

Table A. Category-Specific Isolation Precautions

DISEASE	CATEGORY	INFECTIVE MATERIAL	APPLY PRECAUTIONS HOW LONG?	COMMENTS
Meningitis (cont.)				
Fungal	None			
<i>Haemophilus influenzae</i> , known or suspected	Respiratory Isolation	Respiratory secretions	For 24 hours after start of effective therapy	
<i>Listeria monocytogenes</i>	None			
<i>Neisseria meningitidis</i> (meningococcal), known or suspected	Respiratory Isolation	Respiratory secretions	For 24 hours after start of effective therapy	See CDC Guideline for Infection Control in Hospital Personnel for recommendations for prophylaxis after exposure.
Pneumococcal	None			
Tuberculous	None			Patient should be examined for evidence of current (active) pulmonary tuberculosis. If present, precautions are necessary (see tuberculosis).
Other diagnosed bacterial	None			
Meningococcal pneumonia	Respiratory Isolation	Respiratory secretions	For 24 hours after start of effective therapy	See CDC Guideline for Infection Control in Hospital Personnel for recommendations for prophylaxis after exposure.
Meningococemia (meningococcal sepsis)	Respiratory Isolation	Respiratory secretions	For 24 hours after start of effective therapy	See CDC Guideline for Infection Control in Hospital Personnel for recommendations for prophylaxis after exposure.
<i>Molluscum contagiosum</i>	None			
Mucormycosis	None			
Multiply-resistant organisms,* infection or colonization†				
Gastrointestinal	Contact Isolation	Feces	Until off antimicrobials and culture-negative	In outbreaks, cohorting of infected and colonized patients may be indicated if private rooms are not available.
Respiratory	Contact Isolation	Respiratory secretions and possibly feces	Until off antimicrobials and culture-negative	In outbreaks, cohorting of infected and colonized patients may be indicated if private rooms are not available.
Skin, Wound, or Burn	Contact Isolation	Pus and possibly feces	Until off antimicrobials and culture-negative	In outbreaks, cohorting of infected and colonized patients may be indicated if private rooms are not available.

*The following multiply-resistant organisms are included:

- 1) Gram-negative bacilli resistant to all aminoglycosides that are tested. (In general, such organisms should be resistant to gentamicin, tobramycin, and amikacin for these special precautions to be indicated.)
- 2) *Staphylococcus aureus* resistant to methicillin (or nafcillin or oxacillin if they are used instead of methicillin for testing).
- 3) *Pneumococcus* resistant to penicillin.
- 4) *Haemophilus influenzae* resistant to ampicillin (beta-lactamase positive) and chloramphenicol.
- 5) Other resistant bacteria may be included if they are judged by the infection control team to be of special clinical and epidemiologic significance.

†Colonization may involve more than 1 site.

Table A. Category-Specific Isolation Precautions

DISEASE	CATEGORY	INFECTIVE MATERIAL	APPLY PRECAUTIONS HOW LONG?	COMMENTS
Multiply-resistant organisms (cont.) Urinary	Contact Isolation	Urine and possibly feces	Until off antimicrobials and culture-negative	Urine and urine-measuring devices are sources of infection, especially if the patient (or any nearby patients) has indwelling urinary catheter. In outbreaks, cohorting of infected and colonized patients may be indicated if private rooms are not available.
Mumps (infectious parotitis)	Respiratory Isolation	Respiratory secretions	For 9 days after onset of swelling	Persons who are not susceptible do not need to wear a mask.
Mycobacteria, nontuberculous (atypical)				
Pulmonary	None			
Wound	Drainage/ Secretion Precautions	Drainage may be	Duration of drainage	
<i>Mycoplasma pneumoniae</i>	None	Respiratory secretions may be		A private room may be indicated for children.
Necrotizing enterocolitis	Enteric Precautions	Feces may be	Duration of illness	In nurseries, cohorting of ill infants is recommended. It is not known whether or how this disease is transmitted; nevertheless, gowns are recommended if soiling is likely, and gloves are recommended for touching feces.
Neutropenia	None			Wash hands well <i>before</i> taking care of patient (see separate section on Care of Severely Compromised Patients).
Nocardiosis				
Draining lesions	None	Drainage may be		
Other	None			
Norwalk agent gastroenteritis	Enteric Precautions	Feces	Duration of illness	
Orf	None	Drainage may be		
Parainfluenza virus infection, respiratory in infants and young children	Contact Isolation	Respiratory secretions	Duration of illness	During epidemics, patients believed to have parainfluenza virus infection may be placed in the same room (cohorting).
Pediculosis	Contact Isolation	Infested area	For 24 hours after start of effective therapy	Masks are not needed.
Pertussis ("whooping cough")	Respiratory Isolation	Respiratory secretions	For 7 days after start of effective therapy	See CDC Guideline for Infection Control in Hospital Personnel for recommendations for prophylaxis after exposure.

Table A. Category-Specific Isolation Precautions

DISEASE	CATEGORY	INFECTIVE MATERIAL	APPLY PRE-CAUTIONS HOW LONG?	COMMENTS
Pharyngitis, infective, etiology unknown				
Adults	None	Respiratory secretions may be		
Infants and young children	Contact Isolation	Respiratory secretions	Duration of illness	Because adenoviruses, influenza viruses, and parainfluenza viruses have been associated with this syndrome (Committee on Infectious Diseases, American Academy of Pediatrics, 1982 Red Book), precautions to prevent their spread are generally indicated.
Pinworm infection	None			
Plague				
Bubonic	Drainage/ Secretion Precautions	Pus	For 3 days after start of effective therapy	
Pneumonic	Strict Isolation	Respiratory secretions	For 3 days after start of effective therapy	
Pleurodynia	Enteric Precautions	Feces	For 7 days after onset	Enteroviruses frequently cause infection.
Pneumonia				
Bacterial not listed elsewhere (including gram-negative bacterial)	None	Respiratory secretions may be		
<i>Chlamydia</i>	Drainage/ Secretion Precautions	Respiratory secretions	Duration of illness	
Etiology unknown				Maintain precautions indicated for the etiology that is most likely.
Fungal				
<i>Haemophilus influenzae</i>				
Adults	None	Respiratory secretions may be		
Infants and children (any age)	Respiratory Isolation	Respiratory secretions	For 24 hours after start of effective therapy	
<i>Legionella</i>	None	Respiratory secretions may be		

