

**NORTHWESTERN MEMORIAL HOSPITAL**  
**INF 8.11 Appendix A: Disease Specific Isolation Precautions Chart**

| <b>Causitive Agent/Disease/Condition</b>   | <b>Isolation Precautions Required</b> | <b>Infective Materials</b>                            | <b>Duration of Precautions</b> | <b>Infection Control Report to CDPH</b> | <b>Additional Comments</b>  |
|--|---------------------------------------|---|--------------------------------|---|---|
| <b>Abscess</b><br>• Draining, Major  | Glove & Gown                          | Wound drainage  | Duration of illness.           | No                                      |   |
| <b>Abscess</b><br>• Draining, Minor or Limited                                   | Standard                              |   |                                | No                                      |   |
| <b><i>Acinetobacter baumannii</i></b><br>• Carbapenem-intermediate or -resistant | Glove & Gown                          | The patient, their body fluids and their environment. | Duration of hospitalization.   | No                                      | All glove boxes must be removed from patient room following patient discharge or transfer.  |
| <b>Acquired Immunodeficiency Syndrome (AIDS)</b>                                 | Standard                              |   |                                | Yes                                     | IC reports newly identified cases to CDPH.  |
| <b>Actinomycosis</b>   | Standard                              |   |                                | No                                      |   |
| <b>Adenovirus</b><br>• Conjunctivitis  | Glove & Gown                          | Eye secretions  | Duration of illness.           | No                                      | Infants in PWH NICU or Newborn Nurseries will require placement at least 6 feet from other patients with visable barrier in place.  |
| <b>Adenovirus</b><br>• Gastroenteritis   | Glove & Gown                          | Feces   | Duration of illness.           | No                                      | Infants in PWH NICU or Newborn Nurseries will require placement at least 6 feet from other patients with visable barrier in place.  |
| <b>Adenovirus</b><br>• Respiratory infection<br>-Infants and Children            | Mask, Glove & Gown                    | Respiratory secretions                                | Duration of illness.           | No                                      | Infants in PWH NICU or Newborn Nurseries will require placement at least 6 feet from other patients with visable barrier in place.  |
| <b>Amebiasis (<i>Entamoeba histolytica</i>)</b>                                  | Standard                              |   |                                | Yes                                     |   |
| <b>Anthrax</b><br>• Cutaneous or Pulmonary                                       | Standard                              |   |                                | Yes                                     | <b>Potential agent of bioterrorism, contact Infection Control &amp; Prevention Department (6-2729 or 5-9196) immediately.</b> Refer to Safety Management Policy # 6.28.2 SFTY BioTerrorism Response Plan. |
| <b>Aspergillosis</b>   | Standard                              |   |                                | No                                      |   |

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| <b>Avian Influenza</b>                                 | Mask, Glove, Gown & Eye Protection    | Respiratory secretions     | 14 days after onset of symptoms, an alternate diagnosis is confirmed or diagnostic tests confirm patient is not infected with Influenza A Virus. | Yes                                     | Negative airflow room required. Staff must wear goggles or face shield when within 3 feet of patient. Discard all PPE after each use. Patient must have dedicated equipment; stethoscope, blood pressure cuff, thermometer, etc. See Policy # INF 8.08 Care of Prentice Patient Requiring Isolation Precautions for patients residing in PWH. |
| <b>Babesiosis</b>                                      | Standard                              |                            |  | No                                      |   |
| <b>Blastomycosis</b>                                   | Standard                              |                            |  | Yes                                     |   |
| <b>Botulism</b>  | Standard                              |                            |  | Yes                                     | <b>Potential agent of bioterrorism, contact Infection Control &amp; Prevention Department (6-2729 or 5-9196) immediately.</b> Refer to Safety Management Policy # 6.28.2 SFTY BioTerrorism Response Plan.   |
| <b>Brucellosis</b>                                     | Standard                              |                            |  | Yes                                     |   |
| <b>Burkholderia cepacia</b>                            | Standard                              |                            |  | No                                      | Patients with Cystic fibrosis (CF) colonized or infected must not be admitted to a unit where another CF patient resides. Persons with CF who visit must wear a mask when within 3 feet of a colonized or infected patient.   |
| <b>Campylobacter gastroenteritis</b>                   | Standard                              | Feces                      |  | Yes                                     |   |
| <b>Candidiasis (all forms including mucocutaneous)</b> | Standard                              |                            |  | No                                      |   |
| <b>Cellulitis</b><br>• Uncontrolled draining           | Glove & Gown                          |                            | Duration of illness.   | No                                      |   |

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|---|---------------------------------------|--|--|---|---|
| <b>Chancroid (soft chancre)</b>                                     | Standard                              |  |  | Yes                                     |   |
| <b>Chicken pox (Varicella zoster virus)</b>                         | Mask, Glove & Gown                    | Respiratory secretions, vesicular lesion fluid | Until lesions are dry and crusted.                             | Yes                                     | Negative airflow room required. Refer to Infection Control Policy # 8.08 INF Care of Prentice Patient Requiring Isolation Precautions for patients in PWH.  |
| <b>Chlamydia trachomatis infection</b>                              | Standard                              |  |  | Yes                                     |   |
| <b>Cholera (Vibrio cholerae)</b>                                    | Standard                              |  |  | Yes                                     | <b>Potential agent of bioterrorism, contact Infection Control &amp; Prevention Department (6-2729 or 5-9196) immediately.</b> Refer to Safety Management Policy # 6.28.2 SFTY BioTerrorism Response Plan. |
| <b>Clostridium difficile- associated disease</b>                    | Glove & Gown                          | Feces  | Until patient has formed stool or duration of hospitalization. | No                                      | Patients without associated diarrhea do not require Glove & Gown Precautions.   |
| <b>Conjunctivitis</b><br>• Bacterial<br>• Chlamydia<br>• Gonococcal | Standard                              |  |  | No                                      | Consider Glove & Gown Precautions if type of infection is unknown. Please notify Infection Control & Prevention Department if ≥2 patients on the same unit are on precautions for conjunctivitis.         |
| <b>Conjunctivitis</b><br>• Viral (Keratoconjunctivitis)             | Glove & Gown                          | Eye secretions                                 | Duration of illness.   | No                                      | Please notify Infection Control & Prevention Department if ≥2 patients on the same unit are on precautions for conjunctivitis.  |
| <b>Coxsackie Virus (an Enterovirus)</b><br>• Infants and Children   | Glove & Gown                          | Respiratory secretions and feces               | Duration of illness.   | No                                      | Infants in PWH NICU or Newborn Nurseries will require placement at least 6 feet from other patients with visible barrier in place.  |
| <b>Coxiella burnetti (Q fever)</b>                                  | Standard                              |  |  | Yes                                     | <b>Potential agent of bioterrorism, contact Infection Control &amp; Prevention Department (6-2729 or 5-9196) immediately.</b> Refer to Safety Management Policy # 6.28.2 SFTY BioTerrorism Response Plan. |

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| <b>Creutzfeldt-Jakob disease (CJD)</b>      | Standard                       | <u>High infectivity</u> tissues; brain, spinal cord and eyes. <u>Low infectivity</u> tissues; CSF, kidneys, liver, lungs, lymph nodes, spleen, and placenta. |                            |                                  | Please refer to Surgical Services Policy # 1.12 SS Creutzfeld-Jakob Disease (CJD)/Prions: Operating Room Guidelines  |
| <b>Croup</b>                                | See Additional Comments        | Respiratory secretions   |                            | No                               | Croup is caused by a diverse group of organisms, please refer to causative agent for specific isolation precautions. |
| <b>Cryptococcosis</b>                       | Standard                       |  |                            | No                               |  |
| <b>Cryptosporidiosis</b>                    | Standard                       |  |                            | Yes                              |  |
| <b>Cyclosporiasis</b>                       | Standard                       |  |                            | Yes                              |  |
| <b>Cytomegalovirus infection</b>            | Standard                       |  |                            | No                               |  |
| <b>Decubitus ulcer</b><br>• Infected, major | Glove & Gown                   | Wound drainage   | While drainage is present. | No                               |  |
| <b>Decubitus ulcer</b><br>• Infected, minor | Standard                       |  |                            | No                               |  |
| <b>Dengue Fever</b>                         | Standard                       |  |                            | No                               |  |

