

## 1.1 Precautions for Specific Infections

This document should be read in conjunction with:-

Section 1.12 Notifiable Diseases  
 Section 2.1 Hand Washing  
 Section 3.1 Outbreaks of Infection  
 Section 3.6 Isolation Policy  
 Section 3.7 Isolation Procedures  
 Section 3.11 Waste Disposal  
 Section 3.14 Standard (Universal Precautions)

### 1.1.1 Introduction

Each of the following diseases shown on the following chart are categorised in alphabetical order. They signify how the disease is spread, the type of isolation required, the necessary precautions, and the required duration of these precautions.

### 1.1.2 Mode of Spread

- a) **Contact (direct or indirect)** via hands or equipment. Most infections can be spread in this way. e.g. urinary tract infections wound infections, scabies, MRSA, Group A Streptococci etc.
- b) **Blood borne** – via inoculation or contamination of mucous membranes with blood or body fluids. e.g. HIV, Hepatitis B & C.
- c) **Airborne/Respiratory** - through dispersal of skin scales or droplets from the mouth and nose. e.g. chickenpox, Staphylococcal pneumonia, open pulmonary Tuberculosis, MRSA, whooping cough, measles, mumps etc.
- d) **Enteric** – ingestion through consumption of contaminated food. E.g. Hepatitis A and Gastro-enteritis

### 1.1.3 Type of Isolation

- a) **Source** – this is used when the patient is the source of the infection e.g. MRSA, *Clostridium difficile*.
- b) **Protective** – this is used when the patient is severely immuno-compromised and is at risk of acquiring an infection from others e.g. neutropenic, haematology patients.
- c) **Strict** – this is used for patients with highly infectious conditions e.g. viral haemorrhagic fever, rabies etc. These patients should be transferred to an

Infectious Diseases Unit as soon as possible (unless advised otherwise by the Infection Prevention and Control Team) Trust does not have the necessary facilities to care for these patients.

Refer also to Section 3.6 Isolation Policy and Section 3.7 Isolation Procedures

#### 1.1.4 Hand Hygiene

- a) The hands of Health Care workers are probably the most important vehicles of cross-infection and it is essential that effective methods should be used to minimize this route.
- b) Hands must be decontaminated by an effective method between and after contact with patients' with specific infections.

Refer to Section 2.1 Hand Hygiene

#### 1.1.5 Protective Clothing

- a) **Aprons**
  - i) A water repellent apron is required to prevent the transfer of bacteria from clothing to the patient and vice versa.
  - ii) An impervious long sleeved gown may be required for certain conditions and in certain circumstances when infectivity is high. i.e. haemorrhagic fever and SARS. These can be obtained from stores.
- b) **Gloves**

Gloves must be worn for handling patients with infectious conditions and handling contaminated objects.
- c) **HEPA masks**

A HEPA type mask is preferred for certain infected patients (as stated) particularly to protect the Health Care Worker against respiratory pathogens.
- d) **Goggles, visors, face shields**

Eye protection is essential when there is a risk of splashing or aerosol spray.

Refer to Section 3.14 Universal Precautions

#### 1.1.6 Linen, Crockery and other Non-disposable Equipment

These must be decontaminated between patients by cleaning, cleaning and then disinfection or sterilization.

Linen must be managed as per infectious linen. (Refer to Section 3.8 Laundry)

Crockery must be processed through the ward dishwasher where this is available or via the dishwasher in the kitchens.

For decontamination of other medical equipment refer to Section 4.3 – Decontamination of Medical Equipment.