Table A. Category-Specific Isolation Precautions

DISEASE	CATEGORY	INFECTIVE MATERIAL	APPLY PRECAUTIONS HOW LONG?	COMMENTS
Pneumonia (cont.)				
Meningococcal	Respiratory Isolation	Respiratory secretions	For 24 hours after start of effective therapy	See CDC Guideline for Infection Control in Hospital Personnel for recommendations for prophylaxis after exposure.
Multiply-resistant bacterial	Contact Isolation	Respiratory secretions and possibly feces	Until off antimicrobials and culture-negative	In outbreaks, cohorting of infected and colonized patients may be necessary if private rooms are not available.
<i>Mycoplasma</i> (primary atypical pneumonia, Eaton agent pneumonia)	None	Respiratory secretions may be		A private room may be useful for children.
Pneumococcal	None	Respiratory secretions may be for 24 hours after start of effective therapy		
<i>Pneumocystis carinii</i>	None			
<i>Staphylococcus aureus</i>	Contact Isolation	Respiratory secretions	For 48 hours after start of effective therapy	
<i>Streptococcus</i> , group A	Contact Isolation	Respiratory secretions	For 24 hours after start of effective therapy	
Viral (see also specific etiologic agents)				
Adults	None	Respiratory secretions may be		
Infants and young children	Contact Isolation	Respiratory secretions	Duration of illness	Viral pneumonia may be caused by various etiologic agents, such as parainfluenza viruses, influenza viruses, and particularly, respiratory syncytial virus, in children less than 5 years old (Committee on Infectious Diseases, American Academy of Pediatrics, 1982 Red Book); therefore, precautions to prevent their spread are generally indicated.
Poliomyelitis	Enteric Precautions	Feces	For 7 days after onset	
Psittacosis (ornithosis)	None	Respiratory secretions may be		
Q fever	None	Respiratory secretions may be		

Table A. Category-Specific Isolation Precautions

DISEASE	CATEGORY	INFECTIVE MATERIAL	APPLY PRECAUTIONS HOW LONG?	COMMENTS
Rabies	Contact Isolation	Respiratory secretions	Duration of illness	See CDC Guideline for Infection Control in Hospital Personnel for recommendations for prophylaxis after exposure.
Rat-bite fever (<i>Streptobacillus moniliformis</i> disease, <i>Spirillum minus</i> disease)	Blood/Body Fluid Precautions	Blood	For 24 hours after start of effective therapy	
Relapsing fever	Blood/Body Fluid Precautions	Blood	Duration of illness	
Resistant bacterial (see multiply-resistant bacteria)				
Respiratory infectious disease, acute (if not covered elsewhere)				
Adults	None	Respiratory secretions may be		
Infants and young children				Maintain precautions for the bacterial or viral infections that are most likely.
Respiratory syncytial virus (RSV) infection, in infants and young children	Contact Isolation	Respiratory secretions	Duration of illness	During epidemics, patients believed to have RSV infection may be placed in the same room (cohorting).
Reye syndrome	None			
Rheumatic fever	None			
Rhinovirus infection, respiratory				
Adults	None	Respiratory secretions may be		
Infants and young children	Contact Isolation	Respiratory secretions	Duration of illness	
Rickettsial fevers, tickborne (Rocky Mountain spotted fever, tickborne typhus fever)	None	Blood may be		
Rickettsialpox (vesicular rickettsiosis)	None			
Ringworm (dermatophytosis, dermatomycosis, tinea)	None			
Ritter's disease (staphylococcal scalded skin syndrome)	Contact Isolation	Lesion drainage	Duration of illness	
Rocky Mountain spotted fever	None	Blood may be		
Roseola infantum (exanthem subitum)	None			
Rotavirus infection (viral gastroenteritis)	Enteric Precautions	Feces	Duration of illness or 7 days after onset, whichever is less	

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DISEASE	CATEGORY	INFECTIVE MATERIAL	APPLY PRE-CAUTIONS HOW LONG?	COMMENTS
Rubella ("German measles") (see also congenital rubella)	Contact Isolation	Respiratory secretions	For 7 days after onset of rash	Persons who are not susceptible do not need to wear a mask. Susceptible persons should, if possible, stay out of room. Pregnant personnel may need special counseling (see CDC Guideline for Infection Control in Hospital Personnel).
Salmonellosis	Enteric Precautions	Feces	Duration of illness	
Scabies	Contact Isolation	Infested area	For 24 hours after start of effective therapy	Masks are not needed.
Scalded skin syndrome, staphylococcal (Ritter's disease)	Contact Isolation	Lesion drainage	Duration of illness	
Schistosomiasis (bilharziasis)	None			
Shigellosis (including bacillary dysentery)	Enteric Precautions	Feces	Until 3 consecutive cultures of feces, taken after ending antimicrobial therapy, are negative for infecting strain	
Smallpox (variola)	Strict Isolation	Respiratory secretions and lesion secretions	Duration of illness	As long as smallpox virus is kept stocked in laboratories, the potential exists for cases to occur. Call the State Health Department and Centers for Disease Control for advice about management of a suspected case.
<i>Spirillum minus</i> disease (rat-bite fever)	Blood/Body Fluid Precautions	Blood	For 24 hours after start of effective therapy	
Sporotrichosis	None			
Staphylococcal disease (<i>S. aureus</i>)				
Skin, wound, or burn infection				
Major	Contact Isolation	Pus	Duration of illness	Major = draining and not covered by dressing or dressing does not adequately contain the pus.
Minor or limited	Drainage/ Secretion Precautions	Pus	Duration of illness	Minor or limited = dressing covers and adequately contains the pus, or infected area is very small.
Enterocolitis	Enteric Precautions	Feces	Duration of illness	

Table A. Category-Specific Isolation Precautions

DISEASE	CATEGORY	INFECTIVE MATERIAL	APPLY PRE-CAUTIONS HOW LONG?	COMMENTS
<i>Staphylococcal disease (cont.)</i>				
Pneumonia or draining lung abscess	Contact Isolation	Respiratory secretions	For 48 hours after start of effective therapy	
Scalded skin syndrome	Contact Isolation	Lesion drainage	Duration of illness	
Toxic shock syndrome	Drainage/ Secretion Precautions	Vaginal discharge or pus	Duration of illness	
<i>Streptobacillus moniliformis</i> disease (rat-bite fever)	Blood/Body Fluid Precautions	Blood	For 24 hours after start of effective therapy	
<i>Streptococcal disease (group A Streptococcus)</i>				
Skin, wound, or burn infection				
Major	Contact Isolation	Pus	For 24 hours after start of effective therapy	Major = draining and not covered by dressing or dressing does not adequately contain the pus.
Minor or limited	Drainage/ Secretion Precautions	Pus	For 24 hours after start of effective therapy	Minor or limited = dressing covers and adequately contains the pus. or infected area is very small.
Endometritis (puerperal sepsis)	Contact Isolation	Vaginal discharge	For 24 hours after start of effective therapy	
Pharyngitis	Drainage/ Secretion Precautions	Respiratory secretions	For 24 hours after start of effective therapy	
Pneumonia	Contact Isolation	Respiratory secretions	For 24 hours after start of effective therapy	
Scarlet fever	Drainage/ Secretion Precautions	Respiratory secretions	For 24 hours after start of effective therapy	
<i>Streptococcal disease (group B Streptococcus), neonatal</i>	None	Feces may be		During a nursery outbreak, cohorting of ill and colonized infants and use of gowns and gloves is recommended.
<i>Streptococcal disease (not group A or B) unless covered elsewhere</i>	None			

