

REVISED NOVEMBER 2018

General Conditions and Specific Organisms Requiring Transmission Based Isolations

Prior to the identification of a specific causative agent, patients with the following general conditions should be placed on the indicated Transmission-based isolations for the specified duration.

Organism/Syndrome	Isolation	Duration of Isolation	Comment
Abscess , draining, major	Contact	Duration of illness	“Major” defined as “No dressing or dressing does not contain drainage adequately”
Acquired immunodeficiency syndrome (AIDS), Human Immunodeficiency Virus (HIV)	Standard		
<i>Acinetobacter baumannii</i> Multi-drug resistant	Standard/Contact *		*Consult Infection Control – need for Contact Isolation will be evaluated on a case by case basis
Antibiotic sensitive	Standard		
Actinomycosis (<i>Actinomyces sp.</i>)	Standard		
Acute Flaccid Myelitis/Paralysis	Droplet and Contact	Duration of illness	
Adenovirus Conjunctivitis	Contact	At least 7 days from symptom-onset AND until symptoms resolve	
Gastroenteritis	Contact	At least 7 days from symptom-onset AND until symptoms resolve	
Respiratory infection, in infants and young children (ii)	Droplet and Contact	Duration of illness	
Respiratory infection, all other patients	Droplet	Adult and Pediatric hematology/oncology/BMT patients: At least 7 days from symptom onset AND symptoms resolve AND retest is negative. All other patients: At least 7 days from symptom-onset AND until symptoms resolve	
Amebiasis	Standard		

REVISED NOVEMBER 2018

Organism/Syndrome	Isolation	Duration of Isolation	Comment
Anthrax (<i>Bacillus anthracis</i>) Cutaneous Pulmonary	Standard Standard		
Ascariasis (<i>Ascaris sp.</i>)	Standard		
Aspergillosis (<i>Aspergillus sp.</i>)	Standard		
Babesiosis	Standard		
Blastomycosis , North American, cutaneous or pulmonary (<i>Blastomyces sp</i>)	Standard		
Bordatella spp. <ul style="list-style-type: none"> • <i>B. pertussis</i> • <i>B. parapertussis</i> 	Droplet	Until 5 days after patient is placed on effective therapy	
Botulism	Standard		
Bronchiolitis	Droplet	Until upper respiratory symptoms resolve regardless of test result	Initiate isolation when test is ordered to rule out viral pathogens
Brucellosis (<i>Brucella sp.</i>) (undulant, Malta, Mediterranean fever)	Standard		
Candidiasis (<i>Candida sp.</i>), all forms including mucocutaneous Candida auris	Standard Contact	C. auris: Duration of hospitalization and upon readmission	C. auris: Discontinuation will be determined by Infection Control on a case by case basis (i).
Carbapenem resistant Enterobacteriaceae (CRE) <ul style="list-style-type: none"> • CRE, carbapenemase gene DETECTED (CP-CRE) • CRE, carbapenemase gene not detected 	Contact Standard	Duration of hospitalization and upon readmission	CP-CRE: Discontinuation will be determined by Infection Control on a case by case basis (i). CRE, carbapenemase gene not detected: Contact Precautions may be required if organism is otherwise drug resistant. See Multidrug Resistant (MDR) Organisms.”
Cat-scratch fever (benign inoculation lymphoreticulosis) (<i>Bartonella henselae</i>)	Standard		

REVISED NOVEMBER 2018

Organism/Syndrome	Isolation	Duration of Isolation	Comment
Cellulitis , uncontrolled drainage	Contact	Duration of illness	
Chancroid (soft chancre) (<i>Haemophilus ducreyi</i>)	Standard		
Chickenpox (varicella)	Airborne and Contact	Until ALL lesions are crusted over.	
<i>Chlamydia trachomatis</i> Conjunctivitis	Standard		
Genital	Standard		
Respiratory	Standard		
Closed cavity infection Draining, limited or minor	Standard		
Not draining	Standard		
<i>Clostridium</i> <i>C. botulinum</i>	Standard		
<i>C. difficile</i> gastroenteritis, enterocolitis	Enteric Contact	Patients on 11L or 12L: Duration of hospitalization. All others: Duration of hospitalization (i) UNLESS diarrhea has resolved for 48 hours AND patient has been transferred to clean room. This change applies to the Clostridium section on page 2 and the Gastroenteritis section on page 6.	Hand Hygiene with soap and water (not alcohol based hand rub) is indicated upon exiting the room of a patient on Contact Isolation for <i>C. difficile</i> . Wash your hands sign is available. See Diarrhea Decision Tree for additional guidance.
<i>C. perfringens</i> Food poisoning	Standard		
Gas gangrene	Standard		
Coccidioidomycosis (valley fever) (<i>Coccidioides immitis</i>) Draining lesions	Standard		Notify the Microbiology laboratory when submitting specimens for culture from patients known or suspected to have this disease (353-1268)
Pneumonia	Standard		
Colorado tick fever	Standard		

