Clinical Presentation and Empiric Precautions Table

Clinical Presentation	Potential Microorganism	Precautions	Infective Material	Route of Transmission	Duration of Precautions	Comments
Abscess						See draining wound entry
Bronchiolitis	Respiratory syncytial virus (RSV), human metapneumovirus parainfluenza virus, influenza adenovirus	Droplet and Contact	Respiratory secretions	Large droplet and direct and indirect contact	Duration of symptoms Patients may have chronic respiratory symptoms and or a post viral cough, which do not require maintenance of precautions	Patient should not share room with high-risk roommates. Minimize exposure of immunocompromised patients and children with chronic cardiac or lung disease, neonates. May cohort if infected with the same virus.
Burns, infected						See draining wound entry
Cellulitis Periorbital in child <5 years old without portal of entry	*H. influenzae* type b in non-immune child <2 years of age; *Streptococcus pneumonia*, group A *Streptococcus, Staphylococcus aureus*, other bacteria.	Droplet if *H. influenzae* type b is possible cause, otherwise Routine Practices	Drainage from Ulcers, wounds Respiratory secretions	Direct Contact Large droplet	Until 24 hours of appropriate antimicrobial therapy received or if *H. influenzae* type b ruled out	Draining: See draining wound entry
Cold	Rhinovirus, RSV, human metapneumovirus, parainfluenza adenovirus, coronavirus	Droplet and Contact	Respiratory secretions	Large droplet and direct and indirect contact	Duration of symptoms Patients may have chronic respiratory symptoms and or a post viral cough, which do not require maintenance of precautions	Patient should not share room with high-risk roommates. Minimize exposure of immunocompromised patients and children with chronic cardiac or lung disease, neonates. May cohort if infected with the same virus.
Conjunctivitis	Multiple microbial agents adenovirus, enterovirus, Chlamydia, *Neisseria gonorrhoeae*	Contact*	Eye discharge	Direct and indirect contact	Until viral etiology ruled out; duration of symptoms, up to 14 days if viral	*Routine Practices if non-viral
Cough, fever, acute upper respiratory tract infection	Rhinovirus, RSV, human metapneumovirus parainfluenza, influenza, adenovirus, coronavirus, pertussis, *Mycoplasma pneumoniae*	Droplet and Contact	Respiratory secretions	Large droplet, direct and indirect contact	Duration of symptoms or until infectious etiology ruled out Patients may have chronic respiratory symptoms and or a post viral cough, which do not require maintenance of precautions	Patient should not share room with high-risk roommates. Minimize exposure of immunocompromised patients and children with chronic cardiac or lung disease, neonates. May cohort if infected with the same virus.

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Cough, Fever, pulmonary infiltrates night sweats, hemoptysis, unexplained weight loss in person at risk for tuberculosis	*Mycobacterium tuberculosis*	Airborne	Respiratory secretions	Airborne	Until infectious TB is ruled out For infected patients, until patient has received two weeks of effective therapy, and is improving clinically, and has three consecutive sputum smears negative for acid fast bacilli collected on consecutive days, 8-24 hours apart, If multi-drug resistant TB; until sputum culture negative	Tuberculosis in young children is rarely transmissible. See TB Protocol See Canadian Tuberculosis Standards 7th Edition See Tuberculosis 2016. CDDR Volume 44-3/4, March 1, 2018 Contact site ICP
Croup	Parainfluenza, influenza, human metapneumovirus, RSV, adenovirus	Droplet and Contact	Respiratory secretions	Large droplet, direct and indirect contact	Duration of symptoms or until infectious cause ruled out. Patients may have chronic respiratory symptoms and or a post viral cough, which do not require maintenance of precautions	Patient should not share room with high-risk roommates. Minimize exposure of immunocompromised patients and children with chronic cardiac or lung disease, neonates. May cohort if infected with the same virus.
Decubitus (pressure ulcer, draining)						See draining wound entry
Dermatitis	Many (bacteria, virus, fungus)	Contact	Pus, drainage from open skin	Direct and indirect contact	Until infectious etiology ruled out	See draining wound entry If compatible with scabies see Scabies Protocol pending diagnosis.
Desquamation, extensive	*Staphylococcus aureus*	Contact	Pus, drainage from open skin	Direct and indirect contact	Until contained or infection ruled out	See draining wound entry
Diarrhea						See gastroenteritis entry
Draining wounds	*Staphylococcus aureus, group A Streptococcus many other bacteria*	Routine Practices *Contact: Major wound (uncontained drainage) **Droplet and Contact	Pus	Direct and in direct contact	Duration of drainage	*Major = drainage not contained by dressing. **Droplet and Contact for first 24 hours of antimicrobial therapy if invasive group A streptococcal infection suspected.