Table A. Category-Specific Isolation Precautions

DISEASE	CATEGORY	INFECTIVE MATERIAL	APPLY PRE-CAUTIONS HOW LONG?	COMMENTS
Strongyloidiasis	None	Feces may be		If patient is immunocompromised and has pneumonia or has disseminated disease, respiratory secretions may be infective.
Syphilis				
Skin and mucous membrane, including congenital, primary, and secondary	Drainage/ Secretion Precautions, Blood/Body Fluid Precautions	Lesion secretions and blood	For 24 hours after start of effective therapy	Skin lesions of primary and secondary syphilis may be highly infective.
Latent (tertiary) and seropositivity without lesions	None			
Tapeworm disease				
<i>Hymenolepis nana</i>	None	Feces may be		
<i>Taenia solium</i> (pork)	None	Feces may be		
Other	None			
Tetanus	None			
Tinea (fungus infection, dermatophytosis, dermatomycosis, ringworm)	None			
“TORCH” syndrome (If congenital forms of the following diseases are seriously being considered, see separate listing for these diseases: toxoplasmosis, rubella, cytomegalovirus, herpes, and syphilis.)				
Toxic shock syndrome (staphylococcal disease)	Drainage/ Secretion Precautions	Vaginal discharge and pus	Duration of illness	
Toxoplasmosis	None			
Trachoma, acute	Drainage/ Secretion Precautions	Purulent exudate	Duration of illness	
Trench mouth (Vincent’s angina)	None			
Trichinosis	None			
Trichomoniasis	None			
Trichuriasis (whipworm disease)	None			
Tuberculosis				
Extrapulmonary, draining lesion (including scrofula)	Drainage/ Secretion Precautions	Pus	Duration of drainage	A private room is especially important for children.
Extrapulmonary, meningitis	None			

Table A. Category-Specific Isolation Precautions

DISEASE	CATEGORY	INFECTIVE MATERIAL	APPLY PRE-CAUTIONS HOW LONG?	COMMENTS
Tuberculosis (cont.)				
Pulmonary, confirmed or suspected (sputum smear is positive or chest X-ray appearance strongly suggests current [active] TB, for example, a cavitory lesion is found), or laryngeal disease.	Tuberculosis Isolation (AFB Isolation)	Airborne droplet nuclei	In most instances the duration of isolation precautions can be guided by clinical response and a reduction in numbers of TB organisms on sputum smear. Usually this occurs within 2-3 weeks after chemotherapy is begun. When the patient is likely to be infected with isoniazid-resistant organisms, apply precautions until patient is improving and sputum smear is negative for TB organisms.	Prompt use of effective antituberculous drugs is the most effective means of limiting transmission. Gowns are not important because TB is rarely spread by fomites, although gowns are indicated to prevent gross contamination of clothing. For more detailed guidelines refer to "Guidelines for Prevention of TB Transmission in Hospitals" (1982), Tuberculosis Control Division, Center for Prevention Services, Centers for Disease Control, Atlanta, GA (HHS Publication No. [CDC] 82-8371) and CDC Guideline for Infection Control in Hospital Personnel. In general, infants and young children do not require isolation precautions because they rarely cough and their bronchial secretions contain few TB organisms compared to adults with pulmonary TB.
Skin-test positive with no evidence of current pulmonary disease (sputum smear is negative, X-ray not suggestive of current [active] disease)	None			
Tularemia				
Draining lesion	Drainage/ Secretion Precautions	Pus may be	Duration of illness	
Pulmonary	None	Respiratory secretions may be		
Typhoid fever				
	Enteric Precautions	Feces	Duration of illness	
Typhus, endemic and epidemic				
	None	Blood may be		
Urinary tract infection (including pyelonephritis), with or without urinary catheter				
	None			See multiply-resistant bacteria if infection is with these bacteria. Spatially separate infected and uninfected patients who have indwelling catheters (see CDC Guideline for Prevention of Catheter-associated Urinary Tract Infection).

Table A. Category-Specific Isolation Precautions

DISEASE	CATEGORY	INFECTIVE MATERIAL	APPLY PRE-CAUTIONS HOW LONG?	COMMENTS
Vaccinia				
At vaccination site	Drainage/ Secretion Precautions	Lesion secretions	Duration of illness	
Generalized and progressive, eczema vaccinatum	Contact Isolation	Lesion secretions	Duration of illness	
Varicella (chickenpox)	Strict Isolation	Respiratory secretions and lesion secretions	Until all lesions are crusted	Persons who are not susceptible do not need to wear a mask. Susceptible persons should, if possible, stay out of the room. Special ventilation for the room, if avail- able, may be advantageous, especially for outbreak control. Neonates born to moth- ers with active varicella should be placed in Strict Isolation at birth. Exposed sus- ceptible patients should be placed in Strict Isolation beginning 10 days after exposure and continuing until 21 days after last exposure. See CDC Guideline for Infection Control in Hospital Person- nel for recommendations for exposed sus- ceptible personnel.
Variola (smallpox)	Strict Isolation	Respiratory secretions and lesion secretions	Duration of illness	Call the State Health Department and Centers for Disease Control for advice about management of a suspected case.
<i>Vibrio parahaemolyticus</i> gastroenteritis	Enteric Precautions	Feces	Duration of illness	
Vincent's angina (trench mouth)	None			
Viral diseases				
Pericarditis, myocarditis, or meningitis	Enteric Precautions	Feces and possibly respiratory secretions	For 7 days after onset	Enteroviruses frequently cause these in- fections.
Respiratory (if not covered elsewhere)				
Adults	None	Respiratory secretions may be		
Infants and young children	Contact Isolation	Respiratory secretions	Duration of illness	Various etiologic agents, such as respira- tory syncytial virus, parainfluenza vi- ruses, adenoviruses, and, influenza viruses, can cause viral respiratory infec- tions (Committee on Infectious Diseases, American Academy of Pediatrics, 1982 Red Book); therefore, precautions to pre- vent their spread are generally indicated.

Table A. Category-Specific Isolation Precautions

DISEASE	CATEGORY	INFECTIVE MATERIAL	APPLY PRECAUTIONS HOW LONG?	COMMENTS
Whooping cough (pertussis)	Respiratory Isolation	Respiratory secretions	For 7 days after start of effective therapy	See CDC Guideline for Infection Control in Hospital Personnel for recommendations for prophylaxis after exposure.
Wound infections				
Major	Contact Isolation	Pus	Duration of illness	Major = draining and not covered by dressing or dressing does not adequately contain the pus.
Minor or limited	Drainage/ Secretion Precautions	Pus	Duration of illness	Minor or limited = dressing covers and adequately contains the pus, or infected area is very small, such as a stitch abscess.
<i>Yersinia enterocolitica</i> gastroenteritis	Enteric Precautions	Feces	Duration of illness	
Zoster (varicella-zoster)				
Localized in immunocompromised patient, or disseminated	Strict Isolation	Lesion secretions	Duration of illness	Localized lesions in immunocompromised patients frequently become disseminated. Because such dissemination is unpredictable, use the same isolation precautions as with disseminated disease. Persons who are not susceptible do not need to wear a mask. Persons susceptible to varicella-zoster (chickenpox) should, if possible, stay out of the room. Special ventilation for room, if available, may be advantageous, especially for outbreak control. Exposed susceptible patients should be placed in Strict Isolation beginning 10 days after exposure and continuing until 21 days after last exposure. See CDC Guideline for Infection Control in Hospital Personnel for recommendations for exposed susceptible personnel.
Localized in normal patient	Drainage/ Secretion Precautions	Lesion secretions	Until all lesions are crusted	Persons susceptible to varicella-zoster (chickenpox) should, if possible, stay out of room. Roommates should not be susceptible to chickenpox.
Zygomycosis (phycomycosis, mucormycosis)	None			

Instruction Cards for Category-Specific Isolation Precautions

Instruction cards have been designed to give concise information about category-specific isolation precautions, and samples are shown on the following pages. The specific isolation

precautions indicated for each category of isolation are listed on the front and back of a color-coded card. Cards should be displayed conspicuously in the immediate vicinity of the patient on isolation precautions (on the door, foot or head of bed, etc.). A duplicate card may also be attached to the front of the patient's chart.