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| <b>Diphtheria</b> ( <i>Corynebacterium diphtheriae</i> )<br>• Cutaneous  | Glove & Gown                          | Respiratory secretions and skin lesions and articles soiled by skin lesions. | Two negative cultures from throat, nose and lesions obtained 24 hours after completion of appropriate antibiotic therapy and taken not less than 24 hours apart. | Yes                                     |  |
| <b>Diphtheria</b> ( <i>Corynebacterium diphtheriae</i> )<br>• Pharyngeal | Mask                                  | Respiratory secretions   | Two negative cultures from throat and nose obtained 24 hours after completion of appropriate antibiotic therapy and taken not less than 24 hours apart.          | Yes                                     | Negative airflow room required. Refer to Infection Control Policy # 8.08 INF Care of Prentice Patient Requiring Isolation Precautions for patients in PWH.   |
| <b>Donovanosis</b> (Granuloma inguinale, Granuloma venereum)             | Standard                              |  |  | No                                      |  |
| <b>Ebola Virus</b> (Viral Hemorrhagic Fever)                             | Mask, Glove & Gown                    | Blood, body fluids, organs, respiratory secretions                           | Duration of illness.   | Yes                                     | Negative airflow room required. <b>Potential agent of bioterrorism, contact Infection Control &amp; Prevention Department (6-2729 or 5-9196) immediately.</b> Refer to Safety Management Policy # 6.28.2 SFTY BioTerrorism Response Plan. Refer to Infection Control policy 8.08 INF Care of Prentice Patient Requiring Isolation Precautions for patients in PWH. |
| <b>Echinococcosis</b>  | Standard                              |  |  | No                                      |  |
| <b>Echovirus</b> (an Enterovirus)<br>• Infants                           | Glove & Gown                          | Respiratory secretions, feces  | Duration of illness.   | No                                      | Infants in PWH NICU or Newborn Nurseries will require placement at least 6 feet from other patients with visable barrier in place.   |
| <b>Echovirus</b> (an Enterovirus)<br>• Adults                            | Standard                              |  |  | No                                      |  |

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| <i>E. coli - Escherichia coli 0157:H7</i><br>(Gastroenteritis)                         | Glove & Gown                          | Feces   | Duration of illness.           | Yes                                     |   |
| <i>E. coli - Enterohemorrhagic Escherichia coli, EHEC</i> (Gastroenteritis)            | Glove & Gown                          | Feces   | Duration of illness.           | Yes                                     |   |
| <i>E. coli - Enterotoxigenic Escherichia coli, ETEC</i> (Gastroenteritis)              | Glove & Gown                          | Feces   | Duration of illness.           | Yes                                     |   |
| <i>E. coli - Enteropathogenic Escherichia coli, EPEC</i> (Gastroenteritis)             | Glove & Gown                          | Feces   | Duration of illness.           | Yes                                     |   |
| <i>E. coli - Shiga Toxin-Producing Escherichia coli STEC</i> , (Gastroenteritis)       | Glove & Gown                          | Feces   | Duration of illness.           | Yes                                     |   |
| <i>E. coli - Escherichia coli</i> (Gastroenteritis)                                    | Standard                              |   |                                | No                                      |   |
| <b>Encephalitis</b>  | Standard                              |   |                                | Yes                                     |   |
| <i>Entamoeba histolytica</i> (Enteritis, Amebiasis)                                    | Standard                              | Feces   |                                | Yes                                     |   |
| <b>Enterobiasis</b> (Pinworm, Oxyuriasis)  | Standard                              |   |                                | No                                      |   |
| <b>Enterococcus species</b><br>Vancomycin-resistant (VRE)<br>Colonization or Infection | Glove & Gown                          | The patient, their body fluids and their environment. | Duration of hospitalization.   | No                                      | Patient placed in VRE Flagging System by IC; automatic order for precautions triggered every subsequent admission. Removal from system; 3 negative rectal cultures or two negative stool cultures obtained at least one week apart while patient off therapeutic antibiotics. Negative cultures may accumulate across admissions. |
| <b>Enterovirus</b><br>• Infants and Children   | Glove & Gown                          | Respiratory secretions and feces.                     | Duration of illness.           | No                                      | Infants in PWH NICU or Newborn Nurseries will require placement at least 6 feet from other patients with visible barrier in place.  |

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| <b>Enterovirus</b><br>• Adults   | Standard                              |   |  | No                                      |   |
| <b>Enterovirus (Hand, Foot and Mouth Disease)</b><br>• Infants and Children  | Glove & Gown                          | Respiratory secretions and feces.                     | Duration of illness.                                     | No                                      | Infants in PWH NICU or Newborn Nurseries will require placement at least 6 feet from other patients with visable barrier in place.  |
| <b>Enterovirus (Hand, Foot and Mouth Disease)</b><br>• Adults  | Standard                              |   |  | No                                      |   |
| <b>Epi-glottitis</b><br>due to <i>Haemophilus influenzae</i>   | Mask                                  | Respiratory secretions                                | Until 24 hours following appropriate antibiotic therapy. | No                                      | Negative airflow room required. Refer to Infection Control Policy # 8.08 INF Care of Prentice Patient Requiring Isolation Precautions for patients in PWH.  |
| <b>Epstein-Barr virus infection</b><br>Including mononucleosis   | Standard                              |   |  | No                                      |   |
| <b>Erlichiosis (Rickettsial Fever)</b>   | Standard                              |   |  | Yes                                     |   |
| <b>Erythema infectiosum (Parvovirus B19, Fifth's Disease)</b>  | Mask                                  | Respiratory secretions                                | 7 days from onset of illness.                            | No                                      | Infants in PWH NICU or Newborn Nurseries will require placement at least 6 feet from other patients with visable barrier in place.  |
| <b>Extended Spectrum beta lactamase (ESBL) Gram-negative organisms</b>   | Glove & Gown                          | The patient, their body fluids and their environment. | Duration of hospitalization.                             | No                                      | Bacteria that produce extended spectrum beta-lactamases (ESBLs), making them resistant to 3rd generation cephalosporins and monobactams and can make infections harder to treat. Most common ESBL producers are <i>E. coli</i> and <i>K. pneumoniae</i> . |
| <b>Fifth's Disease (Erythema infectiosum, Parvovirus B19)</b>  | Mask                                  | Respiratory secretions                                | 7 days from onset of illness.                            | No                                      | Infants in PWH NICU or Newborn Nurseries will require placement at least 6 feet from other patients with visable barrier in place.  |
| <b>Gastroenteritis - all organisms, suspected or confirmed, for continent patients unless otherwise specified.</b> | Standard                              |   |  |   | Please notify Infection Control & Prevention Department if $\geq 2$ patients on the same unit are on precautions for gastroenteritis.   |