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Clinical Presentation	Potential Microorganism	Precautions	Infective Material	Route of Transmission	Duration of Precautions	Comments
Encephalitis	Multiple agents, including HSV, enterovirus, arbovirus (West Nile virus)	ADULT: Routine Practices PAEDIATRIC: Contact*	Feces, respiratory secretions	Direct and indirect contact (fecal/oral)	Until specific etiology established or until enterovirus ruled out	*May be associated with other agents including measles, mumps, varicella, Mycoplasma pneumonia
Endometritis	Group A *Streptococcus*; many other bacteria	Routine Practices unless signs of toxic shock*				*Droplet and Contact for the first 24 hours of antimicrobial therapy if invasive group A Streptococcus suspected.
Enterocolitis						See diarrhea entry
Epiglottitis In child < 5 years old	*H. influenzae* type b; **possible in non-immune infant <5 years of age,** group A *Streptococcus*	Routine Practices Droplet if *H. influenzae* type b is possible cause	Respiratory secretions	Large droplet direct contact	Until 24 hours of appropriate antimicrobial therapy received or until *H. influenza*e type b ruled out	
Erysipelas Draining:	Group A *Streptococcus*	Routine Practices				See draining wound entry
Febrile respiratory illness (FRI) Usually present with symptoms of fever greater than 38°C **and** new or worsening cough or shortness of breath	Wide range of droplet-spread respiratory infections, such as colds influenza, influenza-like illness (ILI) and pneumonia	Contact and Droplet Precautions if viral etiology suspected	Respiratory secretions	Droplet	While symptoms persist Patients may have chronic respiratory symptoms and or a post viral cough, which do not require maintenance of precautions	Note: elderly people and people who are immuno-compromised may not have a febrile response to a respiratory infection.
Fever without focus (acute, in children)	Enterovirus and multiple other pathogens	ADULT: Routine Practices PAEDIATRIC: Contact	Feces, respiratory secretions	Direct or indirect contact (fecal/oral)	Duration of symptoms or until enteroviral infection ruled out	*If findings suggest a specific transmissible infection, take precautions for that infection pending diagnosis.
Food poisoning	*Bacillus cereus, Clostridium perfringens, Staphylococcus aureus, Salmonella spp., Vibrio para haemolyticus, Escherichia coli* 0157, and others	ADULT: Routine Practices PAEDIATRIC: Contact	Food: Feces if *Salmonella* or *Escherichia coli* 0157	Foodborne; or direct and indirect contact (fecal/oral)		*Consider Contact Precautions for incontinent adults if stool cannot be contained or for adults with poor hygiene who contaminate their environment. Paediatric precautions apply to children who are incontinent or unable to comply with hygiene.
Furuncles	*Staphylococcus aureus*					See draining wound entry

Clinical Presentation	Potential Microorganism	Precautions	Infective Material	Route of Transmission	Duration of Precautions	Comments
Gas gangrene Draining	*Clostridium spp.*					See draining wound entry
Gastroenteritis	Diarrhea and/or vomiting due to infection or toxin	ADULT: Routine Practices PAEDIATRIC and INCONTINENT OR NON- COMPLIANT ADULTS: Contact	Feces	Direct and indirect contact (fecal/oral)	Duration of symptoms or *C. difficile*, norovirus, rotavirus ruled out. In paediatrics, until normal stools or infectious etiology ruled out	*Consider contact precautions for incontinent adults if stool cannot be contained or for adults with poor hygiene who contaminate their environment. Paediatric precautions apply to children who are incontinent or unable to comply with hygiene. See: Microorganism, Infectious Disease Table for specific etiologies.
Gingivostomatitis	HSV, other causes including radiation therapy, chemotherapy, idiopathic (aphthous)	Contact if primary and extensive HSV. Otherwise Routine Practices	Mucosal lesions	Direct contact	Until skin lesions have crusted/oral lesions resolved.	
Guillain-Barré syndrome	Some cases associated with infection (e.g. *Campylobacter*)*					*Take appropriate precautions for disease identified
Hand, foot and mouth disease	Enterovirus	ADULT: Routine Practices PAEDIATRIC: Contact	Feces, respiratory secretions	Direct and indirect contact (fecal/oral)	Duration of symptoms	Paediatric precautions apply to children who are incontinent of unable to comply with hygiene.
Hemolytic-uremic syndrome	Some associated with *E. coli* 0157	ADULT: Routine Practices PAEDIATRIC: Contact	Feces	Direct and indirect contact (fecal/oral)	Until *E. coli* 0157 ruled out	*Consider contact precautions for incontinent adults if stool cannot be contained or for adults with poor hygiene who contaminate their environment.
Hemorrhagic fever acquired in endemic or epidemic area	Ebola, Lassa, Marburg, Crimean-Congo and others	Contact plus Droplet and Airborne if pneumonia	Blood and bloody body fluids; respiratory secretions; and urine if Lassa; and intact skin, if Ebola	Direct and indirect contact; possibly aerosol if pneumonia Lassa-sexual transmission	Duration of symptoms or until hemorrhagic fever virus ruled out	Notify local public health authorities immediately. See Reporting of a Communicable Disease to Manitoba Health by Infection Prevention & Control in Hospitals. Contact Site ICP. See IP&C Ebola Virus Disease (EVD) Algorithm See Infection Prevention & Control Management of Ebola Virus Disease (EVD) in EVD – Designated In-Patient Areas Operational Directive See Infection Prevention & Control Management of Ebola Virus Disease (EVD) in NON EVD –Designated In-Patient Areas Operational Directive.