(Front of Card)

Strict Isolation

Visitors—Report to Nurses' Station Before Entering Room

1. Masks are indicated for all persons entering room.
2. Gowns are indicated for all persons entering room.
3. Gloves are indicated for all persons entering room.
4. **HANDS MUST BE WASHED AFTER TOUCHING THE PATIENT OR POTENTIALLY CONTAMINATED ARTICLES AND BEFORE TAKING CARE OF ANOTHER PATIENT.**
5. Articles contaminated with infective material should be discarded or bagged and labeled before being sent for decontamination and reprocessing.

(Back of Card)

Diseases Requiring Strict Isolation*

Diphtheria, pharyngeal

Lassa fever and other viral hemorrhagic fevers, such as Marburg virus disease§

Plague, pneumonic

Smallpox§

Varicella (chickenpox)

Zoster, localized in immunocompromised patient, or disseminated

*A private room is indicated for Strict Isolation; in general, however, patients infected with the same organism may share a room. See Guideline for Isolation Precautions in Hospitals for details and for how long to apply precautions.

§A private room with special ventilation is indicated.

(Front of Card)

Contact Isolation

Visitors—Report to Nurses' Station Before Entering Room

1. Masks are indicated for those who come close to patient.
2. Gowns are indicated if soiling is likely.
3. Gloves are indicated for touching infective material.
4. **HANDS MUST BE WASHED AFTER TOUCHING THE PATIENT OR POTENTIALLY CONTAMINATED ARTICLES AND BEFORE TAKING CARE OF ANOTHER PATIENT.**
5. Articles contaminated with infective material should be discarded or bagged and labeled before being sent for decontamination and reprocessing.

(Back of Card)

Diseases or Conditions Requiring Contact Isolation*

Acute respiratory infections in infants and young children, including croup, colds, bronchitis, and bronchiolitis caused by respiratory syncytial virus, adenovirus, coronavirus, influenza viruses, parainfluenza viruses, and rhinovirus

Conjunctivitis, gonococcal, in newborns

Diphtheria, cutaneous

Endometritis, group A *Streptococcus*

Furunculosis, staphylococcal, in newborns

Herpes simplex, disseminated, severe primary or neonatal

Impetigo

Influenza, in infants and young children

Multiply-resistant bacteria, infection or colonization (any site) with any of the following:

1. Gram-negative bacilli resistant to all aminoglycosides that are tested. (In general, such organisms should be resistant to gentamicin, tobramycin, and amikacin for these special precautions to be indicated.)
2. *Staphylococcus aureus* resistant to methicillin (or nafcillin or oxacillin if they are used instead of methicillin for testing)

3. *Pneumococcus* resistant to penicillin

4. *Haemophilus influenzae* resistant to ampicillin (beta-lactamase positive) and chloramphenicol

5. Other resistant bacteria may be included in this isolation category if they are judged by the infection control team to be of special clinical and epidemiologic significance.

Pediculosis

Pharyngitis, infectious, in infants and young children

Pneumonia, viral, in infants and young children

Pneumonia, *Staphylococcus aureus* or group A *Streptococcus*

Rabies

Rubella, congenital and other

Scabies

Scalded skin syndrome (Ritter's disease)

Skin, wound, or burn infection, major (draining and not covered by a dressing or dressing does not adequately contain the purulent material), including those infected with

Staphylococcus aureus or group A *Streptococcus*

Vaccinia (generalized and progressive eczema vaccinatum)

*A private room is indicated for Contact Isolation; in general, however, patients infected with the same organism may share a room. During outbreaks, infants and young children with the same respiratory clinical syndrome may share a room. See Guideline for Isolation Precautions in Hospitals for details and for how long to apply precautions.

(Front of Card)

Respiratory Isolation

Visitors—Report to Nurses' Station Before Entering Room

1. Masks are indicated for those who come close to patient.
2. Gowns are not indicated.
3. Gloves are not indicated.
4. **HANDS MUST BE WASHED AFTER TOUCHING THE PATIENT OR POTENTIALLY CONTAMINATED ARTICLES AND BEFORE TAKING CARE OF ANOTHER PATIENT.**
5. Articles contaminated with infective material should be discarded or bagged and labeled before being sent for decontamination and reprocessing.

(Back of Card)

Diseases Requiring Respiratory Isolation*

Epiglottitis, *Haemophilus influenzae*
Erythema infectiosum
Measles
Meningitis
 Haemophilus influenzae, known or suspected
 Meningococcal, known or suspected
Meningococcal pneumonia
Meningococemia
Mumps
Pertussis (whooping cough)
Pneumonia, *Haemophilus influenzae*, in children (any age)

*A private room is indicated for Respiratory Isolation; in general, however, patients infected with the same organism may share a room. See Guideline for Isolation Precautions in Hospitals for details and for how long to apply precautions.

(Front of Card)

AFB Isolation

Visitors—Report to Nurses' Station Before Entering Room

1. Masks are indicated only when patient is coughing and does not reliably cover mouth.
2. Gowns are indicated only if needed to prevent gross contamination of clothing.
3. Gloves are not indicated.
4. **HANDS MUST BE WASHED AFTER TOUCHING THE PATIENT OR POTENTIALLY CONTAMINATED ARTICLES AND BEFORE TAKING CARE OF ANOTHER PATIENT.**
5. Articles should be discarded, cleaned, or sent for decontamination and reprocessing.

(Back of Card)

Diseases Requiring AFB Isolation*

This isolation category is for patients with current pulmonary TB who have a positive sputum smear or a chest X-ray appearance that strongly suggests current (active) TB. Laryngeal TB is also included in this category. In general, infants and young children with pulmonary TB do not require isolation precautions because they rarely cough and their bronchial secretions contain few AFB compared with adults with pulmonary TB. To protect the patient's privacy, this instruction card is labeled AFB (acid-fast bacilli) Isolation rather than Tuberculosis Isolation.

*A private room with special ventilation is indicated for AFB isolation. In general, patients infected with the same organism may share a room. See Guideline for Isolation Precautions in Hospitals for details and for how long to apply precautions.

(Front of Card)

Enteric Precautions

Visitors—Report to Nurses' Station Before Entering Room

1. Masks are not indicated.
2. Gowns are indicated if soiling is likely.
3. Gloves are indicated for touching infective material.
4. **HANDS MUST BE WASHED AFTER TOUCHING THE PATIENT OR POTENTIALLY CONTAMINATED ARTICLES AND BEFORE TAKING CARE OF ANOTHER PATIENT.**
5. Articles contaminated with infective material should be discarded or bagged and labeled before being sent for decontamination and reprocessing.