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|--|--------------------------------|---------------------|--|----------------------------------|---|
| <b>Gastroenteritis - all organisms, suspected or confirmed, for patients diapered or incontinent unless otherwise specified.</b> | Glove & Gown                   | Feces               | Duration of illness.   |                                  | Please notify Infection Control & Prevention Department if $\geq 2$ patients on the same unit are on precautions for gastroenteritis. |
| <b>Gastroenteritis</b><br>• Adenovirus<br>Diapered or Incontinent Patients   | Glove & Gown                   | Feces               | Duration of illness.   | No                               |   |
| <b>Gastroenteritis</b><br>• Campylobacter<br>Diapered or Incontinent Patients  | Glove & Gown                   | Feces               | Duration of illness.   | Yes                              |   |
| <b>Gastroenteritis</b><br>• Cholera<br>Diapered or Incontinent Patients  | Glove & Gown                   | Feces               | Duration of illness.   | Yes                              |   |
| <b>Gastroenteritis</b><br>• <i>Clostridium difficile</i> ( <i>C. diff</i> )  | Glove & Gown                   | Feces               | Until patient has formed stool or Duration of hospitalization. | No                               |   |
| <b>Gastroenteritis</b><br>• Cryptosporidiosis<br>Diapered or Incontinent Patients  | Glove & Gown                   | Feces               | Duration of illness.   | Yes                              |   |
| <b>Gastroenteritis</b><br>• <i>E. coli</i> 0157:H7 infection<br>Diapered or incontinent patients                                 | Glove & Gown                   | Feces               | Duration of illness.   | Yes                              |   |
| <b>Gastroenteritis</b><br>• <i>E. coli</i>   | Standard                       |                     |  | No                               |   |
| <b>Gastroenteritis</b><br>• <i>Giardia lamblia</i>   | Standard                       |                     |  | Yes                              |   |
| <b>Gastroenteritis</b><br>• Norovirus<br>Diapered or incontinent patients  | Glove & Gown                   | Feces               | Duration of illness.   | No                               | Ensure consistent environmental cleaning and disinfection; prolonged shedding may occur in immunocompromised patients.                |
| <b>Gastroenteritis</b><br>• Rotavirus<br>Diapered or incontinent patients  | Glove & Gown                   | Feces               | Duration of illness.   | No                               | Ensure consistent environmental cleaning and disinfection; prolonged shedding may occur in immunocompromised patients.                |



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| <b>Gastroenteritis</b><br>• Salmonellosis<br>Diapered or incontinent patients | Glove & Gown                          | Feces                             | Duration of illness.   | Yes                                     |  |
| <b>Gastroenteritis</b><br>• Shigellosis<br>Diapered or incontinent patients   | Glove & Gown                          | Feces                             | Duration of illness.   | Yes                                     |  |
| <b>Gastroenteritis</b><br>• <i>Staphylococcus aureus</i>                      | Standard                              |                                   |  | No                                      |  |
| <b>Gastroenteritis</b><br>• <i>Vibrio parahaemolyticus</i>                    | Standard                              |                                   |  | Yes                                     |  |
| <b>Gastroenteritis</b><br>• <i>Yersinia enterocolitica</i>                    | Standard                              |                                   |  | Yes                                     |  |
| <b>German Measles (Rubella)</b>   | Mask                                  | Respiratory secretions            | 7 days after onset of rash.  | Yes                                     | Negative airflow room required. Refer to Infection Control Policy # 8.08 INF Care of Prentice Patient Requiring Isolation Precautions for patients in PWH. |
| <b>German Measles (Rubella)</b><br>• Congenital Infection                     | Glove & Gown                          | Respiratory secretions and urine. | Any admission before the first birthday unless pharyngeal and urine cultures are negative after 3 months of age. | Yes                                     | Infants in PWH NICU or Newborn Nurseries will require placement at least 6 feet from other patients with visable barrier in place.                         |
| <b>Giardiasis (Gastroenteritis)</b><br>Diapered or Incontinent Patients       | Glove & Gown                          | Feces                             | Duration of illness.   | Yes                                     |  |
| <b>Gonorrhea</b>  | Standard                              |                                   |  | Yes                                     |  |
| <b>Granuloma inguinale (Donovanosis, Granuloma venereum)</b>                  | Standard                              |                                   |  | No                                      |  |

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| <b><i>Haemophilus influenzae</i></b><br><ul style="list-style-type: none"> <li>• Epiglottitis</li> <li>• Meningitis</li> <li>• Pneumonia in infants and children</li> </ul> | Mask                           | Respiratory secretions                      | 24 hours after the start of effective therapy.   | Yes                              | Negative airflow room required. Refer to Infection Control Policy # 8.08 INF Care of Prentice Patient Requiring Isolation Precautions for patients in PWH. Infants in PWH NICU or Newborn Nurseries will require placement at least 6 feet from other patients with visable barrier in place.   |
| <b>Hand, Foot and Mouth Disease (Enterovirus)</b><br><ul style="list-style-type: none"> <li>• Infants and Children</li> </ul>   | Glove & Gown                   | Respiratory secretions and feces.           | Duration of illness.   | No                               | Infants in PWH NICU or Newborn Nurseries will require placement at least 6 feet from other patients with visable barrier in place.  |
| <b>Hand, Foot and Mouth Disease (Enterovirus)</b><br><ul style="list-style-type: none"> <li>• Adult</li> </ul>  | Standard                       |   |  | No                               |   |
| <b><i>Hantavirus Pulmonary Syndrome</i></b>   | Standard                       |   |  | Yes                              |   |
| <b>Hemorrhagic Fevers, viral (Ebola Virus, Lassa Virus, Machupo Virus, Marburg Virus)</b>   | Mask, Glove and Gown           | Blood, body fluids, respiratory secretions. | Duration of illness.   | Yes                              | Negative airflow room required. <b>Potential agent of bioterrorism, contact Infection Control &amp; Prevention (6-2729; 5-9196) immediately.</b> Refer to Safety Management Policy # 6.28.2 SFTY BioTerrorism Response Plan. Refer to Infection Control Policy # 8.08 INF Care of Prentice Patient Requiring Isolation Precautions for patients in PWH. |
| <b>Hepatitis, viral Type A</b><br><ul style="list-style-type: none"> <li>• Continent person</li> </ul>  | Standard                       |   |  | Yes                              |   |
| <b>Hepatitis, viral Type A</b><br><ul style="list-style-type: none"> <li>• Diapered or incontinent patient</li> </ul>   | Glove & Gown                   | Feces                                       | Duration of hospitalization. for children <3 years of age; until 2 weeks after onset of symptoms in children 3-14 years of age; until 1 week after onset of symptoms for all others. | Yes                              |   |

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| <b>Hepatitis, viral Type B-HBsAg positive</b>                          | Standard                              |  |                                | Yes                                     |   |
| <b>Hepatitis, viral Type C and other unspecified non-A, non-B</b>      | Standard                              |  |                                | Yes                                     |   |
| <b>Hepatitis, viral Type E</b>   | Standard                              |  |                                | Yes                                     |   |
| <b>Herpes simplex virus (HSV)</b><br>• Encephalitis                    | Standard                              |  |                                | No                                      |   |
| <b>Herpes simplex virus (HSV)</b><br>• Skin, Oral, Genital             | Standard                              |  |                                | No                                      |   |
| <b>Herpes simplex virus (HSV)</b><br>• Disseminated or primary, severe | Glove & Gown                          | Drainage from lesions.                         | Duration of illness.           | No                                      |   |
| <b>Herpes simplex virus (HSV)</b><br>• Neonatal Exposure               | Glove & Gown                          | Drainage from lesions, if lesions are present. | Duration of hospitalization.   | No                                      | Infants born vaginally or by C-Section to women with active HSV lesions and ROM >4 hours should be placed on Glove & Gown Precautions or room-in continuously with the mother. Infants in PWH NICU or Newborn Nurseries will require placement at least 6 feet from other patients with visable barrier in place.   |
| <b>Herpes simplex virus (HSV)</b><br>• Neonatal Illness                | Glove & Gown                          | Drainage from lesions.                         | Duration of illness.           | No                                      | Infants born vaginally or by C-Section to women with active HSV lesions and ROM >4 hours should be placed on Glove & Gown Precautions or room-in continuously with the mother. Infants in PWH NICU or Newborn Nurseries will require placement at least 6 feet from other patients with visable barrier in place. Recurrence can occur, monitor for rash or other symtpoms. |