REVISED NOVEMBER 2018

Organism/Syndrome	Isolation	Duration of Isolation	Comment
Conjunctivitis Acute bacterial Chlamydia Gonococcal (including gonococcal ophthalmia neonatorum) Acute viral (acute hemorrhagic)	Standard Standard Standard Contact	At least 7 days from symptom-onset AND until symptoms resolve	Adenovirus most common cause of viral conjunctivitis; also enterovirus and coxsackie.
Congenital rubella (German measles) (See also Rubella)	Contact	During ANY admission until infant is 1 year of age <i>unless</i> naso-pharyngeal and urine cultures are negative for virus after age 3 months	
Creutzfeldt-Jakob disease (CJD)	Standard		Additional resource: “Infection Control Policies And Procedures For Patients With Suspected Or Confirmed Human Prion Disease”
Croup (infants and young children only)	Droplet and Contact	Until upper respiratory symptoms resolve regardless of test result	Initiate isolation when test is ordered to rule out viral pathogens.
Cryptococcosis (<i>Cryptococcus neoformans</i>)	Standard		
Cystic Fibrosis	UCSF Isolation	Entire hospitalization. HCW gown and gloves for all patient contact, and mask with shield during respiratory treatments. Patients masked when outside hospital or clinic room during entire hospitalization	May require contact (patient must remain in hospital room), droplet or airborne isolation for additional infectious disease. Policy 4.5
Cysticercosis (<i>Taenia sp.</i> , tapeworm)	Standard		
Cytomegalovirus (CMV) , neonatal or immunosuppressed	Standard		
Decubitus ulcer, infected, major Minor or limited	Contact Standard	Duration of illness	“Major” defined as “No dressing or dressing does not contain drainage adequately” “Minor” defined as “Dressing covers and contains drainage adequately”

REVISED NOVEMBER 2018

Organism/Syndrome	Isolation	Duration of Isolation	Comment
Dengue	Standard		
Diarrhea , acute, of unknown etiology, infective etiology suspected	Enteric Contact	Duration of illness / While symptoms persist	Hand Hygiene with soap and water (not alcohol based hand rub) is indicated until cause of diarrhea is determined.
Diphtheria (<i>Corynebacterium diphtheriae</i>) Cutaneous Pharyngeal	Contact Droplet	Until off antibiotics and 2 cultures collected at least 24 hours apart are negative	
Echinococcosis (hydatid disease) (<i>Echinococcus sp.</i>)	Standard		
Encephalitis (or encephalomyelitis), arthropodborne viral other	Standard Standard		Examples: eastern, western, Venezuelan equine encephalomyelitis; St. Louis, California encephalitis See specific etiologic agent
Endometritis	Standard		
Enterobiasis (<i>Enterobius sp</i>) (pinworm disease, oxyuriasis)	Standard		
Enterococcus sp , vancomycin resistant (VRE) • Linezolid resistant VRE	Standard Contact	Duration of hospitalization and upon readmission	Discontinuation will be determined by Infection Control on a case by case basis (i).
Enterovirus , (coxsackievirus disease, echovirus, hand foot and mouth disease, herpangina, pleurodynia) Infants and young children Adults	Contact Standard	Duration of illness	
Enterovirus (Acute Flaccid Myelitis/Paralysis)	Droplet and Contact	Duration of illness	
Epiglottitis , due to <i>Haemophilus influenzae</i>	Droplet	Until after 24 hours after initiation of effective therapy	
Epstein-Barr virus (including infectious mononucleosis)	Standard		