Key: (x) Refer to comments for additional information  
 CCDC Consultant in Communicable Disease Control (via Consultant Microbiologist on call)  
 V Visor required  
 G Long sleeved water repellent gown required  
 \* Notifiable Disease – under Public Health Legislation. Refer to Section 1.12

### Precautions for Specific Infections

Disease or Condition	Mode of Spread	Type of Isolation	Hand Washing	Blue Apron	Gloves	HEPA Mask	Linen Hazard	Crockery Hazard	Duration of Precautions	Comments
Agranulocytosis		Protective	X	X	(X)				Duration of hospitalisation	Sterile gloves should be worn for invasive procedures.
Aplastic Anaemia		Protective	X	X	(X)				Duration of hospitalisation	Sterile gloves should be worn for invasive procedures.
*Anthrax-cutaneous	Direct inoculation of spores into wound		X	X	X				Gloves and aprons to be worn for contact with lesions	Inform Infection Prevention and Control Team immediately. Complete notification form.
*Anthrax-pulmonary	Inhalation of spores		X							Inform Infection Prevention and Control Team immediately. Complete notification form.
Chickenpox (Varicella)	Respiratory/vesicle fluid	Source	X	X	(X)		X		Until lesions are crusted (approx. 7 days from eruption)	Exclude non-immune staff from day 10-21 after contact. Keep visitors to minimum avoiding other patient contact.
*Cholera	Faecal	Source	X	X	X		X		Duration of illness and until stool culture negative.	Inform CCDC. Complete notification form. Almost always involves patient returning from aboard.
Cytomegalovirus (CMV) Congenital CMV	Variable	Source Isolate neonate	X X	X X	X X				May need precautions throughout hospitalisation.	Not to be cared for by pregnant staff.
Dermatitis - severe non-infected - severe infected		Protective Source	X X	X X	X X				At discretion of clinician. Until infection cured.	Ensure door closed for bedmaking.

Key: (x) Refer to comments for additional information  
 CCDC Consultant in Communicable Disease Control (via Consultant Microbiologist on call)  
 V Visor required  
 G Long sleeved water repellent gown required  
 \* Notifiable Disease – under Public Health Legislation. Refer to Section 1.12

Disease or Condition	Mode of Spread	Type of Isolation	Hand Washing	Blue Apron	Gloves	HEPA Mask	Linen Hazard	Crockery Hazard	Duration of Precautions	Comments
Diarrhoea ? Cause	Faecal/Vomit if viral	Source	X	X	X		X		According to causative organism but at least until asymptomatic for 48 hours.	During outbreaks on wards, affected patients may be cohorted together on IPCT advice. If suspected food poisoning complete notification form
*Diphtheria	Respiratory/ Pharyngeal secretions	Strict	X	X	X	X	X	X	Until 2 cultures taken 24 hrs after cessation of treatment are negative.	Contacts should receive booster immunisation and antibiotics. Un-immunised contacts should receive full course of diphtheria vaccine. CCDC will advise on any vaccinations/treatments necessary for contacts. Transfer to Infectious Diseases Unit as soon as possible. Complete Notification Form.
*Encephalitis (as for viral meningitis)	Variable	Not essential	(X)	(X)	(X)				Single room preferable for ease of nursing care.	Precautions dependent on causative organism. Microbiologist will advise. Complete Notification Form
Epiglottitis	Respiratory/ Pharyngeal secretions	Source	X	X	X	(X)			For first 24 hrs of treatment.	Masks worn during episodes of close contact.
Gas gangrene	Non transmissible from human to human	Not essential	X	(X)	(X)				Single room preferable for ease of nursing care.	Aprons and gloves should be worn when dressing changed.
Gastroenteritis (See Diarrhoea)										
*German Measles (Rubella)	Respiratory/ Pharyngeal secretions	Source	X	X	X				Until 7 days after onset of rash.	NOT to be cared for by pregnant staff. Complete Notification Form.

