

Table of Infectious Diseases, Modes of Transmission and Recommended Precautions

NOTE: To be read in conjunction with [PD2017_013 Infection Control Policy](#) , [Infection Prevention and Control Practice Handbook](#) and [SESLHDPR/581 Management of Acute Viral Respiratory Illness](#)

Legend

1. Cleaning A/B
 - a. Cleaning A – routine neutral detergent clean
 - b. Cleaning B – neutral detergent and disinfectant clean
2. # Requires risk assessment

Transmissible Infection or Disease/MRO (Links to patient information sheets)	Transmission Route	Type of Precautions				PPE & Environmental Control Required for Transmission Based Precautions											Comments	
		Standard	Contact	Droplet	Airborne	Single Room	Door Sign	Apron/Gown	Gloves	Eye Shield	Surgical Mask	P2/N95 Respirator	Door Shut	Negative Pressure	Notifiable - Y	Cleaning - A / B		
Acinetobacter baumannii		√															A	
<i>Acinetobacter baumannii</i> Multi-Resistant (MRAB)	Contact with contaminated skin or secretions, HCW hands, environment	√	√			√	√	√	√								B	
Anthrax - <i>Bacillus anthracis</i> (cutaneous, intestinal or pulmonary)	Inoculation or inhalation; person to person transmission is rare	√	√														A	+ Contact precautions required when draining cutaneous lesions. Otherwise standard precautions apply
Aspergillosis – <i>Aspergillus</i> species	Inhalation; not transmitted from person to person	√															A	
Botulism	Ingestion and wound contamination. Not transmitted from person to person	√													Y		A	

Table of Infectious Diseases, Modes of Transmission and Recommended Precautions

NOTE: To be read in conjunction with [PD2017_013 Infection Control Policy](#) , [Infection Prevention and Control Practice Handbook](#) and [SESLHDP/581 Management of Acute Viral Respiratory Illness](#)

Transmissible Infection or Disease/MRO (Links to patient information sheets)	Transmission Route	Type of Precautions				PPE & Environmental Control Required for Transmission Based Precautions											Comments	
		Standard	Contact	Droplet	Airborne	Single Room	Door Sign	Apron/Gown	Gloves	Eye Shield	Surgical Mask	P2/N95 Respirator	Door Shut	Negative Pressure	Notifiable - Y	Cleaning - A / B		
Bronchiolitis (caused by either viral or bacterial infection)	Contact with respiratory secretions	√		√		√	√	√	√	#	√						A	<ul style="list-style-type: none"> + Bronchiolitis is infectious in the first few days of the illness + Restrict visitors under the age of 5 years.
Brucellosis – <i>Brucella</i> species	Ingestion or direct contact with an infected animal Person to person transmission is rare	√														Y	A	<ul style="list-style-type: none"> + On suspicion phone testing laboratory as testing for Brucella is a potential risk
Campylobacter – (see Diarrhoea)		√	√			√	√	√	√								B	<ul style="list-style-type: none"> + People experiencing gastrointestinal symptoms should not handle or serve food until 48hrs after diarrhoea has ceased + Wash hands thoroughly with soap and warm water + Public Health Units will investigate outbreaks
Candida infections – <i>candida</i> species (thrush)	Usually endogenous	√															A	
Chikungunya	Vector borne Not transmitted person to person	√															A	
Chickenpox – <i>Varicella-zoster virus</i>	Contact, airborne	√	√		√	√	√	√		#	√	√	√				A	<ul style="list-style-type: none"> + Duration of precautions must continue until all lesions are dry & crusted + Non-immune staff should not care for patients. Pre-employment screen for HCWs is required + Post exposure prophylaxis for non- immune HCWs recommended

Table of Infectious Diseases, Modes of Transmission and Recommended Precautions

NOTE: To be read in conjunction with [PD2017_013 Infection Control Policy](#) , [Infection Prevention and Control Practice Handbook](#) and [SESLH DPR/581 Management of Acute Viral Respiratory Illness](#)