REVISED NOVEMBER 2018

Organism/Syndrome	Isolation	Duration of Isolation	Comment
Extended-Spectrum Beta-Lactamases (ESBL) producer	Standard		
Food poisoning Botulism <i>Clostridium perfringens</i> or <i>Clostridium welchii</i> Staphylococcal (<i>Staphylococcus aureus</i>)	Standard		
Furunculosis, staphylococcal , in infants and young children	Contact	Duration of illness	
Gangrene (gas gangrene)	Standard		

REVISED NOVEMBER 2018

Organism/Syndrome	Isolation	Duration of Isolation	Comment
Gastroenteritis <i>Adenovirus</i>	Contact	At least 7 days from symptom-onset AND until symptoms resolve	
<i>Campylobacter sp.</i>	Standard*		
Cholera (<i>Vibrio cholera</i>)	Standard*		
<i>C. difficile</i>	Enteric Contact	Duration of hospitalization (i) UNLESS diarrhea has resolved for 48 hours AND patient has been transferred to clean room	Hand hygiene with alcohol based hand rub is recommended EXCEPT use Hand Hygiene with soap and water upon exiting the room of a patient on Contact Isolation for suspected or confirmed <i>C.difficile</i> disease. See Diarrhea Decision Tree .
Cryptosporidiosis (Cryptosporidium sp.)	Standard*		
<i>Eschericia. coli</i> Enterohemorrhagic O157:H7	Standard*		
Other species	Standard*		
Giardiasis (<i>Giardia lamblia</i>)	Standard*		*Use Contact Isolation for diapered or incontinent persons for duration of illness
Norovirus	Enteric Contact	Duration of hospitalization (i)	
Rotavirus	Contact	Duration of illness (until diarrhea resolves) AND one negative rotavirus test is obtained	
<i>Salmonella sp.</i> (including <i>S. typhi</i>)	Standard*		
<i>Shigella</i> species	Standard*		
<i>Vibrio parahaemolyticus</i>	Standard*		
Viral (not otherwise mentioned)	Standard*		
<i>Yersinia enterocolitica</i>	Standard*		
Gonorrhea (<i>Neisseria gonorrhoea</i>)	Standard		
Granuloma inguinale (donovanosis, granuloma venereum)	Standard		
Guillain-Barre syndrome	Standard		
Hand, foot and mouth disease			See enterovirus

REVISED NOVEMBER 2018

Organism/Syndrome	Isolation	Duration of Isolation	Comment
<i>Hantavirus</i> pulmonary syndrome	Standard		
<i>Helicobacter pylori</i>	Standard		
Hemorrhagic fevers or acute hemorrhagic conjunctivitis (Ebola, Lassa, Marburg, Crimean-Congo)	Contact Droplet and Airborne See Ebola If this condition is suspected, CONTACT INFECTION CONTROL AND INFECTIOUS DISEASE IMMEDIATELY	Duration of illness	See Ebola If this condition is suspected, CONTACT INFECTION CONTROL AND INFECTIOUS DISEASE IMMEDIATELY.
Hepatitis, viral Type A diapered or incontinent patient Type B (HBsAg positive) Type C and other unspecified non-A, non-B Type E	Standard Contact (see comments) Standard Standard Standard		For diapered or incontinent patient with Hepatitis A: Age < 3 year: Duration of hospitalization (i) Age 3-14 years: Until 2 weeks after onset of symptoms All others: Until 1 week after onset of symptoms
Herpangina			See enterovirus
Herpes simplex (herpesvirus hominis) Neonatal If encephalitis ONLY Mucocutaneous, disseminated or primary, severe Mucocutaneous, recurrent (skin, oral, genital)	Contact Standard Contact Standard	Until mucocutaneous lesions are dry and crusted Duration of illness	Use contact isolation, for asymptomatic, exposed infants delivered vaginally/via C-section 1) if mother has active infection, 2) membranes have been ruptured for more than 4 hours until infant surface cultures obtained at 24-36 hours of age are negative after 48 hours incubation
Herpes zoster (varicella zoster)			See varicella zoster
Histoplasmosis	Standard		