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|---|--------------------------------|--|---|----------------------------------|---|
| <b>Herpes zoster virus</b> (Shingles/Varicella zoster virus)<br>• Localized in immunocompromised patient or disseminated in any patient | Mask, Glove & Gown             | Drainage from lesions, respiratory secretions. | Until lesions are dry and crusted.  | No                               | Negative airflow room required. Refer to Infection Control Policy # 8.08 INF Care of Prentice Patient Requiring Isolation Precautions for patients in PWH. Persons susceptible to varicella are also at risk for developing varicella infection when exposed to patients with herpes zoster lesions; susceptible caregivers should not enter the room if other immune caregivers are available. |
| <b>Herpes zoster virus</b> (Shingles/Varicella zoster virus)<br>• Localized in immunocompetent patient                                  | Standard                       | Drainage from lesions.                         | Once lesions are determined to be localized in an immunocompetent patient, Mask, Glove and Gown Precautions may be discontinued and Standard Precautions applied. | No                               | Affected area must be covered if patient leaves room/unit. Persons susceptible to varicella are also at risk for developing varicella infection when exposed to patients with herpes zoster lesions; susceptible caregivers should not enter the room if other immune caregivers are available.   |
| <b>Histoplasmosis</b>   | Standard                       |  |   | Yes                              |   |
| <b>Human Immunodeficiency virus (HIV)</b>   | Standard                       |  |   | Yes                              |   |
| <b>Human Metapneumovirus (hMPV)</b>   | Glove & Gown                   | Respiratory secretions                         | Duration of illness.  | No                               |   |
| <b>Impetigo</b>   | Glove & Gown                   | Drainage from lesions.                         | Until 24 hours after start of effective therapy.  | No                               |   |
| <b>Infectious mononucleosis</b>   | Standard                       |  |   | No                               |   |

**NORTHWESTERN MEMORIAL HOSPITAL**  
**INF 8.11 Appendix A: Disease Specific Isolation Precautions Chart**

| Causitive Agent/Disease/Condition                         | Isolation Precautions Required | Infective Materials                         | Duration of Precautions   | Infection Control Report to CDPH | Additional Comments  |
|---|--------------------------------|---|---|----------------------------------|--|
| <b>Influenza</b>  | Mask                           | Respiratory secretions                      | Duration of illness. A negative rapid antigen test does not rule out diagnosis of influenza.        | No                               | Negative airflow room required for all patients with confirmed or suspected influenza. If a negative airflow room is not available, patients should be admitted to a general unit (NOT 16E, 15E, 15W or 11E), placed on Mask Precautions and the room door remain closed at all times.   |
| <b>Lassa Virus</b> (Viral Hemorrhagic Fever, Lassa Fever) | Mask, Glove and Gown           | Blood, body fluids, respiratory secretions. | Duration of illness.  | Yes                              | Negative airflow room required. <b>Potential agent of bioterrorism, contact Infection Control &amp; Prevention (6-2729; 5-9196) immediately.</b> Refer to Safety Management Policy # 6.28.2 SFTY BioTerrorism Response Plan. Refer to Infection Control Policy # 8.08 INF Care of Prentice Patient Requireing Isolation Precautions for patients in PWH. |
| <b>Legionnaires disease</b>                               | Standard                       |   |   | Yes                              |  |
| <b>Leprosy</b> (Hansen's Disease)                         | Standard                       |   |   | Yes                              |  |
| <b>Leptospirosis</b>                                      | Standard                       |   |   | Yes                              |  |
| <b>Lice</b> (Pediculosis)                                 | Glove & Gown                   |   | Until 24 hours after start of effective therapy and observed to be free of adult and immature lice. | No                               | Clothes should be bagged for 10 days or discarded. If a washer/dryer is available, clothes must be washed in hot water cycle and placed in the dryer on hot setting.   |
| <b>Listeriosis</b>  | Standard                       |   |   | Yes                              |  |
| <b>Lyme Disease</b>                                       | Standard                       |   |   | Yes                              |  |
| <b>Malaria</b>  | Standard                       |   |   | Yes                              |  |

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**INF 8.11 Appendix A: Disease Specific Isolation Precautions Chart**

| Causitive Agent/Disease/Condition   | Isolation Precautions Required | Infective Materials                                 | Duration of Precautions                          | Infection Control Report to CDPH | Additional Comments   |
|---|--------------------------------|---|--|----------------------------------|---|
| <b>Machupo Virus</b> (Viral Hemorrhagic Fever)                            | Mask, Glove and Gown           | Blood, body fluids, organs, respiratory secretions. | Duration of illness.                             | Yes                              | Negative airflow room required. <b>Potential agent of bioterrorism, contact Infection Control &amp; Prevention (6-2729; 5-9196) immediately.</b> Refer to Safety Management Policy # 6.28.2 SFTY BioTerrorism Response Plan. Refer to Infection Control Policy # 8.08 INF Care of Prentice Patient Requiring Isolation Precautions for patients in PWH. |
| <b>Marburg Virus</b> (Viral Hemorrhagic Fever)                            | Mask, Glove and Gown           | Blood, body fluids, organs, respiratory secretions. | Duration of illness.                             | Yes                              | Negative airflow room required. <b>Potential agent of bioterrorism, contact Infection Control &amp; Prevention (6-2729; 5-9196) immediately.</b> Refer to Safety Management Policy # 6.28.2 SFTY BioTerrorism Response Plan. Refer to Infection Control Policy # 8.08 INF Care of Prentice Patient Requiring Isolation Precautions for patients in PWH. |
| <b>Measles</b> (Rubeola, all presentations)                               | Mask                           | Respiratory secretions                              | Duration of illness.                             | Yes                              | Negative airflow room required. Refer to Infection Control Policy # 8.08 INF Care of Prentice Patient Requiring Isolation Precautions for patients in PWH.  |
| <b>Meningitis</b><br>• Asceptic   | Standard                       |   |  | Yes                              |   |
| <b>Meningitis</b><br>• Fungal   | Standard                       |   |  | Yes                              |   |
| <b>Meningitis</b><br>• <i>Haemophilus influenzae</i> , known or suspected | Mask                           | Respiratory secretions                              | Until 24 hours after start of effective therapy. | Yes                              | Negative airflow room required. Refer to Infection Control Policy # 8.08 INF Care of Prentice Patient Requiring Isolation Precautions for patients in PWH.  |
| <b>Meningitis</b><br>• <i>Listeria monocytogenes</i>                      | Standard                       |   |  | Yes                              |   |