Transmissible Infection or Disease/MRO (Links to patient information sheets)	Transmission Route	Type of Precautions				PPE & Environmental Control Required for Transmission Based Precautions										Comments			
		Standard	Contact	Droplet	Airborne	Single Room	Door Sign	Apron/Gown	Gloves	Eye Shield	Surgical Mask	P2/N95 Respirator	Door Shut	Negative Pressure	Notifiable - Y		Cleaning - A / B		
Chlamydia – <i>Chlamydia trachomatis</i> - Conjunctivitis - Genital - Pneumonia	* Contact with infected eye secretions * Sexually transmitted *Infants <3 months (vertical)	√															A		
Cholera <i>Vibrio cholerae</i>	Ingestion of contaminated foods and water	√	√			√	√	√	√								Y	B	+ Consider patient to be infectious until at least 48 hours after cessation of diarrhoea. Precautions can then cease + <i>Vibrio cholerae</i> serogroups O1 and O139 are notifiable
Clostridium difficile	Faecal/oral	√	√			√	√	√	√									B	+ Consider patient to be infectious until at least 48 hours after cessation of diarrhoea. Precautions can then cease. + Ensuite bathroom or dedicated toilet is required
Conjunctivitis - Bacterial (includes gonococcal) - Viral (includes Adenovirus, Enterovirus, Coxsackie virus A24)	Contact with infected eye secretions.	√																A	+ Viral conjunctivitis is usually caused by Adenovirus, enterovirus and coxsackie virus + Highly contagious; risk of outbreaks in eye clinics, paediatrics & neonate settings + Infected staff in high risk clinical areas will require urgent review for leave/redeployment until symptoms resolve

Table of Infectious Diseases, Modes of Transmission and Recommended Precautions

NOTE: To be read in conjunction with [PD2017_013 Infection Control Policy](#) , [Infection Prevention and Control Practice Handbook](#) and [SESLH DPR/581 Management of Acute Viral Respiratory Illness](#)

Transmissible Infection or Disease/MRO (Links to patient information sheets)	Transmission Route	Type of Precautions				PPE & Environmental Control Required for Transmission Based Precautions										Comments	
		Standard	Contact	Droplet	Airborne	Single Room	Door Sign	Apron/Gown	Gloves	Eye Shield	Surgical Mask	P2/N95 Respirator	Door Shut	Negative Pressure	Notifiable - Y		Cleaning - A / B
COVID-19 – SARS CoV-2 virus	Exposure occurs primarily through 3 routes: Inhalation of respiratory droplets and aerosolized particles; deposit of respiratory droplets and particles on mucus membranes; and touching of mucus membrane with contaminated hands	√	√	√	√	√	√	√	√	√	√	√	√	√	Y	B	Refer to the CEC COVID-19 IPAC manual
Creutzfeldt-Jakob Disease (CJD)	Iatrogenic; (CNS instruments, grafts, hormones, not transmitted from person to person)	√													Y	A	Refer to National CJD Guidelines.
Cryptosporidium	Ingestion of contaminated food & water and transmission from infected animals	√	√			√	√	√	√						Y	A	+ Consider patient to be infectious for at least 48 hours after cessation of diarrhoea. Precautions can then cease. + Ensuite bathroom or dedicated toilet is required
Cytomegalovirus – CMV	Vertical transmission and close contact with body fluids	√														A	+ Pregnant HCWs are at particular risk and strict adherence to standard precautions is required
Dengue fever	Vector transmission by mosquitoes	√												Y	A		

Table of Infectious Diseases, Modes of Transmission and Recommended Precautions

NOTE: To be read in conjunction with [PD2017_013 Infection Control Policy](#) , [Infection Prevention and Control Practice Handbook](#) and [SESLHDPR/581 Management of Acute Viral Respiratory Illness](#)