REVISED NOVEMBER 2018

Organism/Syndrome	Isolation	Duration of Isolation	Comment
<p>Meningitis Aseptic (non-bacterial or viral [except varicella zoster] meningitis*; also see enterovirus)</p> <p>Bacterial, gram negative enteric, in neonates</p> <p>Fungal**</p> <p><i>Haemophilus influenzae</i> (known or suspected)</p> <p><i>Listeria monocytogenes</i></p> <p><i>Neisseria meningitidis</i> (known or suspected)</p> <p>Pneumococcal (<i>Streptococcus pneumoniae</i>)</p> <p>Tuberculosis***</p> <p>Other diagnosed bacterial</p> <p>Unknown etiology</p>	<p>Standard</p> <p>Standard</p> <p>Standard</p> <p>Droplet</p> <p>Standard</p> <p>Droplet</p> <p>Standard</p> <p>Standard</p> <p>Standard</p> <p>Droplet</p>	<p>Until 24 hrs after initiation of effective therapy</p> <p>Until 24 hrs after initiation of effective therapy</p> <p>Until etiology is determined or <i>Neisseria meningitidis</i> is ruled out</p>	<p>*For VZV meningitis, Standard Isolation UNLESS disseminated disease present (e.g. meningitis + rash) where Airborne Isolation should be used.</p> <p>**Alert the Microbiology Laboratory (353-1268) prior to submitting specimens for culture from patients with suspected or confirmed <i>Coccidioides meningitis</i></p> <p>***Patient should be examined for evidence of current (active) pulmonary tuberculosis. If evidence exists, see Tuberculosis below for additional isolations.</p>
<p>Metapneumovirus Infants & young children</p> <p>Adults</p>	<p>Droplet and Contact</p> <p>Droplet</p>	<p>Adult and Pediatric hematology/oncology/BMT patients: At least 7 days from symptom onset AND symptoms resolve AND retest is negative.</p> <p>All other patients: At least 7 days from symptom-onset AND until symptoms resolve</p>	
<p><i>Molluscum contagiosum</i></p>	<p>Standard</p>		
<p>Mucormycosis</p>	<p>Standard</p>		

REVISED NOVEMBER 2018

Organism/Syndrome	Isolation	Duration of Isolation	Comment
<p>Multidrug resistant (MDR) organisms Enterococcus, vancomycin resistant (VRE)</p> <p>Gram negative organisms, MDR (including <u>MDR Acinetobacter baumannii</u>, <i>Pseudomonas aeruginosa</i>, carbapenemase gene positive carbapenem resistant enterobacteriaceae (CP-CRE)</p> <p><i>Staphylococcus aureus</i>, nafcillin / methicillin resistant</p>	<p>Standard</p> <p>Standard/Contact*</p> <p>Standard</p>	<p>Duration of hospitalization and upon readmission.</p>	<p>*Discontinuation will be determined by Infection Control on a case by case basis (i).</p>
<p>Mumps (infectious parotitis)</p>	<p>Droplet</p>	<p>For 9 days after onset of swelling</p>	<p>Mask not required if immune</p>
<p>Mycobacteria Non-tuberculous (atypical), pulmonary or wound</p> <p>Tuberculosis</p>	<p>Standard</p> <p>Airborne</p>		<p>See Tuberculosis</p>
<p>Mycoplasma pneumoniae</p>	<p>Droplet</p>	<p>Duration of illness</p>	
<p>Necrotizing enterocolitis</p>	<p>Standard</p>		
<p><i>Neisseria meningitidis</i>, invasive (meningitis, pneumonia, sepsis, meningococemia)</p>	<p>Droplet</p>	<p>Until 24 hrs after initiation of effective therapy</p>	
<p>Nocardiosis (<i>Nocardia sp.</i>), any presentation</p>	<p>Standard</p>		
<p>Norovirus</p>	<p>Enteric Contact</p>	<p>Duration of hospitalization (i)</p>	<p>Hand Hygiene with soap and water (not alcohol based hand rub) is indicated upon exiting the room of a patient on Contact Isolation for norovirus. Wash your hands sign is available.</p>
<p>Orf</p>	<p>Standard</p>		