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| <b>Causitive Agent/Disease/Condition</b>                                 | <b>Isolation Precautions Required</b> | <b>Infective Materials</b>                            | <b>Duration of Precautions</b>  | <b>Infection Control Report to CDPH</b> | <b>Additional Comments</b>  |
|--|---------------------------------------|---|---|---|---|
| <b>Meningitis</b><br>• <i>Neisseria meningitidis</i>                     | Mask                                  | Respiratory secretions                                | Until 24 hours after start of effective therapy.  | Yes                                     | Negative airflow room required. Refer to Infection Control Policy # 8.08 INF Care of Prentice Patient Requiring Isolation Precautions for patients in PWH.  |
| <b>Meningitis</b><br>• Pneumococcal                                      | Standard                              |   |   | Yes                                     |   |
| <b>Meningitis</b><br>• Other bacterial                                   | Standard                              |   |   | Yes                                     |   |
| <b>Meningococemia</b> (Meningococcal sepsis)                             | Mask                                  | Respiratory secretions                                | Until 24 hours after start of effective therapy.  | Yes                                     | Negative airflow room required. Refer to Infection Control Policy # 8.08 INF Care of Prentice Patient Requiring Isolation Precautions for patients in PWH.  |
| <b>Molluscum contagiosum</b>   | Standard                              |   |   | No                                      |   |
| <b>Monkeypox</b> (Monkeypox Virus)                                       | Mask, Glove & Gown                    | Respiratory secretions, vesicular lesion fluid.       | If vesiculopustular rash is present, until lesions crust over. For symptoms w/o rash, until 7 days after fever onset. | Yes                                     | Negative airflow room required. <b>Potential agent of bioterrorism, contact Infection Control &amp; Prevention (6-2729; 5-9196) immediately.</b> Refer to Safety Management Policy # 6.28.2 SFTY BioTerrorism Response Plan. Eye protection or face shield should be worn if spraying or splashing is anticipated. Refer to Infection Control Policy # 8.08 INF Care of Prentice Patient Requiring Isolation Precautions for patients in PWH. |
| <b>MRSA</b><br><i>Staphylococcus aureus</i> m ethicilin-resistant        | Glove & Gown                          | The patient, their body fluids and their environment. | Duration of hospitalization.  | No                                      | Infants in PWH NICU or Newborn Nurseries will require placement at least 6 feet from other patients with visable barrier in place.  |
| <b>Mucormycosis</b>  | Standard                              |   |   | No                                      |   |
| <b>Multi-drug resistant organisms (MDROs), infection or colonization</b> | Glove & Gown                          |   | Duration of hospitalization.  | No                                      | Please see specific organism, e.g. MRSA, ESBL, VRE.   |

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**INF 8.11 Appendix A: Disease Specific Isolation Precautions Chart**

| Causitive Agent/Disease/Condition   | Isolation Precautions Required | Infective Materials    | Duration of Precautions  | Infection Control Report to CDPH | Additional Comments  |
|---|--------------------------------|------------------------|--|----------------------------------|--|
| <b>Mumps</b> (Infectious parotitis)   | Mask                           | Respiratory secretions | 9 days after onset of swelling/parotitis.  | Yes                              | Negative airflow room required for all patients with confirmed or suspected mumps. If a negative airflow room is not available, patients should be admitted to a general unit (NOT 16E, 15E, 15W or 11E), placed on Mask Precautions and the room door remain closed at all times. |
| <b>Mycobacteria , nontuberculosis (atypical)</b>  | Standard                       |                        |  | No                               |  |
| <b>Mycobacteria tuberculosis</b><br>• Extrapulmonary, draining lesions  | Standard                       |                        |  | Yes                              |  |
| <b>Mycobacteria tuberculosis</b><br>• Extrapulmonary, meningitis  | Standard                       |                        |  | Yes                              |  |
| <b>Myctobacteria tuberculosis</b><br>• Pulmonary confirmed or suspected<br>• Laryngeal disease confirmed or suspected | Mask                           | Respiratory secretions | <b>Suspected disease:</b> until ruled out with 3 negative AFB sputum smears or 1 negative AFB BAL smear.<br><b>Active disease:</b> Until at least 14 days after the start of effective therapy with documented clinical improvement. | Yes                              | Negative airflow room required. Refer to Infection Control Policy # 8.08 INF Care of Prentice Patient Requiring Isolation Precautions for patients in PWH.   |
| <b>Mycobacteria tuberculosis skin test positive with no evidence of active pulmonary disease</b>                      | Standard                       |                        |  | No                               |  |
| <b>Mycoplasma pneumoniae</b>  | Mask                           | Respiratory secretions | Duration of illness.   | No                               | Negative airflow room required. Refer to Infection Control Policy # 8.08 INF Care of Prentice Patient Requiring Isolation Precautions for patients in PWH.   |
| <b>Necrotizing enterocolitis (NEC)</b>  | Standard                       |                        |  | No                               |  |



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| <b>Causitive Agent/Disease/Condition</b>  | <b>Isolation Precautions Required</b> | <b>Infective Materials</b> | <b>Duration of Precautions</b> | <b>Infection Control Report to CDPH</b> | <b>Additional Comments</b>  |
|---|---------------------------------------|----------------------------|--------------------------------|---|---|
| <b>Nocardiosis</b>  | Standard                              |                            |                                | No                                      |   |
| <b>Norovirus</b><br>• Gastroenteritis<br>Diapered or incontinent patients                 | Glove & Gown                          | Feces                      | Duration of illness.           | No                                      | Ensure consistent environmental cleaning and disinfection; prolonged shedding may occur in immunocompromised patients.  |
| <b>Ornithosis (Psittacosis)</b>   | Standard                              |                            |                                | Yes                                     |   |
| <b>Oxyuriasis (Enterobiasis, Pinworm)</b>   | Standard                              |                            |                                | No                                      |   |
| <b>Parainfluenza Virus</b><br>• Infants and Children<br>• Immunocompromised Adults        | Mask                                  | Respiratory secretions     | Duration of illness.           | No                                      | Negative airflow room required. Refer to Infection Control Policy # 8.08 INF Care of Prentice Patient Requiring Isolation Precautions for patients in PWH. Infants in PWH NICU or Newborn Nurseries will require placement at least 6 feet from other patients with visable barrier in place. |
| <b>Parainfluenza Virus</b><br>• Adults  | Standard                              |                            |                                | No                                      |   |
| <b>Parainfluenza Virus Type 3</b><br>• Infants and Children<br>• Immunocompromised Adults | Mask                                  | Respiratory secretions     | Duration of illness.           | No                                      | Negative airflow room required. Refer to Infection Control Policy # 8.08 INF Care of Prentice Patient Requiring Isolation Precautions for patients in PWH. Infants in PWH NICU or Newborn Nurseries will require placement at least 6 feet from other patients with visable barrier in place. |
| <b>Parvovirus B19 (Erythema infectiosum, Fifth's Disease)</b>                             | Mask                                  | Respiratory secretions     | 7 Days after onset of illness. | No                                      | Infants in PWH NICU or Newborn Nurseries will require placement at least 6 feet from other patients with visable barrier in place.  |

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**INF 8.11 Appendix A: Disease Specific Isolation Precautions Chart**

| Causitive Agent/Disease/Condition   | Isolation Precautions Required | Infective Materials    | Duration of Precautions                          | Infection Control Report to CDPH | Additional Comments   |
|---|--------------------------------|------------------------|--|----------------------------------|---|
| <b>Pertussis</b> (Whooping cough)   | Mask                           | Respiratory secretions | Until 5 days after start of effective therapy.   | Yes                              | Negative airflow room required. Refer to Infection Control Policy # 8.08 INF Care of Prentice Patient Requiring Isolation Precautions for patients in PWH.  |
| <b>Pinworm Infection</b> (Enterobiasis, Oxyuriasis)   | Standard                       |                        |  | No                               |   |
| <b>Plague</b><br>• Bubonic  | Standard                       |                        |  | Yes                              | <b>Potential agent of bioterrorism, contact Infection Control &amp; Prevention (6-2729; 5-9196) immediately.</b> Refer to Safety Management Policy # 6.28.2 SFTY BioTerrorism Response Plan.  |
| <b>Plague</b><br>• Pneumonic  | Mask                           | Respiratory secretions | Until 72 hours after start of effective therapy. | Yes                              | Negative airflow room required. <b>Potential agent of bioterrorism, contact Infection Control &amp; Prevention (6-2729; 5-9196) immediately.</b> Refer to Safety Management Policy # 6.28.2 SFTY BioTerrorism Response Plan. Refer to Infection Control Policy # 8.08 INF Care of Prentice Patient Requiring Isolation Precautions for patients in PWH. |
| <b>Pneumococcus</b> ( <i>Streptococcus pneumoniae</i> )<br>Resistant to penicillin or cephalosporins, colonization or infection | Standard                       |                        |  | Yes                              |   |
| <b>Pneumonia</b><br>• <i>Adenovirus</i>   | Mask, Glove & Gown             | Respiratory secretions | Duration of illness.                             | No                               | Negative airflow room required. Refer to Infection Control Policy # 8.08 INF Care of Prentice Patient Requiring Isolation Precautions for patients in PWH.  |
| <b>Pneumonia</b><br>• Bacterial not listed elsewhere  | Standard                       |                        |  | No                               |   |