Clinical Presentation and Empiric Precautions Table

Clinical Presentation	Potential Microorganism	Precautions	Infective Material	Route of Transmission	Duration of Precautions	Comments
Hepatitis of unknown etiology	HAV, HBV, HCV, HEV, and others	ADULT: Routine Practices* PAEDITRIC & INCONTINENT OR NON-COMPLIANT ADULTS: Contact	Feces; blood and certain body fluids	Mucosal or percutaneous exposure to infective body fluids. Sexual transmission Vertical; mother to child Direct and indirect contact (fecal/oral) for hepatitis A, E	For 7 days after onset of jaundice or until hepatitis A and E excluded	*Consider contact precautions for incontinent adults if stool cannot be contained or for adults with poor hygiene who contaminate their environment unless hepatitis A and E are excluded. Paediatric precautions apply to children who are incontinent of unable to comply with hygiene.
Herpangina	Enterovirus	ADULT: Routine Practices PAEDIATRIC: Contact	Feces, respiratory secretions	Direct and indirect contact (fecal/oral)	Duration of symptoms	Paediatric precautions apply to children who are incontinent or unable to comply with hygiene.
Impetigo	Group A *Streptococcus*, *Staphylococcus aureus*					See draining wound entry
Influenza-like illness	Influenza, other respiratory viruses	Contact and Droplet	Respiratory secretions	Large droplet, direct and indirect contact	Duration of symptoms or until infectious etiology ruled out	
Kawasaki disease (Muccocutaneous lymph node syndrome)	Unknown	Routine Practices				Not known to be transmissible.
Meningitis	Child<5 years Bacterial*: Neisseria meningitidis, H. influenzae type b* possible in non-immune infant <2 yrs of age. *Streptococcus pneumonia*, Group B *Streptococcus*, *Listeria monocytogenes, E. coli* and other Gram negative rods	ADULT: Droplet until *Neisseria meningitidis* ruled out, otherwise Routine Practices PAEDIATRIC: Droplet and Contact	Respiratory secretions	Large droplet, direct contact	Until 24 hours of appropriate antimicrobial therapy received	*Paediatric: precautions for both bacterial and viral until etiology established. Droplet if viral etiology established. Paediatric precautions apply to children who are incontinent or unable to comply with hygiene.
Necrotizing enterocolitis	Viral: enterovirus, arboviruses	ADULT: Routine Practices	Feces, respiratory secretions	Direct or indirect contact	Until enterovirus ruled out	Cohorting of ill patients on Contact Precaution may be indicated for clusters/outbreaks
	Unknown, probably many organisms	*Routine Practices			Duration of symptoms	*Unknown if transmissible