REVISED NOVEMBER 2018

Organism/Syndrome	Isolation	Duration of Isolation	Comment
<p>Parainfluenza Infants and young children</p> <p>Adults</p>	<p>Droplet and Contact</p> <p>Droplet</p>	<p>Adult and Pediatric hematology/oncology/BMT patients: At least 7 days from symptom onset AND symptoms resolve AND retest is negative.</p> <p>All other patients: At least 7 days from symptom-onset AND until symptoms resolve</p>	<p>Initiate isolation when test is ordered to rule out viral pathogens.</p>
<p>Parvovirus B19 (Fifth disease) Erythema infectiosum</p> <p>Patients with myocarditis of unknown etiology</p> <p>Patients with a pending or positive parvovirus PCR >2000</p> <p>Immunosuppressed patient</p> <p>Patient with transient aplastic or red-cell crisis</p>	<p>Standard</p> <p>Droplet</p> <p>Droplet</p> <p>Droplet</p> <p>Droplet</p>	<p>Until other cause of myocarditis is identified</p> <p>Until PCR is <2000</p> <p>For duration of hospitalization when chronic disease occurs</p> <p>Seven days from admission</p>	
<p>Pertussis (whooping cough)</p>	<p>Droplet</p>	<p>Until 5 days after patient is placed on effective therapy</p>	<p>.</p>
<p>Pinworm infection</p>	<p>Standard</p>		
<p>Plague (<i>Yersinia pestis</i>) bubonic</p> <p>pneumonic</p>	<p>Standard</p> <p>Droplet</p>	<p>Until 72 hrs after initiation of effective therapy</p>	
<p>Pleurodynia</p>			<p>See enterovirus</p>

REVISED NOVEMBER 2018

Organism/Syndrome	Isolation	Duration of Isolation	Comment
<i>Pseudomonas sp.</i> multi-drug resistant antibiotic sensitive	Standard/Contact* Standard		*Consult Infection Control – need for Contact Isolation will be evaluated on a case by case basis
Psittacosis (ornithosis) (<i>Chlamydia psittaci</i>)	Standard		
Q fever (<i>Coxiella burnetii</i>)	Standard		
Rabies	Standard		
Rat-bite fever (<i>Streptobacillus moniliformis, Spirillum minus</i>)	Standard		
Relapsing fever	Standard		
Respiratory syncytial virus (RSV) regardless of subtype infants, young children Adults	Droplet and Contact Droplet	Adult and Pediatric hematology/oncology/BMT patients: At least 7 days from symptom onset AND symptoms resolve AND retest is negative. All other patients: At least 7 days from symptom-onset AND until symptoms resolve	Initiate isolation when test is ordered to rule out viral pathogens.
Reye's syndrome	Standard		
Rheumatic fever	Standard		
Rhinovirus infants, young children Adults	Droplet and Contact Droplet	Adult and Pediatric hematology/oncology/BMT patients: At least 7 days from symptom onset AND symptoms resolve AND retest is negative. All other patients: At least 7 days from symptom-onset AND until symptoms resolve	Initiate isolation when test is ordered to rule out viral pathogens.
Rickettsial fevers, tickborne (Rocky Mountain spotted fever, tickborne typhus fever)	Standard		
Rickettsialpox (vesicular rickettsiosis)	Standard		

REVISED NOVEMBER 2018

Organism/Syndrome	Isolation	Duration of Isolation	Comment
Ringworm (dermatophytosis, dermatomycosis, tinea)	Standard		
Ritter's disease (staphylococcal scalded skin syndrome)	Standard		
Rocky Mountain spotted fever	Standard		
Roseola infantum (exanthema subitum)	Standard		
Rotavirus	Contact	Duration of illness (until diarrhea resolves) AND one negative rotavirus test is obtained	
Rubella (German measles) (See also Congenital Rubella)	Droplet	Until 7 days after onset rash.	Mask not required if immune.
Salmonellosis (<i>Salmonella sp.</i>)			See gastroenteritis
SARS (Severe Acute Respiratory Syndrome)	Airborne Contact and Droplet		If this condition is suspected, CONTACT INFECTION CONTROL AND INFECTIOUS DISEASE IMMEDIATELY.
Scabies	Contact	Until 24 hours after initiation of effective therapy	Gown and glove for direct patient care x 24 hours after treatment
Scalded skin syndrome, staphylococcal (Ritter's disease)	Standard		
Schistosomiasis (bilharziasis) (<i>Schistosoma sp.</i>)	Standard		
Shigellosis (<i>Shigella sp.</i>)			See gastroenteritis
Shingles			See varicella zoster
Smallpox	Airborne Contact and Droplet		If this condition is suspected, CONTACT INFECTION CONTROL AND INFECTIOUS DISEASE IMMEDIATELY.
Sporotrichosis (<i>Sporothrix schenckii</i>)	Standard		
Spirillum minus (rat-bite fever)	Standard		