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| Causitive Agent/Disease/Condition  | Isolation Precautions Required | Infective Materials    | Duration of Precautions                          | Infection Control Report to CDPH | Additional Comments   |
|--|--------------------------------|------------------------|--|----------------------------------|---|
| <b>Pneumonia</b><br><ul style="list-style-type: none"> <li>• <i>Burkholderia cepacia</i></li> </ul>                      | Standard                       |                        |  | No                               | Patients with Cystic fibrosis (CF) colonized or infected must not be admitted to a unit where another CF patient resides. Persons with CF who visit must wear a mask when within 3 feet of a colonized or infected patient. |
| <b>Pneumonia</b><br><ul style="list-style-type: none"> <li>• <i>Chlamydia</i></li> </ul>                                 | Standard                       |                        |  | No                               |   |
| <b>Pneumonia</b><br><ul style="list-style-type: none"> <li>• Fungal</li> </ul>   | Standard                       |                        |  | No                               |   |
| <b>Pneumonia</b><br><ul style="list-style-type: none"> <li>• <i>Haemophilus influenzae</i></li> <li>- Adults</li> </ul>  | Standard                       |                        |  | No                               |   |
| <b>Pneumonia</b><br><ul style="list-style-type: none"> <li>• <i>Haemophilus influenzae</i></li> <li>- Infants</li> </ul> | Mask                           | Respiratory secretions | Until 24 hours after start of effective therapy. | No                               | Infants in PWH NICU or Newborn Nurseries will require placement at least 6 feet from other patients with visable barrier in place.  |
| <b>Pneumonia</b><br><ul style="list-style-type: none"> <li>• <i>Legionella</i></li> </ul>                                | Standard                       |                        |  | Yes                              |   |
| <b>Pneumonia</b><br><ul style="list-style-type: none"> <li>• Meningococcal</li> </ul>                                    | Mask                           | Respiratory secretions | Until 24 hours after start of effective therapy. | No                               | Negative airflow room required. Refer to Infection Control policy 8.08 INF Care of Prentice Patient Requiring Isolation Precautions for patients in PWH.  |
| <b>Pneumonia</b><br><ul style="list-style-type: none"> <li>• <i>Mycoplasma pneumoniae</i></li> </ul>                     | Mask                           | Respiratory secretions | Duration of illness.                             | No                               | Negative airflow room required. Refer to Infection Control Policy # 8.08 INF Care of Prentice Patient Requiring Isolation Precautions for patients in PWH.  |
| <b>Pneumonia</b><br><ul style="list-style-type: none"> <li>• MRSA</li> </ul>   | Glove & Gown                   | Respiratory secretions | Duration of illness.                             | No                               |   |
| <b>Pneumonia</b><br><ul style="list-style-type: none"> <li>• <i>Neisseria meningitidis</i></li> </ul>                    | Mask                           | Respiratory secretions | Until 24 hours after start of effective therapy. |                                  | Negative airflow room required. Refer to Infection Control Policy # 8.08 INF Care of Prentice Patient Requiring Isolation Precautions for patients in PWH.  |

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**INF 8.11 Appendix A: Disease Specific Isolation Precautions Chart**

| Causitive Agent/Disease/Condition  | Isolation Precautions Required | Infective Materials                         | Duration of Precautions  | Infection Control Report to CDPH | Additional Comments  |
|--|--------------------------------|---|--|----------------------------------|--|
| <b>Pneumonia</b><br>• <i>Pneumocystis carinii</i>  | Standard                       |   |  | No                               |  |
| <b>Pneumonia</b><br>• <i>Staphylococcus aureus</i>   | Standard                       |   |  | No                               |  |
| <b>Pneumonia</b><br>• Viral  | Standard                       |   |  | No                               |  |
| <b>Psittacosis (Ornithosis)</b>  | Standard                       |   |  | Yes                              |  |
| <b>Q fever (<i>Coxiella burnetii</i>)</b>  | Standard                       |   |  | Yes                              | <b>Potential agent of bioterrorism, contact Infection Control &amp; Prevention (6-2729; 5-9196) immediately.</b> Refer to Safety Management Policy # 6.28.2 SFTY BioTerrorism Response Plan. Refer to Infection Control Policy # 8.08 INF Care of Prentice Patient Requiring Isolation Precautions for patients in PWH.  |
| <b>Rabies</b>  | Glove & Gown                   | CSF, saliva, tears, urine and body tissues. | Duration of illness.   | Yes                              |  |
| <b>Rat-bite fever</b> ( <i>Streptobacillus moniliformis</i> , <i>Spirillum minus</i> disease)          | Standard                       |   |  | No                               |  |
| <b>Respiraory Syncitial Virus (RSV)</b><br>• Infants<br>• Young children<br>• Immunocompromised adults | Mask, Glove & Gown             | Respiratory secretions                      | Duration of illness, followed by 2 negative antigen tests taken at least one week apart. | No                               | Negative airflow room required. Eye protection is indicated is indicated when 3 feet or closer to patient. Refer to Infection Control Policy # 8.08 INF Care of Prentice Patient Requiring Isolation Precautions for patients in PWH. Infants in PWH NICU or Newborn Nurseries will require placement at least 6 feet from other patients with visable barrier in place. |
| <b>Rheumatic Fever</b> (see <i>Streptococcus</i> )   |                                |   |  |                                  |  |

For additional information please visit [www.cdc.gov](http://www.cdc.gov) or contact the Infection Control and Prevention Department

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| <b>Causitive Agent/Disease/Condition</b>  | <b>Isolation Precautions Required</b> | <b>Infective Materials</b>       | <b>Duration of Precautions</b>   | <b>Infection Control Report to CDPH</b> | <b>Additional Comments</b>   |
|---|---------------------------------------|----------------------------------|--|---|--|
| <b>Rickettsial Fever</b> ( <i>Rickettsia rickettsii</i> )                                   | Standard                              |                                  |  | Yes                                     |  |
| <b>Ringworm</b> ( <i>Trichophyton tonsurans</i> , Dermatophytosis, Dermatomycosis, Tinea)   | Standard                              |                                  |  | No                                      |  |
| <b>Ritter's Disease</b> ( <i>Staphylococcal</i> Scalded Skin Syndrome)                      | Glove & Gown                          | Scalded skin and drainage        | Duration of illness.   | No                                      |  |
| <b>Rocky Mountian Spotted Fever</b> ( <i>Rickettsia rickettsii</i> )<br>• Rickettsial Fever | Standard                              |                                  |  | Yes                                     |  |
| <b>Roseola infantum</b> (Exanthem subitum)  | Standard                              |                                  |  | No                                      |  |
| <b>Rubella</b> (German Measles)   | Mask                                  | Respiratory secretions           | 7 days after onset of rash.  | Yes                                     | Negative airflow room required. Refer to Infection Control Policy # 8.08 INF Care of Prentice Patient Requiring Isolation Precautions for patients in PWH. |
| <b>Rubella</b> (German Measles)<br>• Congenital Infection                                   | Glove & Gown                          | Respiratory secretions and urine | Any admission before the first birthday unless pharyngeal and urine cultures are negative after 3 months of age. | Yes                                     | Infants in PWH NICU or Newborn Nurseries will require placement at least 6 feet from other patients with visable barrier in place.                         |
| <b>Salmonellosis</b><br>• Gastroenteritis<br>Diapered or incontinent patients               | Glove & Gown                          | Feces                            | Duration of illness.   | Yes                                     |  |