<p>Diarrhoea (gastroenteritis) - bacterial & parasitic e.g. Campylobacter, Salmonella, Giardia & Shiga Toxin Producing Escherichia coli (STEC)</p>	<p>Ingestion of contaminated food & water; contact transmission from infected animals</p>	√	√			√	√	√	√								Y		B	<p>+ Consider patient to be infectious until at least 48 hours after cessation of diarrhoea. Contact precautions can then cease + Ensuite bathroom or dedicated toilet is required</p>
--	---	---	---	--	--	---	---	---	---	--	--	--	--	--	--	--	---	--	---	---

Table of Infectious Diseases, Modes of Transmission and Recommended Precautions

NOTE: To be read in conjunction with [PD2017_013 Infection Control Policy](#) , [Infection Prevention and Control Practice Handbook](#) and [SESLHDPR/581 Management of Acute Viral Respiratory Illness](#)

Transmissible Infection or Disease/MRO (Links to patient information sheets)	Transmission Route	Type of Precautions				PPE & Environmental Control Required for Transmission Based Precautions											Comments
		Standard	Contact	Droplet	Airborne	Single Room	Door Sign	Apron/Gown	Gloves	Eye Shield	Surgical Mask	P2/N95 Respirator	Door Shut	Negative Pressure	Notifiable - Y	Cleaning - A / B	
Diarrhoea (gastroenteritis) - viral e.g. rotavirus, norovirus	Person to person transmission. Exposure to faecal and vomit aerosols	√	√	√		√	√	√	√	#	#				Y	B	+ Infectious until at least 48 hours after cessation of symptoms. Precautions can then cease. + Ensuite bathroom or dedicated toilet is required + Rotavirus and gastro outbreaks in institutions are notifiable
Diphtheria – <i>Corynebacterium diphtheria</i> - Cutaneous - Pharyngeal	Skin lesions exudate Respiratory secretions	√	√				√	√	√						Y	A	+ Duration of precautions until antimicrobial treatment completed and culture negative
Extended Spectrum Beta Lactamase (ESBL) producing organisms <i>Klebsiella pneumoniae</i> <i>Escherichia coli (E. coli)</i>	Contact with contaminated skin or secretions, HCW hands, environment	√	√			√	√	√	#							B	+ Perform risk assessment for patient placement + Incontinent patients require an ensuite bathroom or dedicated toilet
Fungal infections – Dermatophytosis (Ringworm, tinea, athlete's foot)	Direct skin contact (with humans or animals) or indirectly from contaminated floors or soil.	√														A	

Table of Infectious Diseases, Modes of Transmission and Recommended Precautions

NOTE: To be read in conjunction with [PD2017_013 Infection Control Policy](#) , [Infection Prevention and Control Practice Handbook](#) and [SESLH DPR/581 Management of Acute Viral Respiratory Illness](#)

Transmissible Infection or Disease/MRO (Links to patient information sheets)	Transmission Route	Type of Precautions				PPE & Environmental Control Required for Transmission Based Precautions											Comments	
		Standard	Contact	Droplet	Airborne	Single Room	Door Sign	Apron/Gown	Gloves	Eye Shield	Surgical Mask	P2/N95 Respirator	Door Shut	Negative Pressure	Notifiable - Y	Cleaning - A / B		
German Measles (Rubella)	Respiratory secretions	√				√	√			#	√						A	<ul style="list-style-type: none"> + Infectious until 7 days after onset of rash. + Non-immune pregnant staff must not care for patient
Glandular fever – Epstein-Barr Virus (EBV), Infectious Mononucleosis	Contact with saliva	√															A	
Hand, foot & mouth disease - Coxsackie virus	Contact with fluid in blisters or faeces	√	√	√		√	√	√	√	#	√						A	
Haemophilus influenza (type b)	Direct or indirect contact with airborne droplets from nose & throat	√	√	√		√	√	√		#	√					Y	A	<ul style="list-style-type: none"> + Can cease precautions after 24-48 hours of effective antibiotic treatment + Children and immune compromised persons are most at risk of infection
Hepatitis A	Faecal /oral	√	√			√	√	√	√							Y	B	<ul style="list-style-type: none"> + Duration of precautions: Adults - for 7 days after onset of jaundice Children <3 yrs- duration of hospitalisation + Ensuite bathroom or dedicated toilet required
Hepatitis B Hepatitis C Hepatitis D	Blood-borne	√															A	<ul style="list-style-type: none"> + Immunise & test all HCW (Hepatitis B). + Occupational exposure protocol for blood-borne viruses
Hepatitis E	Ingestion of contaminated foods. Faecal /oral transmission	√	√			√	√	√	√							Y	B	<ul style="list-style-type: none"> + Infectious for 14 days after onset of symptoms + Ensuite bathroom or dedicated toilet required