REVISED NOVEMBER 2018

Organism/Syndrome	Isolation	Duration of Isolation	Comment
<p>Staphylococcal disease (<i>Staphylococcus aureus</i>), skin wound or burn Major</p> <p>Minor or limited</p> <p>Enterocolitis</p> <p>Methicillin/Nafcillin resistant</p> <p>Pneumonia</p> <p>Scalded skin syndrome</p> <p>Toxic shock syndrome</p> <p>Vancomycin Intermediate / Resistant (VISA / VRSA)</p>	<p>Contact</p> <p>Standard</p> <p>Standard*</p> <p>Standard</p> <p>Standard</p> <p>Standard</p> <p>Standard</p> <p>Contact</p>	<p>Duration of illness</p> <p>Duration of hospitalization (i)</p>	<p>“Major” defined as “No dressing or dressing does not contain drainage adequately”</p> <p>“Minor” defined as “Dressing covers and contains drainage adequately”</p> <p>*Use Contact Isolation for diapered or incontinent children < 6 years of age for duration of illness</p>
<p><i>Streptobacillus moniliformis</i> (rat-bite fever)</p>			
<p>Streptococcal disease, (group A streptococcus, <i>Streptococcus pyogenes</i>)</p> <p>Skin wound (including necrotizing fasciitis) or burn, Major</p> <p>Minor</p> <p>Endometritis (puerperal sepsis)</p> <p>Pharyngitis in infants and young children (ii)</p> <p>Pneumonia, in infants and young children (ii)</p> <p>Scarlet Fever, in infants and young children</p>	<p>Contact and Droplet</p> <p>Standard</p> <p>Standard</p> <p>Droplet</p> <p>Droplet</p> <p>Droplet</p>	<p>Until 24 hours after initiation of effective therapy</p> <p>Until 24 hours after initiation of effective therapy</p> <p>Until 24 hours after initiation of effective therapy</p> <p>Until 24 hours after initiation of effective therapy</p>	<p>“Major” defined as “No dressing or dressing does not contain drainage adequately”</p> <p>“Minor” defined as “Dressing covers and contains drainage adequately”</p>
<p>Streptococcal disease (group B strep, <i>Streptococcus agalactiae</i>), neonatal</p>	<p>Standard</p>		

REVISED NOVEMBER 2018

Organism/Syndrome	Isolation	Duration of Isolation	Comment
Streptococcal disease (<i>Streptococcus</i> sp., not otherwise mentioned)	Standard		
Strongyloidiasis (<i>Strongyloides stercoralis</i>)	Standard		
Syphilis Skin and mucous membrane, including congenital, primary, secondary Latent (tertiary) and seropositivity without lesions	Standard Standard		
Tapeworm disease <i>Hymenolepis nana</i> <i>Taenia solium</i> (pork) Other	Standard Standard Standard		
Tetanus	Standard		
Toxic shock syndrome (staphylococcal disease)	Standard		
Trachoma, acute (<i>Chlamydia trachomatis</i>)	Standard		
Trench mouth (Vincent's angina)	Standard		
Trichinosis (<i>Trichinella</i>)	Standard		
Trichomoniasis (<i>Trichomonas vaginalis</i>)	Standard		
Trichuriasis (whipworm) (<i>Trichuris trichiura</i>).	Standard		

