVER	Contact (if patient is in nappies or incontinent of faeces)	Duration of illness	Faeces	Faecal/oral	1 to 3 weeks	Gowns if contamination of clothing is likely Gloves if touching infective material	Notifiable disease
PARVOVIRUS B19 (See ERYTHEMA INFECTIOSUM)							
PEDICULOSIS (LICE)	Contact	Until treated	Live lice	Direct & indirect contact	Under optimal conditions ova hatch in 1 week	Gowns if in close contact with infested area Gloves if touching infested area	Isolate in single room or confine to bed until treated Advise family members to be treated
PERTUSSIS (WHOOPIING COUGH) – Actual or suspected	Contact + Droplet	Until 7 days of a 10-14 day course of erythromycin therapy	Respiratory secretions	Contact & droplet spread & possibly via the airborne route	7 to 10 days (up to 21 days)	A mask if susceptible gowns if contamination of clothing is likely Gloves if touching infective material	Notifiable disease Susceptible staff include those without long-term paediatric experience Isolate in single room for at least 7 days after commencement of appropriate antibiotics May be cohorted with other pertussis patients during epidemics
PINWORM INFECTION (See Enterobiasis)							
PNEUMONIA (Also see specific organisms*)							
a Adenovirus*							

b Bacterial not listed elsewhere	Contact + Droplet	48 hrs of appropriate antibiotics	Respiratory secretions	Droplet & direct & indirect contact	Variable		
c Fungal	No	N/A	Respiratory secretions		Variable		
d Legionella*							
e Viral (See CROUP)							
POLIO VIRUS/FLACCID PARALYSIS	No (unless patient is in nappies or incontinent of faeces then Contact	N/A	Faeces pharyngeal secretions	Faecal/oral	3 to 35 days (usually 14 days for paralytic form)	Gowns if contamination of clothing is likely Gloves if touching infective material	Notifiable diseaseNotify APSU or VIRDLIsolate in single room if patient is in nappies or incontinent of faeces
<i>Pseudomonas cepacia</i> (See <i>Bukholderia cepacia</i>)							
PSITTACOSIS (ORNITHOSIS) (<i>Chlamydia psittaci</i>)	No	N/A	N/A	Inhalation of infectious agent from desiccated droppings and secretions (ocular & nasal) of infected birds in an enclosed space or directly from infected birds	4 to 15 days usually 10 days	No	Notifiable diseaseLaboratory infections & rare person to person transmission with paroxysmal coughing during acute illness have occurred
Q FEVER (<i>Coxiella burnetti</i>)	No	N/A	N/A	Usually inhalation of aerosols or dust from contaminated areas especially abattoirs	2 to 4 weeks up to 60 days	No	Notifiable disease Person to person spread rarely occurs
RABIES / AUSTRALIAN BAT / LYSSA VIRUS	Contact	Duration of illness	Saliva tissue	Direct & indirect contact	10 days to several months (average 2 months)	Masks gowns if contamination of clothing is likely gloves for all patient care	Notifiable disease Contacts may need vaccine
RESPIRATORY SYNCYTIAL VIRUS (See BRONCHIOLITIS)							
RICKETTSIAL FEVERS	No	N/A	N/A	N/A	Variable	No	Many Rickettsial diseases are notifiable
RINGWORM (Dermatophytosis dermatomycosis tinea)	No	N/A	Untreated lesion	Direct & indirect contact with untreated lesion	10 to 14 days	Gloves if touching untreated lesions	Cats dogs & cattle may be carriers
ROSEOLA INFANTUM (Exanthem subitum 6th Disease) Usually caused by Human herpesvirus 6	No	N/A	Unknown	Unknown	Approximately 10 days	No	Caused by Human herpesvirus 6 (HHV6)
ROTAVIRUS (See GASTROENTERITIS)							
RUBELLA VIRUS (GERMAN MEASLES)							
a Congenital	Contact + Droplet	Duration of hospitalisation	Urine & respiratory secretions	Direct contact & droplet	16 to 18 days	Gloves if touching infective material Gowns if contamination of clothing is likely	Notifiable diseaseInfants with Congenital Rubella Syndrome may shed virus in their nasopharyngeal secretions & urine for 1 year or more and may transmit infection to seronegative persons

b Acquired	Contact + Droplet	Up to 7 days after onset of rash	As above	Direct contact & droplet	16 to 18 days	As above	Single room
c Contacts	Potentially Contact	From 9 to 18 days after exposure	As above	Direct contact & droplet	N/A	Nil until 9 days after contact then as above	Identify pregnant contacts & advise re need for blood test Isolate seronegative contacts 9 days after exposure