Table of Infectious Diseases, Modes of Transmission and Recommended Precautions

NOTE: To be read in conjunction with [PD2017_013 Infection Control Policy](#) , [Infection Prevention and Control Practice Handbook](#) and [SESLH DPR/581 Management of Acute Viral Respiratory Illness](#)

Transmissible Infection or Disease/MRO (Links to patient information sheets)	Transmission Route	Type of Precautions				PPE & Environmental Control Required for Transmission Based Precautions										Comments		
		Standard	Contact	Droplet	Airborne	Single Room	Door Sign	Apron/Gown	Gloves	Eye Shield	Surgical Mask	P2/N95 Respirator	Door Shut	Negative Pressure	Notifiable - Y		Cleaning - A / B	
Herpes simplex virus infection (HSV 1 or 2) Oral, genital or encephalitis	HSV 1 - contact with saliva HSV 2 - usually by sexual contact	√															A	+ Infected staff will require urgent review for leave/redeployment in high risk clinical areas
Herpes simplex virus Disseminated	Contact with fluid from lesions or contaminated fomites / environment	√	√			√	√	√	√								A	+ Duration of precautions until lesions are dried and crusted + Immune compromised staff should not care for patients + Infected staff will require urgent review for leave/ redeployment in high risk clinical areas + Neonates are at high risk of severe infection
Human Immunodeficiency Virus (HIV)	Blood-borne	√													Y		A	
Human Metapneumovirus (hMPV)	Contact with nasal & respiratory secretions	√		√		√	√	√	√	#	√						A	+ Duration of precautions for duration of illness. + Patient to wear surgical mask when outside room
Impetigo (School sores)	Contact with sores or indirectly with contaminated clothing	√	√			√	√	√	√								B	+ Patient is infectious as long as there is discharge from the sores or until 24 hours after effective antibiotic treatment. + Cover sores with water-tight dressing

Table of Infectious Diseases, Modes of Transmission and Recommended Precautions

NOTE: To be read in conjunction with [PD2017_013 Infection Control Policy](#) , [Infection Prevention and Control Practice Handbook](#) and [SESLH DPR/581 Management of Acute Viral Respiratory Illness](#)

Transmissible Infection or Disease/MRO (Links to patient information sheets)	Transmission Route	Type of Precautions				PPE & Environmental Control Required for Transmission Based Precautions											Comments	
		Standard	Contact	Droplet	Airborne	Single Room	Door Sign	Apron/Gown	Gloves	Eye Shield	Surgical Mask	P2/N95 Respirator	Door Shut	Negative Pressure	Notifiable - Y	Cleaning - A / B		
Influenza	Contact with droplets from nose or mouth or indirectly from contaminated fomites / environment	√	√	√		√	√	√	√	#	√	#			Y	A	<ul style="list-style-type: none"> + Annual immunisation of staff recommended + Patients are infectious for 5 days after onset of symptoms (longer in children). + Patients to wear surgical mask when outside of room + If aerosolising procedures are performed a single room is required with door closed and HCW to wear P2/N95 	
Klebsiella pneumoniae Multi-Resistant	Contact with contaminated skin or secretions, HCW hands, environment	√	√			√	√	√	#				√					
Legionellosis (Legionnaires' Disease) <i>Legionella longbeachae</i> and <i>Legionella pneumophila</i>	Inhalation of contaminated soil, potting mix or water from contaminated sources	√													Y	A	<ul style="list-style-type: none"> + Not transmitted from person to person 	
Leprosy	Possible close contact with respiratory & nasal secretions	√	√							#							A	<ul style="list-style-type: none"> + Untreated lepromatous leprosy should be isolated with contact precautions for at least 72 hours after treatment is commenced