REVISED NOVEMBER 2018

Organism/Syndrome	Isolation	Duration of Isolation	Comment
<p>Tuberculosis, Extrapulmonary, draining lesions (including scrofula)</p> <p>Extrapulmonary, meningitis</p> <p>Skin-test (PPD) positive with no evidence of current pulmonary disease</p> <p>Pulmonary (suspected or confirmed) OR laryngeal disease</p>	<p>Airborne and Contact</p> <p>Standard*</p> <p>Standard</p> <p>Airborne</p>	<p>AFB smear pos: Min 14d tx and 3 serial neg smears</p> <p>AFB smear neg, high suspicion and started on therapy: Min 5d tx and 3 serial neg smears</p> <p>AFB smear neg, low suspicion and not on therapy: 3 serial neg smears</p>	<p>Discontinue isolation only when patient is improving clinically, and drainage has ceased or there are three consecutive negative cultures of continued drainage. Examine for evidence of active pulmonary tuberculosis.</p> <p>*Patient should be examined for evidence of current (active) pulmonary tuberculosis. If evidence exists, additional isolations are necessary</p> <p>See Environment of Care Manual for Aerosol Transmissible Disease Exposure Control Plan</p> <p>Collect 3 separate AFB sputum obtained at 8-12 hr intervals (at least 1 specimen must be in early AM)</p>
<p>Tularemia Draining lesion</p> <p>Pulmonary</p>	<p>Standard</p> <p>Standard</p>		<p>Provided draining lesions can be adequately covered/contained</p>
<p>Typhoid (<i>Salmonella typhi</i>) fever</p>			<p>See gastroenteritis</p>
<p>Typhus, endemic and epidemic (<i>Rickettsia sp.</i>)</p>	<p>Standard</p>		
<p>Upper Respiratory Infection of unknown etiology</p>	<p>Droplet</p>	<p>Until upper respiratory symptoms resolve regardless of test result.</p>	<p>Initiate isolation when test is ordered to rule out viral pathogens.</p>
<p>Urinary tract infection (including pyelonephritis), with or without urinary catheter</p>	<p>Standard</p>		
<p>Vancomycin Intermediate <i>Staphylococcus aureus</i> (VISA/VRSA)</p>	<p>Contact</p>	<p>Duration of hospitalization and upon readmission (i)</p>	
<p>Vancomycin Resistant <i>Enterococcus</i> (VRE) Linezolid resistant VRE</p>	<p>Standard</p> <p>Contact</p>	<p>Duration of hospitalization and upon readmission (i)</p>	

REVISED NOVEMBER 2018

Organism/Syndrome	Isolation	Duration of Isolation	Comment
Varicella (chickenpox)	Airborne and Contact	Until ALL lesions are crusted over	Susceptible persons should NOT enter the room if other, immune caregivers are available
Varicella zoster (herpes zoster, shingles) Localized in immunocompetent patient	Standard		Persons susceptible to varicella are also at risk for developing varicella when exposed to patients with varicella zoster (shingles) lesions; therefore, susceptibles should not enter the room
Localized in immunocompromised patient	Airborne and Contact	Airborne and Contact precautions may be discontinued if patient has been on antiviral therapy for 72 hours and shows no clinical signs of disseminated herpes Zoster and no pulmonary involvement.	
Disseminated in any patient Dermatome Chart: CDC definition of disseminated zoster: http://www.cdc.gov/shingles/hcp/clinical-overview.html Dermatomal map: http://40.media.tumblr.com/bff94737fbf6f8e68d10569dd9746e8f/tumblr_mgqkl4h4mv1s2ybco1_1280.jpg	Airborne and Contact	Airborne and Contact precautions until ALL lesions are crusted over	
Vesicular rash	Airborne and Contact	Until all lesions are crusted over or when chickenpox/varicella zoster (shingles) infection have been ruled out	Persons susceptible to varicella are also at risk for developing varicella when exposed to patients with varicella zoster (shingles) lesions; therefore, susceptibles should not enter the room.
Vibrio parahaemolyticus			See gastroenteritis
Vincent's angina (trench mouth)	Standard		

REVISED NOVEMBER 2018

Organism/Syndrome	Isolation	Duration of Isolation	Comment
Viral Fevers , arthropodborne	Standard		Examples: dengue, yellow fever, Colorado tick fever
Whooping cough (<i>Bordatella pertussis</i>)	Droplet	Until 5 days after patient is placed on effective therapy	
Wound infection , major Minor or limited	Contact Standard	Duration of illness	“Major” defined as “No dressing or dressing does not contain drainage adequately” “Minor” defined as “Dressing covers and contains drainage adequately”
<i>Yersinia enterocolitica</i>			See gastroenteritis
Zika virus	Standard	Duration of illness	No HCW restriction
Zoster			See Varicella zoster
Zygomycosis (phycomycosis, mucormycosis, <i>Mucor sp.</i> , <i>Rhizopus sp.</i> , <i>Absidia sp.</i>)	Standard		

- i) Isolation may be discontinued sooner **ONLY** after consultation with Infection Control
- ii) “Infants and young children” refers to babes in arms, patients who will be held and/or carried.

Policy reviewed by:	Date Approved:
Infection Control Committee	12/05
Quality Improvement Executive Committee	1/06
Revised:	7/22/16