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| Causitive Agent/Disease/Condition   | Isolation Precautions Required     | Infective Materials  | Duration of Precautions                              | Infection Control Report to CDPH | Additional Comments  |
|---|------------------------------------|--|--|----------------------------------|--|
| <b>Severe Acute Respiratory Syndrome (SARS)</b>   | Mask, Glove, Gown & Eye Protection | Respiratory secretions, feces  | Duration of illness.                                 | Yes                              | <b>Contact Infection Control and Prevention Department immediately.</b> Negative airflow room required. Staff must wear goggles or face shield when within 3 feet of patient. Discard all PPE after each use. Patient must have dedicated equipment:stethoscope, blood pressure cuff, thermometer, etc. See policy INF 8.08 Care of Prentice Patient Requiring Isolation Precautions for patients residing in PWH. |
| <b>Scabies</b>  | Glove & Gown                       | Affected area, clothing/bedding that had contact with affected area. | Until 24 hours after the start of effective therapy. | No                               | Clothes should be bagged for 10 days or discarded. If a washer/dryer is available, clothes must be washed in the hot water cycle and placed in the dryer on hot setting.   |
| <b>Scalded Skin Syndrome, <i>Staphylococcal</i> (Ritter's disease)</b>  | Glove & Gown                       | Scalded skin and drainage.   | Duration of illness.                                 | No                               |  |
| <b>Schistosomiasis</b> ( <i>Schistosoma mansoni</i> , <i>Schistosoma japonicum</i> )  | Standard                           |  |  | Yes                              |  |
| <b>Shigellosis</b> (Gastroenteritis)<br>Diapered or incontinent patients  | Glove & Gown                       | Feces  | Duration of illness.                                 | Yes                              |  |
| <b>Shingles</b> (Herpes zoster virus/Varicella zoster virus)<br>• Localized, immunocompromised patient or disseminated in any patient | Mask, Glove & Gown                 | Drainange from lesions, respiratory secretions.                      | Until lesions are dry and crusted.                   | No                               | Negative airflow room required. Refer to Infection Control Policy # 8.08 INF Care of Prentice Patient Requiring Isolation Precautions for patients in PWH. Persons susceptible to varicella are also at risk for developing varicella when exposed to patients with herpes zoster lesions; susceptible caregivers should not enter the room if other immune caregivers are available.                              |

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| Causitive Agent/Disease/Condition  | Isolation Precautions Required | Infective Materials                                | Duration of Precautions        | Infection Control Report to CDPH | Additional Comments  |
|--|--------------------------------|--|--------------------------------|----------------------------------|--|
| <b>Shingles</b> (Herpes zoster virus/Varicella zoster virus)<br>• Localized in immunocompetent patient | Standard                       |  |                                | No                               | Affected area must be covered if patient leaves room/unit. Persons susceptible to varicella are also at risk for developing varicella when exposed to patients with herpes zoster lesions; susceptible caregivers should not enter the room if other immune caregivers are available.  |
| <b>Smallpox</b> (Variola virus)  | Mask, Glove & Gown             | Respiratory secretions and vesicular lesion fluid. | Until all lesions are crusted. | Yes                              | Negative airflow room required. All protective clothing including patient bedding and gowns should be disposed of in plastic biohazardous bags. <b>Potential agent of bioterrorism, contact Infection Control &amp; Prevention (6-2729; 5-9196) immediately.</b> Refer to Safety Management Policy # 6.28.2 SFTY BioTerrorism Response Plan. |
| <b>Staphylococcus aureus infection</b><br>• Gastroenteritis<br>Diapered or incontinent patients        | Standard                       |  |                                | Yes                              |  |
| <b>Staphylococcus aureus infection</b><br>• Major skin, wound or burn                                  | Glove & Gown                   | Wound drainage                                     | Until drainage stops.          | Infants $\leq$ 28 days           |  |
| <b>Staphylococcus aureus infection</b><br>• Minor or limited skin wound or burn                        | Standard                       |  |                                | Infants $\leq$ 28 days           |  |
| <b>Staphylococcus aureus</b><br>• Pneumonia  | Standard                       |  |                                | No                               |  |
| <b>Staphylococcus aureus infection</b><br>• Toxic shock syndrome                                       | Standard                       |  |                                | Yes                              |  |

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| Causitive Agent/Disease/Condition  | Isolation Precautions Required | Infective Materials                                   | Duration of Precautions                              | Infection Control Report to CDPH | Additional Comments   |
|--|--------------------------------|---|--|----------------------------------|---|
| <b><i>Staphylococcus aureus</i></b><br><ul style="list-style-type: none"> <li>• Vancomycin-resistant or -intermediate (VRSA/VISA) colonization or infection</li> </ul> | Glove & Gown                   | The patient, their body fluids and their environment. | Duration of hospitalization.                         | Yes                              | <b>Notify Infection Control &amp; Prevention Department immediately.</b> Dedicated staff to care for patient. Patient must have dedicated, non-disposable patient care equipment, i.e., any equipment that cannot be cleaned or disinfected between patients. Use a mask, goggles or face sheild when performing splash-generating procedures; when caring for patients with open tracheostomies and potential for projectile secretions and in circumstances where there is evidence of transmission from heavily colonized sources. Masks are not needed for entry into the room. Refer to Infection Control Policy # 8.05 Prevention and Control of Staphylococcal Infections with Reduced Susceptibility to Vancomycin. |
| <b>Streptococcal infection - Group A</b><br><b><i>Streptococcus</i></b><br><ul style="list-style-type: none"> <li>• Endometritis (Puerperal sepsis)</li> </ul>         | Standard                       |   |  | No                               |   |
| <b>Streptococcal infection - Group A</b><br><b><i>Streptococcus</i></b><br><ul style="list-style-type: none"> <li>• Major skin, wound or burn</li> </ul>               | Glove & Gown                   | Wound drainage  | Until 24 hours after the start of effective therapy. | No                               | Consider continuing Glove & Gown Precautions beyond infectious period to protect patient with large open lesions.   |
| <b>Streptococcal infection - Group A</b><br><b><i>Streptococcus</i></b><br><ul style="list-style-type: none"> <li>• Minor or limited</li> </ul>                        | Standard                       |   |  | No                               |   |
| <b>Streptococcal infection - Group A</b><br><b><i>Streptococcus</i></b><br><ul style="list-style-type: none"> <li>• Pharyngitis</li> </ul>                             | Standard                       |   |  | No                               |   |
| <b>Streptococcal infection - Group A</b><br><b><i>Streptococcus</i></b><br><ul style="list-style-type: none"> <li>• Pneumonia</li> </ul>                               | Standard                       |   |  | No                               |   |