Table of Infectious Diseases, Modes of Transmission and Recommended Precautions

NOTE: To be read in conjunction with [PD2017_013 Infection Control Policy](#) , [Infection Prevention and Control Practice Handbook](#) and [SESLH DPR/581 Management of Acute Viral Respiratory Illness](#)

Transmissible Infection or Disease/MRO (Links to patient information sheets)	Transmission Route	Type of Precautions				PPE & Environmental Control Required for Transmission Based Precautions										Comments		
		Standard	Contact	Droplet	Airborne	Single Room	Door Sign	Apron/Gown	Gloves	Eye Shield	Surgical Mask	P2/N95 Respirator	Door Shut	Negative Pressure	Notifiable - Y		Cleaning - A / B	
Leptospirosis <i>Leptospira species</i>	Inhalation; or contact of skin and mucous membranes with, moist soil and/or vegetation contaminated with urine of infected animals	√															A	+ Person to person transmission is rare
Lice (pediculosis) Head and Body	Close person to person contact	√	√					√	√								A	+ Patient is infective until 24 hours of effective treatment + Repeat treatment after 7 days
Listeriosis - <i>Listeria monocytogenes</i>	Ingestion of contaminated food	√														Y	A	+ Person to person transmission is rare, except for vertical transmission from mother to foetus
Malaria	Vector transmission by mosquitoes	√														Y	A	+ Not transmitted from person to person
Measles (<i>Rubeola virus</i>)	Inhalation of respiratory secretions	√			√	√	√					√	√	√		Y	A	+ Non-immune staff should not care for patient. + Airborne precautions are required for 4 days after onset of rash + Patients transported for tests/procedures to wear a surgical mask if infectious + Room must be left 30 minutes prior to reuse
Melioidosis <i>Burkholderia pseudomallei</i>	Inoculation, inhalation of contaminated soil or water	√															A	+ Not transmitted from person to person

Table of Infectious Diseases, Modes of Transmission and Recommended Precautions

NOTE: To be read in conjunction with [PD2017_013 Infection Control Policy](#) , [Infection Prevention and Control Practice Handbook](#) and [SESLHDP/581 Management of Acute Viral Respiratory Illness](#)

Transmissible Infection or Disease/MRO (Links to patient information sheets)	Transmission Route	Type of Precautions				PPE & Environmental Control Required for Transmission Based Precautions											Comments		
		Standard	Contact	Droplet	Airborne	Single Room	Door Sign	Apron/Gown	Gloves	Eye Shield	Surgical Mask	P2/N95 Respirator	Door Shut	Negative Pressure	Notifiable - Y	Cleaning - A / B			
Meningococcal disease - Neisseria meningitidis	Close contact with respiratory droplets	√		√		√	√										Y	A	+ Patient is infectious until 24 hours of effective antibiotic treatment + Discuss with Public Health Unit
Molluscum Contagiosum - <i>molluscipoxvirus</i>	Direct skin to skin contact where skin is broken	√																A	+ Common skin infection, especially amongst children + Affected children should be excluded from playroom or communal activities
Middle Eastern Respiratory Syndrome Coronavirus (MERS)	Airborne	√	√		√	√	√	√	√		√	√	√				Y	B	+ Notify PHU immediately on suspicion
Methicillin resistant Staphylococcus aureus (MRSA)	Contact with contaminated skin or secretions, HCW hands, environment	√	√			√	√	√	#										+ Risk assess for patient placement and PPE requirements
Monkeypox	Contact, respiratory droplets	✓	✓	✓	✓	√	√	√	√		√	√	√				Y	B	+ People who have monkeypox should isolate from others until the rash is fully resolved (this process happens over a period of 2-3 weeks) and advised by their treating clinician. Once all scabs have fallen off, a person is no longer contagious
Mumps	Contact with respiratory droplets and secretions and indirectly from contaminated fomites/environment	√		√		√			√	#	√						Y	A	+ Patient is infectious until 9 days after onset of swelling reported + Non-immune staff should avoid caring for patient