(Back of Card)

Diseases Requiring Enteric Precautions*

Amebic dysentery
Cholera
Coxsackievirus disease
Diarrhea, acute illness with suspected infectious etiology
Echovirus disease
Encephalitis (unless known not to be caused by enteroviruses)
Enterocolitis caused by *Clostridium difficile* or *Staphylococcus aureus*
Enteroviral infection
Gastroenteritis caused by
 Campylobacter species
 Cryptosporidium species
 Dientamoeba fragilis
 Escherichia coli (enterotoxigenic, enteropathogenic, or enteroinvasive)
 Giardia lamblia
 Salmonella species

Shigella species
Vibrio parahaemolyticus
Viruses—including Norwalk agent and rotavirus
Yersinia enterocolitica
Unknown etiology but presumed to be an infectious agent
Hand, foot, and mouth disease
Hepatitis, viral, type A
Herpangina
Meningitis, viral (unless known not to be caused by enteroviruses)
Necrotizing enterocolitis
Pleurodynia
Poliomyelitis
Typhoid fever (*Salmonella typhi*)
Viral pericarditis, myocarditis, or meningitis (unless known not to be caused by enteroviruses)

*A private room is indicated for Enteric Precautions if patient hygiene is poor. A patient with poor hygiene does not wash hands after touching infective material, contaminates the environment with infective material, or shares contaminated articles with other patients. In general, patients infected with the same organism may share a room. See Guideline for Isolation Precautions in Hospitals for details and for how long to apply precautions.

(Front of Card)

Drainage/Secretion Precautions

Visitors—Report to Nurses' Station Before Entering Room

1. Masks are not indicated.
2. Gowns are indicated if soiling is likely.
3. Gloves are indicated for touching infective material.
4. **HANDS MUST BE WASHED AFTER TOUCHING THE PATIENT OR POTENTIALLY CONTAMINATED ARTICLES AND BEFORE TAKING CARE OF ANOTHER PATIENT.**
5. Articles contaminated with infective material should be discarded or bagged and labeled before being sent for decontamination and reprocessing.

(Back of Card)

Diseases Requiring Drainage/Secretion Precautions*

Infectious diseases included in this category are those that result in production of infective purulent material, drainage, or secretions, unless the disease is included in another isolation category that requires more rigorous precautions. (If you have questions about a specific disease, see the listing of infectious diseases in Guideline for Isolation Precautions in Hospitals, Table A, Disease-Specific Isolation Precautions.)

The following infections are examples of those included in this category provided they are *not* a) caused by multiply-resistant microorganisms, b) major (draining and not covered by a dressing or dressing does not adequately contain the drainage) skin, wound, or burn infections, including those caused by *Staphylococcus aureus* or group A *Streptococcus*, or c) gonococcal eye infections in newborns. See Contact Isolation if the infection is one of these 3.

Abscess, minor or limited

Burn infection, minor or limited

Conjunctivitis

Decubitus ulcer, infected, minor or limited

Skin infection, minor or limited

Wound infection, minor or limited

*A private room is usually not indicated for Drainage/Secretion Precautions. See Guideline for Isolation Precautions in Hospitals for details and for how long to apply precautions.

(Front of Card)

Blood/Body Fluid Precautions

Visitors—Report to Nurses' Station Before Entering Room

1. Masks are not indicated.
2. Gowns are indicated if soiling with blood or body fluids is likely.
3. Gloves are indicated for touching blood or body fluids.
4. **HANDS SHOULD BE WASHED IMMEDIATELY IF THEY ARE POTENTIALLY CONTAMINATED WITH BLOOD OR BODY FLUIDS AND BEFORE TAKING CARE OF ANOTHER PATIENT.**
5. Articles contaminated with blood or body fluids should be discarded or bagged and labeled before being sent for decontamination and reprocessing.
6. Care should be taken to avoid needle-stick injuries. Used needles should not be recapped or bent; they should be placed in a prominently labeled, puncture-resistant container designated specifically for such disposal.
7. Blood spills should be cleaned up promptly with a solution of 5.25% sodium hypochlorite diluted 1:10 with water.

(Back of Card)

Diseases Requiring Blood/Body Fluid Precautions*

Acquired immunodeficiency syndrome (AIDS)
Arthropodborne viral fevers (for example, dengue, yellow fever, and Colorado tick fever)
Babesiosis
Creutzfeldt-Jakob disease
Hepatitis B (including HBsAg antigen carrier)
Hepatitis, non-A, non-B
Leptospirosis
Malaria
Rat-bite fever
Relapsing fever
Syphilis, primary and secondary with skin and mucous membrane lesions

*A private room is indicated for Blood/Body Fluid Precautions if patient hygiene is poor. A patient with poor hygiene does not wash hands after touching infective material, contaminates the environment with infective material, or shares contaminated articles with other patients. In general, patients infected with the same organism may share a room. See Guideline for Isolation Precautions in Hospitals for details and for how long to apply precautions.

SYSTEM B. DISEASE-SPECIFIC ISOLATION PRECAUTIONS

Disease-specific isolation precautions are 1 of 2 isolation systems recommended by CDC. Again, we emphasize that hospitals should choose either disease-specific or category-specific isolation recommendations: elements of both cannot easily be combined. With disease-specific isolation precautions, each infectious disease is considered individually so that only those precautions (private room, masks, gowns, and gloves) that are indicated to interrupt transmission for that disease are recommended. The theoretical advantage of using disease-specific isolation precautions rather than the alternative isolation system (category-specific isolation precautions) is saving of supplies and expense. Moreover, the excessive donning of masks, gowns, and gloves, when unnecessary, wastes time, is inconvenient, and may discourage hospital personnel from properly taking care of such patients. Furthermore, personnel may comply more fully with the disease-specific isolation precautions than with the category-specific precautions, especially physicians who are knowledgeable about modes of disease transmission. On the other hand, isolation precautions are often most important early in a patient's stay, before specific therapy has been begun, and before a diagnosis is confirmed. In such situations, category-specific precautions, which are more general, may be more practical and easier to implement.

The particular isolation precautions indicated for each disease are listed in Table B, Disease-Specific Isolation Precautions.

TABLE B. Disease-Specific Isolation Precautions

Table B, Disease-Specific Isolation Precautions lists most of the common infectious agents and diseases that are likely to be found in U.S. hospitals and the specific isolation precautions indicated for each. Diseases are listed alphabetically in several ways: by anatomical site or syndrome (abscess, burn wound, cellulitis, etc.), by etiologic agent (*Chlamydia trachomatis*, *Clostridium perfringens*, *Escherichia coli*, etc.) and sometimes by a combination of syndrome and etiologic agent (endometritis, group A *Streptococcus*; pneumonia, *Staphylococcus aureus*, etc.). In an attempt to make the table useful

to all hospital personnel, including those from nonclinical areas (admitting, dietary, housekeeping, laundry, etc.), common terminology and jargon (such as gangrene and "TORCH" syndrome) are also used in the alphabetical listing of diseases.

For some diseases or conditions listed in Table B, we recommend more stringent isolation precautions for infants and young children than for adults since the risk of spread and the consequences of infection are greater in infants and young children. We use the term "young children" rather than an age breakpoint because children mature at such different rates. Thus, the interpretation of the term "young children" will differ in various pediatric settings according to the patient population.