Key: (x) Refer to comments for additional information  
 CCDC Consultant in Communicable Disease Control (via Consultant Microbiologist on call)  
 V Visor required  
 G Long sleeved water repellent gown required  
 \* Notifiable Disease – under Public Health Legislation. Refer to Section 1.12

Disease or Condition	Mode of Spread	Type of Isolation	Hand Washing	Blue Apron	Gloves	HEPA Mask	Linen Hazard	Crockery Hazard	Duration of Precautions	Comments
Glandular fever (EBV) (Infectious mononucleosis)	Pharyngeal secretions	Not essential	X							Close contact e.g. kissing thought to be needed for transmission.
*Haemorrhagic fevers (Lassa, Marburg, Ebola, Congo-Crimean)	Variable	Strict	X	X	G	X	X	V	Duration of illness.	Inform Infection Control Team and CCDC immediately. Complete Notification Form (refer to Section 1.12) Patient should be transferred to Infectious Diseases Unit as soon as possible (refer to Section 1.16)
*Hepatitis A (Infectious Hepatitis)	Faecal/oral	Source	X	X	X		(X)		Until 7 days after onset of jaundice.	Linen may be a hazard if patient also has diarrhoea. Microbiologist will advise if immunisation of staff required. Inform CCDC. Complete Notification Form.
*Hepatitis B (Serum Hepatitis)	Blood/some body fluids	Source <b>only</b> if patient bleeding.	X	(X)	(X)	V			Until patient is Hep B Surface Antigen Negative. Visor required if patient bleeding.	Gloves and aprons must be worn when handling blood or blood-soiled articles. Avoid needlestick/ inoculation injury. Refer to Section 3.4
*Hepatitis C	Blood/some body fluids	Source <b>only</b> if patient actively bleeding	X	(X)	(X)	V			Visor required if patient bleeding.	Gloves and aprons must be worn when handling blood or blood-soiled articles. Avoid needlestick/ inoculation injury. Complete Notification Form if new case.
Herpes Simplex Neonatal Infection	Variable	Source isolation for severe paediatric infections	X	X	X				Duration of illness	Staff with active Herpes simplex infections should be excluded from neonatal, maternity or children's ward.

Key: (x) Refer to comments for additional information  
 CCDC Consultant in Communicable Disease Control (via Consultant Microbiologist on call)  
 V Visor required  
 G Long sleeved water repellent gown required  
 \* Notifiable Disease – under Public Health Legislation. Refer to Section 1.12

Disease or Condition	Mode of Spread	Type of Isolation	Hand Washing	Blue Apron	Gloves	HEPA Mask	Linen Hazard	Crockery Hazard	Duration of Precautions	Comments
Herpes Zoster (Shingles)	Vesicle Fluid	Not essential	X	(X)	(X)				Until all lesions are crusted.	Gloves and aprons only necessary if handling affected skin area. Staff susceptible to chickenpox should be excluded. Refer to Occupational Health guidelines for staff in contact with Herpes Zoster/ chickenpox.
HIV	Blood/some body fluids	Not essential unless patient actively bleeding or sputum inducing procedure required	X	(X)	(X)	V			Visor required if patient bleeding	Gloves must be worn when handling blood or blood soiled articles. Avoid needlestick/ inoculation injuries. <b>Patient may require isolation for secondary infections e.g. open pulmonary TB, diarrhoea. (Refer to Section 1.2)</b>
Impetigo	Hands/Airborne	Source	X	X	X				48 hrs after start of effective antibiotic therapy.	
Influenza	Respiratory droplets and contact with contaminated surfaces.	Source	X	X	X				Duration of illness.	In absence of an epidemic, influenza may be difficult to diagnose. During epidemics, patient's believed to be infected may be placed in same bay (cohorting). Only on the advice of the Infection Prevention and Control Team. Masks may be required in the event of a pandemic refer to Section 1.17. Frequently touched surfaces cleaned at least twice per day with detergent and hot water.
Legionnaires Disease	Not transmissible from human to human	Not essential	X							Single room may be advisable for medical/nursing care. Inform CCDC.