Clinical Presentation and Empiric Precautions Table

Clinical Presentation	Potential Microorganism	Precautions	Infective Material	Route of Transmission	Duration of Precautions	Comments
Osteomyelitis	*Staphylococcus aureus*, other bacteria *H. influenzae* *type b possible in non-immune infant <5 years of age.	ADULT: Routine Practices PAEDIATRIC* Droplet if *H.* influenzae type b possible; otherwise Routine Practices			*Until 24 hours of effective antimicrobial therapy or until *H. influenzae* type b ruled out	
Otitis, draining						See draining wound entry
Paroxysmal cough, suspected pertussis	*B. pertussis, B. parapertussis*	Droplet	Respiratory secretions	Large droplets	Until pertussis ruled out or 3 weeks after onset of paroxysms if not treated or until 5 days of antimicrobial therapy received	
Pharyngitis	Group A *Streptococcus*, viral, *Corynebacterium diphtheriae*	Droplet and Contact	Respiratory secretions	Direct and indirect contact; large droplets	Duration of symptoms; if group A *Streptococcus* until 24-hours of antimicrobial therapy received	*If diphtheria suspected – see Diphtheria entry in Microorganism, Infectious Disease Table
Pleurodynia	Enterovirus	ADULT: Routine Practices PAEDIATRIC: Contact*	Feces, respiratory secretions	Direct and indirect contact (fecal/oral)	Duration of symptoms	*Paediatric precautions apply to children who are incontinent or unable to comply with hygiene.
Pneumonia	Viruses, pertussis, Mycoplasma, *Streptococcus pneumoniae.* *H. influenzae* type b, *Staphylococcus aureus*, Group A *Streptococcus*, Gram negative enteric rods, *Chlamydia pneumonia, Legionella pneumophila; Pneumocystis carinii,* other fungi; other agents.	ADULT: *Routine Practices PAEDIATRIC: Droplet and Contact	Respiratory secretions	Large droplets, direct and indirect contact	Until etiology established, then for specific organism; contact precautions for ARO pneumonia	*Routine Practices for adults unless clinical, epidemiologic or microbiologic data necessitates contact and droplet precautions. Minimize exposure of immunocompromised patients, patients with chronic cardiac or lung disease, neonates.
Pseudomembranous colitis	*Clostridioides difficile*	Contact	Feces	Direct or indirect contact (fecal/oral)	Duration of symptoms	Until 72 hours after stool is normal.

Clinical Presentation and Empiric Precautions Table

Clinical Presentation	Potential Microorganism	Precautions	Infective Material	Route of Transmission	Duration of Precautions	Comments
Rash compatible with scabies	*Sarcoptes scabiei*	Contact	Mites	Direct and indirect contact	If confirmed, until 24 hours after initiation of appropriate therapy	*For typical scabies, Routine Practices (use gloves and gown for direct patient contact only)
Rash (maculopapular) with fever and one of coryza, conjunctivitis or cough	Measles	Airborne	Respiratory secretions	Airborne	If confirmed, until 4 days after onset of rash	See measles entry in Microorganism, Infectious Disease Table See Measles Protocol
Rash (petechial/purpuric) with fever	*Neisseria meningitidis*	Droplet if *N. meningitidis* suspected, otherwise Routine Practices	Respiratory secretions	Large droplets, direct contact	Discontinue if *Neisseria meningitidis* ruled out. If N. meningitidis confirmed, until 24 hours of appropriate antimicrobial therapy received.	
Rash (vesicular) with fever	Varicella	Airborne and Contact	Respiratory secretions, skin lesion drainage	Airborne, direct and indirect contact	If confirmed, until all lesions are dry	See varicella entry in Microorganism, Infectious Disease Table See Varicella Protocol
Rash, vesicular/pustular in appropriate epidemiologic context until smallpox, disseminated vaccinia and monkey pox ruled out	Smallpox, disseminated vaccinia, monkey pox	Contact, Droplet and Airborne	Respiratory secretions, skin lesions	Airborne	Until smallpox, disseminated vaccine, monkey pox ruled out.	
Reye's syndrome	May be associated with viral infection, especially influenza varicella					Precautions for known or suspected associated viral infection.
Scalded skin syndrome		Routine Practices				

Clinical Presentation	Potential Microorganism	Precautions	Infective Material	Route of Transmission	Duration of Precautions	Comments
Septic arthritis	*Staphylococcus aureus, Streptococcus pneumonia,* Group A *Streptococcus, N gonorrhoeae,* other bacteria, *H. influenzae* type b possible in non-immune infant <2 years of age	ADULT: Routine Practices PAEDIATRIC: Droplet if *H. influenzae* type b possible; otherwise Routine Practices	Respiratory secretions for *H. influenzae type b*	Large droplet direct contact *H. influenzae type b*	Until 24 hours of appropriate antimicrobial therapy received or until *H. influenzae type b* ruled out	
Severe respiratory illness						See febrile respiratory illness entry
Skin Infection						See cellulitis entry
Toxic shock syndrome	*Staphylococcus aureus,* Group A *Streptococcus*	*Droplet Routine Practices				*Droplet for first 24 hours of antimicrobial therapy is invasive group A streptococcal infection suspected. See draining wound entry if drainage or pus.
Urinary tract infection	Many	Routine Practices*				*Contact if ARO
Vincent's angina, Trench mouth	Multiple bacteria	Routine Practices				
Wound infection						See draining wound entry

Reference:

1. Routine Practices and Additional Precautions: Preventing the Transmission of Infection in Health Care. (2012). Manitoba Health. Accessed December 19, 2018.