Table B, Disease-Specific Isolation Precautions specifies by use of "no," "yes," or a qualified "yes" whether a private room, masks, gowns, or gloves is indicated for each disease. In general, patients infected with the same organism may share a room. For some diseases or conditions a private room is indicated if patient hygiene is poor. A patient with poor hygiene does not wash hands after touching infective material (feces, purulent drainage, or secretions), contaminates the environment with infective material, or shares contaminated articles with other patients. Likewise, for some diseases a mask is indicated only for those who get close (about 3 feet) to the patient. Handwashing is not listed in the table because it is important for all patient care, whether or not the patient is infected, and is always necessary to prevent transmission of infection.

In addition to including the specific precautions indicated for each disease, Table B, Disease-Specific Isolation Precautions, identifies which secretions, excretions, discharges, body fluids, and tissues are infective or might be infective. Again, common terms such as feces and pus are used to describe infective material. In the table the term "pus" refers to grossly purulent as well as serous drainage that is likely to be infective. In the table, we also tell how long to apply the precautions and other considerations that personnel should be aware of when taking care of an infected or colonized patient for whom isolation precautions are indicated. Additional information essential to understanding and properly using disease-specific isolation precautions is contained in the first part of this section in Techniques for Isolation Precautions (page 9).

Table B. Disease-specific Isolation Precautions

DISEASE	PRECAUTIONS INDICATED				INFECTIVE MATERIAL	APPLY PRECAUTIONS HOW LONG?	COMMENTS
	PRIVATE ROOM?	MASKS?	GOWNS?	GLOVES?			
Abscess, etiology unknown							
Draining, major	Yes	No	Yes if soiling is likely	Yes for touching infective material	Pus	Duration of illness	Major = no dressing or dressing does not adequately contain the pus.

Table B. Disease-specific Isolation Precautions

DISEASE	PRECAUTIONS INDICATED				INFECTIVE MATERIAL	APPLY PRECAUTIONS HOW LONG?	COMMENTS
	PRIVATE ROOM?	MASKS?	GOWNS?	GLOVES?			
Abscess, etiology unknown (cont.)							
Draining, minor or limited	No	No	Yes if soiling is likely	Yes for touching infective material	Pus	Duration of illness	Minor or limited = dressing covers and adequately contains the pus, or infected area is small, such as a stitch abscess.
Not draining	No	No	No	No			
Acquired immunodeficiency syndrome (AIDS)	Yes if patient hygiene is poor	No	Yes if soiling is likely	Yes for touching infective material	Blood and body fluids	Duration of illness	Use caution when handling blood and blood-soiled articles. Take special care to avoid needle-stick injuries. If gastrointestinal bleeding is likely, wear gloves if touching feces. (Acquired immune deficiency syndrome [AIDS]: precautions for clinical and laboratory staffs. MMWR 1982; 31:577-80.)
Actinomycosis, all lesions	No	No	No	No			
Adenovirus infection, respiratory in infants and young children	Yes	No	Yes if soiling is likely	No	Respiratory secretions and feces	Duration of hospitalization	During epidemics patients believed to have adenovirus infection may be placed in the same room (cohorting).
Amebiasis							
Dysentery	Yes if patient hygiene is poor	No	Yes if soiling is likely	Yes for touching infective material	Feces	Duration of illness	
Liver abscess	No	No	No	No			
Anthrax							
Cutaneous	No	No	No	Yes for touching infective material	Pus	Duration of illness	
Inhalation	No	No	Yes if soiling is likely	Yes for touching infective material	Respiratory secretions may be	Duration of illness	

Table B. Disease-specific Isolation Precautions

DISEASE	PRECAUTIONS INDICATED				INFECTIVE MATERIAL	APPLY PRE-CAUTIONS HOW LONG?	COMMENTS
	PRIVATE ROOM?	MASKS?	GOWNS?	GLOVES?			
Arthropodborne viral encephalitides (eastern equine, western equine, and Venezuelan equine encephalomyelitis, St. Louis and California encephalitis.)	No	No	No	No			
Arthropodborne viral fevers (dengue, yellow fever, and Colorado tick fever)	No	No	No	Yes for touching infective material	Blood	Duration of hospitalization	
Ascariasis	No	No	No	No			
Aspergillosis	No	No	No	No			
Babesiosis	No	No	No	Yes for touching infective material	Blood	Duration of illness	
Blastomycosis, North American, cutaneous or pulmonary	No	No	No	No			
Botulism							
Infant	No	No	No	No			
Other	No	No	No	No			
Bronchiolitis, etiology unknown in infants and young children	Yes	No	Yes if soiling is likely	No	Respiratory secretions	Duration of illness	Various etiologic agents, such as respiratory syncytial virus, parainfluenza viruses, adenoviruses, and influenza viruses, have been associated with this syndrome (Committee on Infectious Diseases, American Academy of Pediatrics, 1982 Red Book); therefore, precautions to prevent their spread are generally indicated.
Bronchitis, infective etiology unknown							
Adults	No	No	No	No	Respiratory secretions may be		

Table B. Disease-specific Isolation Precautions

DISEASE	PRECAUTIONS INDICATED				INFECTIVE MATERIAL	APPLY PRECAUTIONS		COMMENTS
	PRIVATE ROOM?	MASKS?	GOWNS?	GLOVES?		HOW LONG?		
Bronchitis, infection etiology unknown (cont.)								
Infants and young children	Yes	No	Yes if soiling is likely	No	Respiratory secretions	Duration of illness		
Brucellosis (undulant fever, Malta fever, Mediterranean fever)								
Draining lesions, limited or minor	No	No	Yes if soiling is likely	Yes for touching infective material	Pus	Duration of illness	Limited or minor = dressing covers and adequately contains the pus or infected area is very small.	
Other	No	No	No	No				
Burn wound (see separate section on Care of Patients with Burns)								
<i>Campylobacter</i> gastroenteritis	Yes if patient hygiene is poor	No	Yes if soiling is likely	Yes for touching infective material	Feces	Duration of illness		
Candidiasis, all forms, including mucocutaneous (moniliasis, thrush)	No	No	No	No				
Cat-scratch fever (benign inoculation lymphoreticulosis)	No	No	No	No				
Cellulitis,								
Draining, limited or minor	No	No	Yes if soiling is likely	Yes for touching infective material	Pus	Duration of illness	Limited or minor = dressing covers and adequately contains the pus, or infected area is very small.	
Intact skin	No	No	No	No				
Chancroid (soft chancre)	No	No	No	No				
Chickenpox (varicella)	Yes	Yes	Yes	Yes	Respiratory secretions and lesion secretions	Until all lesions are crusted	Persons who are not susceptible do not need to wear a mask. Susceptible persons should, if possible, stay out of room. Special ventilation for the room, if available, may be advantageous, especially for outbreak control. Neonates born to mothers with active vari-	