Table of Infectious Diseases, Modes of Transmission and Recommended Precautions

NOTE: To be read in conjunction with [PD2017_013 Infection Control Policy](#) , [Infection Prevention and Control Practice Handbook](#) and [SESLHDPR/581 Management of Acute Viral Respiratory Illness](#)

<p>Mycobacteria e.g. M. chimaera, <i>M avium</i>, <i>M kansaslii</i> (atypical TB)</p>	<p>Innoculation, inhalation. Contaminated environment (soil, dust and groundwater)</p>	<p>√</p>													<p>A</p>	<p>+ Not transmitted person to person + For cases of <i>M leprae</i> - see Leprosy</p>
--	--	----------	--	--	--	--	--	--	--	--	--	--	--	--	----------	--

Table of Infectious Diseases, Modes of Transmission and Recommended Precautions

NOTE: To be read in conjunction with [PD2017_013 Infection Control Policy](#) , [Infection Prevention and Control Practice Handbook](#) and [SESLH DPR/581 Management of Acute Viral Respiratory Illness](#)

Transmissible Infection or Disease/MRO (Links to patient information sheets)	Transmission Route	Type of Precautions				PPE & Environmental Control Required for Transmission Based Precautions											Comments	
		Standard	Contact	Droplet	Airborne	Single Room	Door Sign	Apron/Gown	Gloves	Eye Shield	Surgical Mask	P2/N95 Respirator	Door Shut	Negative Pressure	Notifiable - Y	Cleaning - A / B		
Mycobacterium tuberculosis (TB) - Pulmonary (or laryngeal) - Extra pulmonary, draining lesion	Inhalation of airborne, aerosolised droplet nuclei	√			√	√	√				#	√	√	√	Y	A	+ Precautions required until 3 negative sputum smears i.e. lower infectivity&/or lesion drainage has ceased + Patient to wear surgical mask when outside room or attending tests + P2/N95 mask must be worn when performing wound care + Room not to be cleaned until 30 mins after patient has left. Confirm AHU cycles with IP&C	
<i>Mycoplasma pneumoniae</i>	Respiratory secretions	√		√		√	√				#	√					A	
Parainfluenza	Respiratory secretions	√	√	√		√	√				#	√					A	+ Precautions required for duration of illness/symptoms + Patient to wear surgical mask when outside room
Parvovirus B19 (Fifth disease, “slapped cheek”, <i>erythema infectiosum</i>)	Respiratory secretions	√		√		√	√				#	√					A	+ Immune compromised individuals may be infected for longer periods + Can cross the placenta (rare). Infected pregnant women need urgent referral to an obstetrician + Pregnant healthcare workers must not look after infected patient(s)

Table of Infectious Diseases, Modes of Transmission and Recommended Precautions

NOTE: To be read in conjunction with [PD2017_013 Infection Control Policy](#) , [Infection Prevention and Control Practice Handbook](#) and [SESLH DPR/581 Management of Acute Viral Respiratory Illness](#)