SALMONELLOSIS (See GASTROENTERITIS)

SCABIES (<i>Sarcoptes scabiei</i> subspecies <i>hominis</i>)	Contact	Until 24 hrs after start of effective treatment	Mites	Direct & indirect contact	2 to 6 weeks before onset of itching for 1 st exposure or 2 weeks after subsequent exposure	Gowns if in close contact with infested area Gloves if touching infested area	Single room until treated
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SCALDED SKIN SYNDROME (See STAPHYLOCOCCAL DISEASE)

SCHISTOSOMIASIS (Bilharziasis)	No	N/A	N/A	Blood flukes penetrate the skin	Unknown	No	Not transmitted from person to person
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SHIGELLOSIS (See GASTROENTERITIS)

SLAPPED CHEEK (See ERYTHEMA INFECTIOSUM)

SHINGLES (See CHICKENPOX)

SPOROTRICHOSIS	No	N/A	Fungal spores	Introduction of fungus by pricks from thorns handling sphagnum moss or by splinters of wood	1 week to 3 months after injury	No	Rare transmission from person to person Generally an occupational disease of farmers & gardeners
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STAPHYLOCOCCAL DISEASE

a Skin wound burn	Contact	Until cessation of drainage	Drainage form lesions & skin squames	Direct & indirect contact	1 to 10 days	Gowns if contamination of clothing is likely Gloves if touching infective material	Some Staphylococcal organisms survive indefinitely on clothing & in dust
b Abscess (See ABSCESS)							
c Enterocolitis	Contact (if pt is in nappies or incontinent of faeces)	Until symptoms cease	Faeces	Direct & indirect contact	Variable	As above	
d Multi drug-resistant (See MULTI DRUG RESISTANT ORGANISMS)							
e Pneumonia	Contact + Droplet	48 hrs of appropriate therapy	Respiratory secretions	Direct & indirect contact & droplet	1 to 3 days	As above	
f Scalded Skin Syndrome (<i>Staphylococcus aureus</i> toxic skin syndrome)	Contact	Duration of illness	Skin squames	Direct & indirect contact	Usually 1 to 10 days	Gowns & gloves for all direct patient care	Single room

g Toxic Shock Syndrome (<i>Staphylococcus aureus</i>)	Contact	For duration of illness	Drainage from primary infected lesion (if identified)	Direct & indirect contact	Usually 2 days	Gowns if contamination of clothing is likely Gloves if touching infective material	
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STREPTOCOCCAL INFECTIONS (Group A/*Streptococcus pyogenes*)

a Skin wound burns-MAJOR	Contact	Whilst drainage is present	Purulent drainage	Direct & indirect contact	1 to 3 days	Gowns if contamination of clothing is likely Gloves if touching infective material	
b Endometritis (puerperal sepsis)	No	24 hrs of appropriate antibiotics	Urine blood genital secretions	Direct & indirect contact	1 to 3 days		
c Pharyngitis	Droplet	24 hrs of appropriate antibiotics	Respiratory secretions	Droplet	1 to 3 days		
d Pneumonia	Droplet	As above	Respiratory secretions	Droplet	1 to 3 days		
e Scarlet Fever	Droplet	24 hrs of appropriate antibiotics	Respiratory secretions	Direct & indirect contact & droplet	1 to 3 days		
f Group B <i>Streptococcus</i>	Contact	24 hrs of appropriate antibiotics	Skin squames urine	Direct & indirect contact & droplet	<3 days		
g Not Group A or B	No		N/A	N/A	Unknown		
STRONGYLOIDIASIS (ROUNDWORM)	No	N/A	N/A	Ingestion of eggs	Unknown	No	