Table B. Disease-specific Isolation Precautions

DISEASE	PRECAUTIONS INDICATED				INFECTIVE MATERIAL	APPLY PRE-	COMMENTS
	PRIVATE ROOM?	MASKS?	GOWNS?	GLOVES?		CAUTIONS HOW LONG?	
Chickenpox (cont.)							cells should be placed on isolation precautions at birth. Exposed susceptible patients should be placed on isolation precautions beginning 10 days after exposure and continuing until 21 days after last exposure. See CDC Guideline for Infection Control in Hospital Personnel for recommendations for exposed susceptible personnel.
<i>Chlamydia trachomatis</i> infection							
Conjunctivitis	No	No	No	Yes for touching infective material	Purulent exudate	Duration of illness	
Genital	No	No	No	Yes for touching infective material	Genital discharge	Duration of illness	
Respiratory	No	No	No	Yes for touching infective material	Respiratory secretions	Duration of illness	
Cholera	Yes if patient hygiene is poor	No	Yes if soiling is likely	Yes for touching infective material	Feces	Duration of illness	
Closed-cavity infection							
Draining, limited or minor	No	No	Yes if soiling is likely	Yes for touching infective material	Pus	Duration of illness	Limited or minor = dressing covers and adequately contains the pus or infected area is very small.
Not draining	No	No	No	No			
<i>Clostridium perfringens</i>							
Food poisoning	No	No	No	No			
Gas gangrene	No	No	Yes if soiling is likely	Yes for touching infective material	Pus	Duration of illness	
Other	No	No	Yes if soiling is likely	Yes for touching infective material	Pus	Duration	

Table B. Disease-specific Isolation Precautions

DISEASE	PRECAUTIONS INDICATED				INFECTIVE MATERIAL	APPLY PRE-CAUTIONS HOW LONG?	COMMENTS
	PRIVATE ROOM?	MASKS?	GOWNS?	GLOVES?			
Coccidioidomycosis (valley fever)							
Draining lesions	No	No	No	No	Draining may be if spores form		
Pneumonia	No	No	No	No			
Colorado tick fever	No	No	No	Yes for touching infective material	Blood	Duration of hospitalization	
Common cold							
Adults	No	No	No	No	Respiratory secretions may be		
Infants and young children	Yes	No	Yes if soiling is likely	No	Respiratory secretions	Duration of illness	Although rhinoviruses are most frequently associated with the common cold and are mild in adults, severe infections may occur in infants and young children. Other etiologic agents, such as respiratory syncytial virus and parainfluenza viruses, may also cause this syndrome (Committee on Infectious Diseases, American Academy of Pediatrics, 1982 Red Book); therefore, precautions to prevent their spread are generally indicated.
Congenital rubella	Yes	No	Yes if soiling is likely	Yes for touching infective material	Urine and respiratory secretions	During any admission for the 1st year after birth unless nasopharyngeal and urine cultures after 3 months of age are negative for rubella virus.	Susceptible persons should, if possible, stay out of room. Pregnant personnel may need special counseling (see CDC Guideline for Infection Control in Hospital Personnel).
Conjunctivitis, acute bacterial (sore eye, pink eye)	No	No	No	Yes for touching infective material	Purulent exudate	Duration of illness	

Table B. Disease-specific Isolation Precautions

DISEASE	PRECAUTIONS INDICATED				INFECTIVE MATERIAL	APPLY PRECAUTIONS HOW LONG?	COMMENTS
	PRIVATE ROOM?	MASKS?	GOWNS?	GLOVES?			
Conjunctivitis, <i>Chlamydia</i>	No	No	No	Yes for touching infective material	Purulent exudate	Duration of illness	
Conjunctivitis, gonococcal							
Adults	No	No	No	Yes for touching infective material	Purulent exudate	For 24 hours after start of effective therapy	
Newborns	Yes	No	No	Yes for touching infective material	Purulent exudate	For 24 hours after start of effective therapy	
Conjunctivitis, viral and etiology unknown (acute hemorrhagic and swimming pool conjunctivitis)	Yes if patient hygiene is poor	No	No	Yes for touching infective material	Purulent exudate	Duration of illness	
Coronavirus infection, respiratory							
Adults	No	No	No	No	Respiratory secretions may be		
Infants and young children	Yes	No	Yes if soiling is likely	No	Respiratory secretions	Duration of illness	
Coxsackievirus disease	Yes if patient hygiene is poor	No	Yes if soiling is likely	Yes for touching infective material	Feces and respiratory secretions	For 7 days after onset	
Creutzfeldt-Jakob disease	No	No	No	Yes for touching infective material	Blood, brain tissue, and spinal fluid	Duration of hospitalization	Use caution when handling blood, brain tissue or spinal fluid. (Jarvis WR. Precautions for Creutzfeldt-Jakob disease. <i>Infect Control</i> 1982; 3:238-9.)
Croup	Yes	No	Yes if soiling is likely	No	Respiratory secretions	Duration of illness	Because viral agents, such as parainfluenza viruses and influenza A virus, have been associated with this syndrome (Committee on Infectious Diseases, American Academy of Pediatrics, 1982 Red Book), precautions to prevent their spread are generally indicated.

Table B. Disease-specific Isolation Precautions

DISEASE	PRECAUTIONS INDICATED				INFECTIVE MATERIAL	APPLY PRE-CAUTIONS HOW LONG?	COMMENTS
	PRIVATE ROOM?	MASKS?	GOWNS?	GLOVES?			
Cryptococcosis	No	No	No	No			
Cysticercosis	No	No	No	No			
Cytomegalovirus infection, neonatal or immunosuppressed	No	No	No	No	Urine and respiratory secretions may be		Pregnant personnel may need special counseling (see CDC Guideline for Infection Control in Hospital Personnel).
Decubitus ulcer, infected							
Draining, major	Yes	No	Yes if soiling is likely	Yes for touching infective material	Pus	Duration of illness	Major = draining and not covered by dressing or dressing does not adequately contain the pus.
Draining, minor	No	No	Yes if soiling is likely	Yes for touching infective material	Pus	Duration of illness	Minor or limited = dressing covers and adequately contains the pus, or infected area is very small.
Dengue	No	No	No	Yes for touching infective material	Blood	Duration of hospitalization	
Diarrhea, acute— infective etiology suspected (see gastroenteritis)	Yes if patient hygiene is poor	No	Yes if soiling is likely	Yes for touching infective material	Feces	Duration of illness	
Diphtheria							
Cutaneous	Yes	No	Yes if soiling is likely	Yes for touching infective material	Lesion secretions	Until 2 cultures from skin lesions, taken at least 24 hours apart after cessation of antimicrobial therapy, are negative for <i>Corynebacterium diphtheriae</i>	
Pharyngeal	Yes	Yes	Yes if soiling is likely	Yes for touching infective material	Respiratory secretions	Until 2 cultures from both nose and throat taken at least 24 hours apart after cessation of antimicrobial therapy	