Transmissible Infection or Disease/MRO (Links to patient information sheets)	Transmission Route	Type of Precautions				PPE & Environmental Control Required for Transmission Based Precautions											Comments
		Standard	Contact	Droplet	Airborne	Single Room	Door Sign	Apron/Gown	Gloves	Eye Shield	Surgical Mask	P2/N95 Respirator	Door Shut	Negative Pressure	Notifiable - Y	Cleaning - A / B	
Pneumococcal Disease - <i>Streptococcus pneumoniae</i>	Respiratory droplets	√													Y	A	+ Use droplet precautions if there is evidence of transmission within the facility
Poliomyelitis	Close contact with faeces and respiratory droplets	√				√									Y	A	+ Notify acute flaccid paralysis + HCWs may require (re)vaccination + Non immune staff should not care for these patients
Psittacosis - <i>Chlamydia psittaci</i>	Inhalation of infected bird droppings	√													Y	A	+ Not transmitted from person to person
<i>Pseudomonas aeruginosa</i> Multi-resistant	Contact with contaminated skin or secretions, HCW hands, environment	√	√			√	√	√		#	#					B	+ A surgical mask should be worn if patient is coughing particularly if expectorating sputum
Q fever - <i>Coxiella burnetii</i>	Inhalation infected animal tissue or contaminated soil and dust	√													Y	A	+ Not transmitted person to person (rarely by sexual contact)
Rabies / Australian Bat Lyssavirus (ABLV)	Transmitted by bites and scratches from an infected animal	√													Y	A	+ Contact PHU to risk assess exposure and to organise PEP
Respiratory Syncytial Virus (RSV)	Respiratory secretions	√	√	√		√	√	#	√	#	√					A	

Table of Infectious Diseases, Modes of Transmission and Recommended Precautions

NOTE: To be read in conjunction with [PD2017_013 Infection Control Policy](#) , [Infection Prevention and Control Practice Handbook](#) and [SESLHDP/581 Management of Acute Viral Respiratory Illness](#)

Transmissible Infection or Disease/MRO (Links to patient information sheets)	Transmission Route	Type of Precautions				PPE & Environmental Control Required for Transmission Based Precautions											Comments	
		Standard	Contact	Droplet	Airborne	Single Room	Door Sign	Apron/Gown	Gloves	Eye Shield	Surgical Mask	P2/N95 Respirator	Door Shut	Negative Pressure	Notifiable - Y	Cleaning - A / B		
Rhinovirus and Coronavirus (non-COVID-19, non-MERS, non-SARS)	Respiratory secretions	✓	✓	✓						#	✓						A	
Roseola/Human herpes virus 6	Transmission thought to be via oral secretions. Low infectivity	✓															A	
Ross river virus	Vector transmission by mosquitoes.	✓												Y		A	+ Not transmitted from person to person	
Scabies	Skin to skin contact or from infested fomites	✓	✓			✓	✓	✓	✓								A	+ Patients requires isolation in single room until at least 24 hours after completion of appropriate treatment. Patient placement requires a risk assessment + If in HCF refer to SESLHD procedure . Norwegian Scabies is extremely infectious
Severe acute respiratory syndrome (SARS)	Inhalation or contact with respiratory secretions, urine, faeces	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	Y		B	+ Infectious for duration of illness, plus 10 days after resolution of fever provided respiratory symptoms are absent or improving. + P2/N95 mask must be worn	
Shingles (herpes zoster) Varicella Zoster virus - Localised	Contact with fluid from lesions or contaminated fomites / environment	✓	✓			✓	✓	✓	✓								A	+ Precautions are required until all vesicles are dried and crusted. + Direct contact with blister fluid can cause chickenpox in a non-immune person + Non-immune staff should not care for patients

Table of Infectious Diseases, Modes of Transmission and Recommended Precautions

NOTE: To be read in conjunction with [PD2017_013 Infection Control Policy](#) , [Infection Prevention and Control Practice Handbook](#) and [SESLH DPR/581 Management of Acute Viral Respiratory Illness](#)