Key: (x) Refer to comments for additional information  
 CCDC Consultant in Communicable Disease Control (via Consultant Microbiologist on call)  
 V Visor required  
 G Long sleeved water repellent gown required  
 \* Notifiable Disease – under Public Health Legislation. Refer to Section 1.12

Disease or Condition	Mode of Spread	Type of Isolation	Hand Washing	Blue Apron	Gloves	HEPA Mask	Linen Hazard	Crockery Hazard	Duration of Precautions	Comments
*Leptospirosis	Contamination of skin and mucosa	Not essential		(X)	(X)					Wear gloves and aprons when dealing with excreta. Complete Notification Form.
*Malaria	Blood			(X)	(X)					Wear gloves and aprons and use caution when handling blood and when manipulating IV cannula etc. Complete Notification Form.
*Measles	Respiratory/ Pharyngeal secretions	Source	X	X	X				Until 5 days after onset of rash.	Staff status should be checked if necessary. Susceptible staff and visitors should be excluded if in close contact. Microbiologist will advise on need for immunisation. CCDC will advise contacts in community. Complete Notification Form.
*Meningitis – Pneumococcal, Haemophilus, coliform	Respiratory	Not essential								Single room may be advisable for medical/nursing care. Inform CCDC. Complete Notification Form.
*Meningitis - Viral	Respiratory/ Faecal	Source – suggest not essential	X	X	X				Duration of illness.	Enteroviruses, transmitted in faeces are most common causes. Care with faeces. Complete Notification Form.
*Meningococcaemia (Meningococcal Sepsis) Meningococcal Meningitis	Respiratory/ Pharyngeal secretion	Source	X	X	X	(X)			48 hrs after starting effective therapy.	Masks should be worn for meningococcal meningitis during close contact while in isolation e.g. physiotherapy, tracheal suction. Inform CCDC. Complete Notification Form.



Key: (x) Refer to comments for additional information  
 CCDC Consultant in Communicable Disease Control (via Consultant Microbiologist on call)  
 V Visor required  
 G Long sleeved water repellent gown required  
 \* Notifiable Disease – under Public Health Legislation. Refer to Section 1.12

Disease or Condition	Mode of Spread	Type of Isolation	Hand Washing	Blue Apron	Gloves	HEPA Mask	Linen Hazard	Crockery Hazard	Duration of Precautions	Comments
MRSA	Hand contact Skin scales Contaminated equipment	Source	X	X	X		X		Duration of colonisation/ infection.	Refer to Section 1.11. Keep door closed for bed making and physiotherapy sessions. Dedicate equipment for affected patient only. When isolation facilities are limited patients may be cohort nursed refer to Section 3.6 and 1.11
*Mumps	Pharyngeal secretions	Source	X	X	X				9 days after onset of parotid swelling.	Staff and visitors with no history of Mumps or immunisation should be excluded. Complete Notification Form.
Neutropenia (neutrophils less than $1 \times 10^9/L$ )		Protective	X	X	(X)				Dependent upon neutrophil count.	Sterile gloves should be worn for invasive procedures.
*Ophthalmia Neonatorum (Gonococcal)	Hands	Source	X		(X)				24 hrs after appropriate treatment started.	Emphasise careful hand washing by staff after contact. Complete Notification Form.
Pediculosis (Head lice, crab lice, body lice)	Infested area		X	X	X		X		Until successfully treated. Single room not necessary.	Refer to Section 1.9 – Lice
Panton Valentine Leukocidin – PVL	<a href="http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1218699411960">http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1218699411960</a> <a href="http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/PantonValentineLeukocidinPVL">http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/PantonValentineLeukocidinPVL</a>									
*Pertussis (Whooping Cough)	Respiratory/ Pharyngeal secretions	Source	X	X	X				For 7 days after start of effective therapy.	Health Protection Team will advise if household contacts require antibiotic prophylaxis and possibly immunisation. Inform CCDC. Complete Notification Form.
*Plague Bubonic Pneumonic	Respiratory	Strict	X	X	X	X	X	X		Inform Microbiologist immediately. Transfer to Infectious Diseases Unit as soon as possible. Inform CCDC. Complete Notification Form.