SYPHILIS (*Treponema pallidum*)

a Skin & mucous membrane including congenital primary & secondary	Contact	48 hrs of appropriate antibiotic therapy	Exudates from lesions mucous membranes body fluids secretions	Direct contact & transplacentally	10 days to 3 months	Gowns if contamination of clothing is likely Gloves if touching infective material	Notifiable disease
b Latent (tertiary) & seropositivity without lesions	No	N/A	N/A		Usually 3 weeks		
TAPEWORM (Taeniasis & Cysticercosis)	No	N/A		Ingestion of raw or undercooked meats		No	Person to person transmission is possible but rarely occurs
TETANUS (<i>Clostridium tetani</i>)	No	N/A	Tetanus spores in soil etcCNS body fluids	Enters CNS via contaminated wounds	3 days to 3 weeks	No	Notifiable disease Not transmitted from person to person

TONSILLITIS (See URTI & STREPTOCOCCAL INFECTIONS)

TOXIC SHOCK SYNDROME (See STAPHYLOCOCCAL DISEASES)

TOXOPLASMOSIS	No	N/A	Oocysts in the faeces of an infected cat	Direct & indirect contact or ingestion of oocysts	7 days	No	Notifiable disease
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TRICHURIASIS (WHIPWORM)	No	N/A	N/A	Not communicable from person to person	Eggs require 10 to 21 days' incubation in the soil to become infective	No	
TUBERCULOSIS							
a Draining non-pulmonary	Contact	Whilst drainage persists	Purulent drainage	Direct & indirect contact	2 to 10 weeks	Gloves if touching infective material	Notifiable disease See DHS guidelines
b Meningitis	No	N/A	N/A	N/A	Variable	No	
c Pulmonary confirmed or suspected or laryngeal disease	Contact + Airborne	Duration of hospitalisation	Respiratory secretions	Airborne & direct & indirect contact	Months to years	Gloves if touching infective material Gowns if contamination of clothing is likely *Masks on room entry	*Masks according to "Management of Infectious Diseases" Policy Patient should be isolated in a single room with negative air pressure in relation to the corridor as per Policy Ensure appropriate follow-up occurs
d Skin test positive with no evidence of current pulmonary disease	No	N/A	N/A	N/A	N/A	No	
TYPHOID FEVER <i>Salmonella typhi</i> (See GASTROENTERITIS)							
UPPER RESPIRATORY TRACT INFECTION (URTI)							
a Bacterial	Droplet + Contact	48 hrs of appropriate therapy	Respiratory secretions	Direct & indirect contact & droplet	Variable	Gowns if contamination of clothing is likely Gloves if touching infective material	
- Otitis Media	No	N/A	Ear discharge	N/A	Variable	No	
- Tonsillitis (See STREPTOCOCCAL INFECTIONS)							
- Pharyngitis	Droplet	48 hrs of appropriate antibiotic therapy	Respiratory secretions	Droplet	Variable		
b Viral	Droplet + Contact	While signs & symptoms persist	Respiratory secretions	Direct & indirect contact & droplet	Variable		
VARICELLA (See CHICKENPOX)							
<i>Vibrio parahaemolyticus</i> (See GASTROENTERITIS)							
VIRAL HAEMORRHAGIC FEVERS	Contact	Duration of illness	Blood & vaginal/seminal fluids	Direct contact or inoculation of infected blood	Variable usually < 1 week	Gowns if contamination of clothing is likely Gloves if touching infective material	Notifiable disease Isolate in single room
WHOOPING COUGH (See PERTUSSIS)							
WOUND INFECTIONS (See ABSCESS & specific organisms)							
YERSINIOSIS							

-Localised in immunocompromised patient disseminated	No	N/A	Faeces blood peritoneal fluid	Ingestion of contaminated food or water	1 to 3 weeks	Gowns if contamination of clothing is likely Gloves if touching infective material	Notifiable disease
-Localised in non-immunocompromised patient	No	N/A					
Vancomycin Resistant Enterococcus (VRE)(Also see MULTI-DRUG RESISTANT ORGANISMS)	Contact	Duration of hospitalisation	Faeces skin wounds	Direct or indirect contact	Variable	REFER TO POLICY 07-00-1-003 <i>Multi-Antibiotic Resistant Organisms</i>	CONTACT INFECTION CONTROL Patients with VRE require isolation on EVERY subsequent admission