Transmissible Infection or Disease/MRO (Links to patient information sheets)	Transmission Route	Type of Precautions				PPE & Environmental Control Required for Transmission Based Precautions											Comments
		Standard	Contact	Droplet	Airborne	Single Room	Door Sign	Apron/Gown	Gloves	Eye Shield	Surgical Mask	P2/N95 Respirator	Door Shut	Negative Pressure	Notifiable - Y	Cleaning - A / B	
Shingles (herpes zoster) Varicella Zoster virus - Disseminated	Contact with fluid from lesions or contaminated fomites / environment	√	√		√	√	√	√				√	√	√		A	+ Non-immune staff should not care for patients + Urgent referral to an obstetrician. Post exposure prophylaxis required in high risk cases of late pregnancy.
Staphylococcus infections (skin, wound, pneumonia) Causes Impetigo	Skin to skin transmission	√														A	+ Affected children should be excluded from playroom or communal activities
Streptococcal infections – Group A C G - Wounds and burns, endometritis (puerperal sepsis)	Colonisation during delivery Contact transmission	√	√	#		√	√	√	√							A	+ If the infection occurs peri partum, a medical assessment is required and treatment will be commenced according to severity + Causes puerperal sepsis and should be treated prophylactically around birthing.
Streptococcal infections – Group A C G	Contact with respiratory droplets	√	√	√												A	+ Infectious until 24 hours after effective treatment. + Scarlet fever or pharyngitis in infants & young children
Streptococcal; infections - Group B (neonatal)	Vertical transmission (mother to baby)	√														A	
Streptococcus pneumoniae	Respiratory secretions	√														A	+ Use droplet precautions if there is evidence of transmission within the facility

Table of Infectious Diseases, Modes of Transmission and Recommended Precautions

NOTE: To be read in conjunction with [PD2017_013 Infection Control Policy](#) , [Infection Prevention and Control Practice Handbook](#) and [SESLHDP/581 Management of Acute Viral Respiratory Illness](#)

Transmissible Infection or Disease/MRO (Links to patient information sheets)	Transmission Route	Type of Precautions				PPE & Environmental Control Required for Transmission Based Precautions											Comments
		Standard	Contact	Droplet	Airborne	Single Room	Door Sign	Apron/Gown	Gloves	Eye Shield	Surgical Mask	P2/N95 Respirator	Door Shut	Negative Pressure	Notifiable - Y	Cleaning - A / B	
Syphilis	Sexual or vertical transmission (mother to baby)	√													Y	A	
Tetanus	Inoculation from contaminated environment	√													Y	A	+ Not transmitted person to person Immunisation required
Toxoplasmosis	Ingestion of contaminated food or contact with infected animals	√														A	+ Rarely transmitted person to person. + Vertical (mother to baby) or blood transfusion
Trachoma <i>Chlamydia trachomatis</i>	Contact with infected eye secretions.	√														A	
Trichomoniasis <i>Trichomonas vaginalis</i>	Sexually transmitted	√														A	
Typhoid fever <i>Salmonella Typhi</i>	Ingestion of contaminated food and water	√	√			√	√	√	√						Y	B	+ Infectious (faecal-oral route) for duration of illness + Must stay in single room for duration of hospitalisation
Vancomycin resistant enterococci (VRE)	Contact with contaminated skin or secretions, HCW hands, environment	√	√			√	√	√	#							B	+ Risk assess for the need for patient placement and PPE

Table of Infectious Diseases, Modes of Transmission and Recommended Precautions

NOTE: To be read in conjunction with [PD2017_013 Infection Control Policy](#) , [Infection Prevention and Control Practice Handbook](#) and [SESLHDPR/581 Management of Acute Viral Respiratory Illness](#)

Transmissible Infection or Disease/MRO (Links to patient information sheets)	Transmission Route	Type of Precautions				PPE & Environmental Control Required for Transmission Based Precautions											Comments		
		Standard	Contact	Droplet	Airborne	Single Room	Door Sign	Apron/Gown	Gloves	Eye Shield	Surgical Mask	P2/N95 Respirator	Door Shut	Negative Pressure	Notifiable - Y	Cleaning - A / B			
Whooping Cough (Pertussis)	Respiratory droplets	√		√		√	√										Y	A	+ Infectious until completion of 5 days of appropriate antibiotics + If no antibiotic treatment has been commenced they are infectious for 21 days from onset of symptoms
Worms - tapeworm, pinworm or threadworm	Ingestion and faecal to oral route.	√																A	
Zika	Vector borne Can be sexually transmitted and from blood transfusions	√															Y	A	+ Refer to latest travel alerts prior to going to high risk countries