Key:	(x)	Refer to comments for additional information
	CCDC	Consultant in Communicable Disease Control (via Consultant Microbiologist on call)
	V	Visor required
	G	Long sleeved water repellent gown required
	*	Notifiable Disease – under Public Health Legislation. Refer to Section 1.12

Disease or Condition	Mode of Spread	Type of Isolation	Hand Washing	Blue Apron	Gloves	HEPA Mask	Linen Hazard	Crockery Hazard	Duration of Precautions	Comments
Poliomyelitis	Faecal/ Pharyngeal secretions	Source	X	X	X	(X)	(X)		For 7 days after onset.	Linen may be hazardous if contaminated with faeces. Masks advisable for first few days. Immunisation status of contacts should be checked. Transfer to Infectious Diseases Unit as soon as possible.
Psittacosis	Respiratory/ Pharyngeal secretions	Source	X	X	X	(X)			For 7 days after start of effective treatment.	Masks should be worn if patient coughing heavily. Inform CCDC.
*Rabies	Respiratory/ Pharyngeal secretions	Strict	X	X	X	X	X	X	Duration of illness.	Transfer to Infectious Diseases Unit as soon as possible.
Respiratory Syncytial Virus (RSV) (Bronchiolitis in infants)	Respiratory/ Pharyngeal secretions	Source	X	X	(X)				Duration of illness	During epidemics, infants with suspected RSV may be cohorted together on advice from Infection Prevention and Control Team.
Ringworm	Direct		X							Skin scrapings required for diagnosis.
SARS (Severe Acute Respiratory Syndrome)	Respiratory droplets. Hand contact	Strict	X	G	X	X (V)	X		Up to 10 days following the onset of symptoms	Isolate immediately until arrangements can be made for transfer to Infectious Disease Unit. Inform Infection Prevention and Control Team and CCDC immediately. Refer to Section 1.13.
Scabies										Refer to Section 1.14 – Scabies
Shingles										Refer to Herpes Zoster

Key: (x) Refer to comments for additional information  
 CCDC Consultant in Communicable Disease Control (via Consultant Microbiologist on call)  
 V Visor required  
 G Long sleeved water repellent gown required  
 \* Notifiable Disease – under Public Health Legislation. Refer to Section 1.12

Disease or Condition	Mode of Spread	Type of Isolation	Hand Washing	Blue Apron	Gloves	HEPA Mask	Linen Hazard	Crockery Hazard	Duration of Precautions	Comments
*Smallpox	Respiratory and contact	Strict	X	X	X	X	X	X		Isolate immediately until arrangements can be made for transfer to Infectious Disease Unit. Inform Infection Prevention and Control Team and CCDC immediately. Complete Notification Form. Refer to Section 1.13
Streptococcal Infection (Group A Streptococci)	Respiratory/ Pharyngeal secretions, skin lesions	Source	X	X	X				48hrs after start of effective treatment.	
*Tetanus	Not transmissible from human to human	Not essential								Single room preferable mainly for nursing care. Complete Notification Form.
Toxic Shock Syndrome	Mainly hand	Not essential	X	X	X				Duration of illness	Need to prevent spread of staphylococci via hands.
*Tuberculosis – open including pulmonary, urinary or draining lesions.	Variable	Source	X	X	X	X	X		Depending on site of infection and clinical response. Usually 2-3 weeks after start of effective treatment.	Staff and visitors who are not immune should avoid contact. Only those (including small children) who have already been in close contact should visit. Refer to Section 1.15 – Tuberculosis. Not to be cared for by HIV positive staff. Inform CCDC. Complete Notification Form.
Multi Drug Resistance	Variable	Source	X	X	X	X	X		Infection Control Team will advise.	
- closed	Not transmissible	Not essential							Isolation not required.	
*Typhoid (Enteric Fever)	Faecal	Source	X	X	X		(X)		Duration of illness.	Linen may be hazardous if contaminated with faeces.
Viral Haemorrhagic fever	Respiratory and contact	Strict	X	X	X	X	X	X	Duration of illness.	Until review by consultant microbiologist

Key: (x) Refer to comments for additional information  
CCDC Consultant in Communicable Disease Control (via Consultant Microbiologist on call)  
V Visor required  
G Long sleeved water repellent gown required  
\* Notifiable Disease – under Public Health Legislation. Refer to Section 1.12