Table B. Disease-specific Isolation Precautions

DISEASE	PRECAUTIONS INDICATED				INFECTIVE MATERIAL	APPLY PRECAUTIONS HOW LONG?	COMMENTS
	PRIVATE ROOM?	MASKS?	GOWNS?	GLOVES?			
Diphtheria Pharyngeal (cont.)						are negative for <i>Corynebacterium diphtheriae</i>	
Echinococcosis (hydatidosis)	No	No	No	No			
Echovirus disease	Yes if patient hygiene is poor	No	Yes if soiling is likely	Yes for touching infective material	Feces and respiratory secretions	For 7 days after onset	
Eczema vaccination (vaccinia)	Yes	No	Yes if soiling is likely	Yes for touching infective material	Lesion secretions	Duration of illness	
Encephalitis or encephalomyelitis, etiology unknown, but infection suspected (see also specific etiologic agents; likely causes include enterovirus and arthropodborne virus infections)	Yes if patient hygiene is poor	No	Yes if soiling is likely	Yes for touching infective material	Feces	Duration of illness or 7 days after onset, whichever is less	Although specific etiologic agents can include enteroviruses, arthropodborne viruses, and herpes simplex, precautions for enteroviruses are generally indicated until a definitive diagnosis can be made.
Endometritis							
Group A <i>Streptococcus</i>	Yes if patient hygiene is poor	No	Yes if soiling is likely	Yes for touching infective material	Vaginal discharge	For 24 hours after start of effective therapy	
Other	No	No	Yes if soiling is likely	Yes for touching infective material	Vaginal discharge	Duration of illness	
Enterobiasis (pinworm disease, oxyuriasis)	No	No	No	No			
Enterocolitis (see also necrotizing enterocolitis)							
<i>Clostridium difficile</i>	Yes if patient hygiene is poor	No	Yes if soiling is likely	Yes for touching infective material	Feces	Duration of illness	
<i>Staphylococcus</i>	Yes if patient hygiene is poor	No	Yes if soiling is likely	Yes for touching infective material	Feces	Duration of illness	

Table B. Disease-specific Isolation Precautions

DISEASE	PRECAUTIONS INDICATED				INFECTIVE MATERIAL	APPLY PRECAUTIONS HOW LONG?	COMMENTS
	PRIVATE ROOM?	MASKS?	GOWNS?	GLOVES?			
Enteroviral infection	Yes if patient hygiene is poor	No	Yes if soiling is likely	Yes for touching infective material	Feces	For 7 days after onset	
Epiglottitis, due to <i>Haemophilus influenzae</i>	Yes	Yes for those close to patient	No	No	Respiratory secretions	For 24 hours after start of effective therapy	
Epstein-Barr virus infection, any, including infectious mononucleosis	No	No	No	No	Respiratory secretions may be		
Erysipeloid	No	No	No	No			
Erythema infectiosum	Yes	Yes for those close to patient	No	No	Respiratory secretions	For 7 days after onset	
<i>Escherichia coli</i> gastroenteritis (enteropathogenic, enterotoxigenic, or enteroinvasive)	Yes if patient hygiene is poor	No	Yes if soiling is likely	Yes for touching infective material	Feces	Duration of hospitalization	
Fever of unknown origin (FUO)							Patients with FUO usually do not need isolation precautions; however, if a patient has signs and symptoms compatible with (and is likely to have) a disease that requires isolation precautions, use those isolation precautions for that patient.
Food poisoning							
Botulism	No	No	No	No			
<i>Clostridium perfringens</i> or <i>welchii</i> food poisoning)	No	No	No	No			
Salmonellosis	Yes if patient hygiene is poor	No	Yes if soiling is likely	Yes for touching infective material	Feces	Duration of illness	
Staphylococcal food poisoning	No	No	No	No			

Table B. Disease-specific Isolation Precautions

DISEASE	PRECAUTIONS INDICATED			INFECTIVE MATERIAL	APPLY PRE-CAUTIONS HOW LONG?	COMMENTS	
	PRIVATE ROOM?	MASKS?	GOWNS? GLOVES?				
Furunculosis—staphylococcal							
Newborns	Yes	No	Yes if soiling is likely	Yes for touching infective material	Pus	Duration of illness	During a nursery outbreak, cohorting of ill and colonized infants and use of gowns and gloves are recommended.
Others	No	No	Yes if soiling is likely	Yes for touching infective material	Pus	Duration of illness	
Gangrene							
Gas gangrene (due to any bacteria)	No	No	Yes if soiling is likely	Yes for touching infective material	Pus	Duration of illness	
Gastroenteritis							
<i>Campylobacter</i> species	Yes if patient hygiene is poor	No	Yes if soiling is likely	Yes for touching infective material	Feces	Duration of illness	
<i>Clostridium difficile</i>	Yes if patient hygiene is poor	No	Yes if soiling is likely	Yes for touching infective material	Feces	Duration of illness	
<i>Cryptosporidium</i> species	Yes if patient hygiene is poor	No	Yes if soiling is likely	Yes for touching infective material	Feces	Duration of illness	
<i>Dientamoeba fragilis</i>	Yes if patient hygiene is poor	No	Yes if soiling is likely	Yes for touching infective material	Feces	Duration of illness	
<i>Escherichia coli</i> (enteropathogenic, enterotoxic, or enteroinvasive)	Yes if patient hygiene is poor	No	Yes if soiling is likely	Yes for touching infective material	Feces	Duration of illness	
<i>Giardia lamblia</i>	Yes if patient hygiene is poor	No	Yes if soiling is likely	Yes for touching infective material	Feces	Duration of illness	
<i>Rotavirus</i>	Yes if patient hygiene is poor	No	Yes if soiling is likely	Yes for touching infective material	Feces	Duration of illness or 7 days after onset, whichever is less	

Table B. Disease-specific Isolation Precautions

DISEASE	PRECAUTIONS INDICATED				INFECTIVE MATERIAL	APPLY PRE-CAUTIONS HOW LONG?	COMMENTS
	PRIVATE ROOM?	MASKS?	GOWNS?	GLOVES?			
Gastroenteritis (cont.)							
<i>Salmonella</i> species	Yes if patient hygiene is poor	No	Yes if soiling is likely	Yes for touching infective material	Feces	Duration of illness	
<i>Shigella</i> species	Yes if patient hygiene is poor	No	Yes if soiling is likely	Yes for touching infective material	Feces	Until 3 consecutive cultures of feces taken after ending antimicrobial therapy are negative for infecting strain	
Unknown etiology	Yes if patient hygiene is poor	No	Yes if soiling is likely	Yes for touching infective material	Feces	Duration of illness	
<i>Vibrio parahaemolyticus</i>	Yes if patient hygiene is poor	No	Yes if soiling is likely	Yes for touching infective material	Feces	Duration of illness	
Viral	Yes if patient hygiene is poor	No	Yes if soiling is likely	Yes for touching infective material	Feces	Duration of illness	
<i>Yersinia enterocolitica</i>	Yes if patient hygiene is poor	No	Yes if soiling is likely	Yes for touching infective material	Feces	Duration of illness	
German measles (rubella) (see also congenital rubella)	Yes	Yes for those close to patient	No	No	Respiratory secretions	For 7 days after onset of rash	Persons who are not susceptible do not need to wear a mask. Susceptible persons should, if possible, stay out of room. Pregnant personnel may need special counseling (see CDC Guideline for Infection Control in Hospital Personnel).
Giardiasis	Yes if patient hygiene is poor	No	Yes if soiling is likely	Yes for touching infective material	Feces	Duration of illness	
Gonococcal ophthalmia neonatorum (gonorrheal ophthalmia, acute conjunctivitis of the newborn)	Yes	No	No	Yes for touching infective material	Purulent exudate	For 24 hours after start of effective therapy	