**NORTHWESTERN MEMORIAL HOSPITAL**  
**INF 8.11 Appendix A: Disease Specific Isolation Precautions Chart**

| <b>Causitive Agent/Disease/Condition</b>   | <b>Isolation Precautions Required</b> | <b>Infective Materials</b> | <b>Duration of Precautions</b>                       | <b>Infection Control Report to CDPH</b> | <b>Additional Comments</b>   |
|--|---------------------------------------|----------------------------|--|---|--|
| <b>Streptococcal infection Group A <i>Streptococcus</i></b><br>• Rheumatic fever<br>- Infants & young children                       | Mask                                  | Respiratory secretions     | Until 24 hours after the start of effective therapy. | No                                      | Infants in PWH NICU or Newborn Nurseries will require placement at least 6 feet from other patients with visable barrier in place. |
| <b>Streptococcal infection Group A <i>Streptococcus</i></b><br>• Scarlet fever<br>- Infants & young children                         | Mask                                  | Respiratory secretions     | Until 24 hours after the start of effective therapy. | No                                      | Infants in PWH NICU or Newborn Nurseries will require placement at least 6 feet from other patients with visable barrier in place. |
| <b>Streptococcal infection, Group A <i>Streptococcus</i></b><br>• Toxic shock syndrome   | Mask                                  |                            | Until 24 hours after start of effective therapy.     | Yes                                     |  |
| <b>Streptococcal infection Group B <i>Streptococcus</i></b><br>• Neonatal  | Standard                              |                            |  | Infants $\leq$ 3 months old             |  |
| <b><i>Streptococcus pneumoniae</i> (<i>Pneumococcus</i>)</b><br>Resistant to penicillin or cephalosporins, colonization or infection | Standard                              |                            |  | Yes                                     |  |
| <b>Syphilis</b>  | Standard                              |                            |  | Yes                                     |  |
| <b>Tapeworm Disease (<i>Hymenolepis nana</i>, <i>Taenia solium</i> (pork), other)</b>  | Standard                              |                            |  | No                                      |  |
| <b>Tetanus</b>   | Standard                              |                            |  | Yes                                     |  |
| <b>Tinea (<i>Trichophyton tonsurans</i>)</b><br>Dermatophytosis, Dermatomycosis, Ringworm)   | Standard                              |                            |  | No                                      |  |
| <b>Toxic shock syndrome <i>Stahylococcus aureus</i></b>  | Standard                              |                            |  | Yes                                     |  |
| <b>Toxic shock syndrome <i>Streptococcal</i>, Group A</b>  | Mask                                  |                            | Until 24 hours after start of effective therapy.     | Yes                                     |  |

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|---|--------------------------------|---|------------------------------|----------------------------------|---|
| <b>Trachoma, acute - <i>Chlamydia trachomatis</i></b>                               | Standard                       |   |                              | Yes                              |   |
| <b>Trichinosis</b>  | Standard                       |   |                              | Yes                              |   |
| <b>Trichomoniasis</b>   | Standard                       |   |                              | No                               |   |
| <b>Tuberculosis<br/>(All types - see <i>Mycobacteria</i> )</b>                      |                                |   |                              |                                  |   |
| <b>Tularemia (<i>Francisella tularensis</i>)</b><br>•Draining lesion<br>• Pulmonary | Standard                       |   |                              | Yes                              | <b>Potential agent of bioterrorism, contact Infection Control &amp; Prevention Department (6-2729 or 5-9196) immediately.</b> Refer to Safety Management Policy # 6.28.2 SFTY BioTerrorism Response Plan.   |
| <b>Typhoid fever</b>  | Standard                       |   |                              | Yes                              |   |
| <b>Typhus</b>   | Standard                       |   |                              | Yes                              |   |
| <b>Vancomycin-resistant <i>Enterococcus</i> (VRE)<br/>Colonization or Infection</b> | Glove & Gown                   | The patient, their body fluids and their environment. | Duration of hospitalization. | No                               | Patient placed in VRE Flagging System by IC; automatic order for precautions every subsequent admission. Removal from system; 3 negative rectal cultures or two negative stool cultures obtained at least one week apart. Negative cultures may accumulate across admissions. |

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|---|--------------------------------|---|------------------------------|----------------------------------|--|
| <p><b>Vancomycin intermediate <i>Staphylococcus aureus</i> - VISA</b><br/>Colonization or infection</p> | Glove & Gown                   | The patient, their body fluids and their environment. | Duration of hospitalization. | Yes                              | <p><b>Notify Infection Control &amp; Prevention Department immediately.</b> Dedicated staff to care for patient. Patient must have dedicated, non-disposable patient care equipment, i.e., any equipment that cannot be cleaned or disinfected between patients. Use a mask, goggles or face shield when performing splash-generating procedures; when caring for patients with open tracheostomies and potential for projectile secretions and in circumstances where there is evidence of transmission from heavily colonized sources. Masks are not needed for entry into the room. Refer to Infection Control Policy # 8.05 Prevention and Control of Staphylococcal Infections with Reduced Susceptibility to Vancomycin.</p> |
| <p><b>Vancomycin resistant <i>Staphylococcus aureus</i> - VRSA</b><br/>Colonization or infection</p>    | Glove & Gown                   | The patient, their body fluids and their environment. | Duration of hospitalization. | Yes                              | <p><b>Notify Infection Control &amp; Prevention Department immediately.</b> Dedicated staff to care for patient. Patient must have dedicated, non-disposable patient care equipment, i.e., any equipment that cannot be cleaned or disinfected between patients. Use a mask, goggles or face shield when performing splash-generating procedures; when caring for patients with open tracheostomies and potential for projectile secretions and in circumstances where there is evidence of transmission from heavily colonized sources. Masks are not needed for entry into the room. Refer to Infection Control Policy # 8.05 Prevention and Control of Staphylococcal Infections with Reduced Susceptibility to Vancomycin.</p> |

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**INF 8.11 Appendix A: Disease Specific Isolation Precautions Chart**

| Causitive Agent/Disease/Condition   | Isolation Precautions Required | Infective Materials                                 | Duration of Precautions                              | Infection Control Report to CDPH | Additional Comments   |
|---|--------------------------------|---|--|----------------------------------|---|
| <b>Varicella zoster virus</b> (Chicken pox)   | Mask, Glove & Gown             | Respiratory secretions, vesicular lesion fluid.     | Until lesions are dry and crusted.                   | Yes                              | Negative airflow room required. Refer to Infection Control Policy # 8.08 INF Care of Prentice Patient Requiring Isolation Precautions for patients in PWH.  |
| <b>Variola virus</b> (Smallpox)   | Mask, Glove & Gown             | Respiratory secretions and vesicular lesion fluid.  | Until all lesions are crusted.                       | Yes                              | Negative airflow room required. All protective clothing including patient bedding and gowns should be disposed of in plastic biohazardous bags. <b>Potential agent of bioterrorism, contact Infection Control &amp; Prevention (6-2729; 5-9196) immediately.</b> Refer to Safety Management Policy # 6.28.2 SFTY BioTerrorism Response Plan.            |
| <b>Venereum</b> (Donovanosis, Granuloma, Granuloma inguinale)                           | Standard                       |   |  | No                               |   |
| <b>Vibrio cholerae</b> (Cholera)  | Standard                       |   |  | Yes                              | <b>Potential agent of bioterrorism, contact Infection Control &amp; Prevention Department (6-2729 or 5-9196) immediately.</b> Refer to Safety Management Policy # 6.28.2 SFTY BioTerrorism Response Plan.   |
| <b>Viral Hemorrhagic Fever</b> (Ebola Virus, Lassa Virus, Machupo Virus, Marburg Virus) | Mask, Glove and Gown           | Blood, body fluids, organs, respiratory secretions. | Duration of illness.                                 | Yes                              | Negative airflow room required. <b>Potential agent of bioterrorism, contact Infection Control &amp; Prevention (6-2729; 5-9196) immediately.</b> Refer to Safety Management Policy # 6.28.2 SFTY BioTerrorism Response Plan. Refer to Infection Control Policy # 8.08 INF Care of Prentice Patient Requiring Isolation Precautions for patients in PWH. |
| <b>West Nile Virus</b>  | Standard                       |   |  | Yes                              |   |
| <b>Whooping cough</b> (Pertussis)   | Mask                           | Respiratory secretions                              | Until after 5 days after start of effective therapy. | Yes                              | Negative airflow room required. Refer to Infection Control Policy # 8.08 INF Care of Prentice Patient Requiring Isolation Precautions for patients in PWH.  |

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|---|--------------------------------|---------------------|-------------------------|----------------------------------|---------------------|
| <b>Wound infections</b><br>• Major              | Glove & Gown                   | Wound drainage      | Duration of illness.    | No                               |                     |
| <b>Wound infections</b><br>• Minor              | Standard                       |                     |                         | No                               |                     |
| <b>Zygomycosis</b> (Phycomycosis, Mucormycosis) | Standard                       |                     |                         | No                               |                     |