

OFFICIAL

Infection prevention and control (IPC)

Management of infectious diseases summary table

Version 3.2

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SA Health

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Abbreviations

ABHR	Alcohol-based hand rub
AGB	Aerosol-generating behaviours
AGP	Aerosol-generating procedure
IPC	Infection prevention and control
MRO	Multi-resistant organism
PFR	Particulate filter respirator
PoCT	Point of care test
PPE	Personal protective equipment
SP	Standard precautions
TBP	Transmission-based precautions

Scope

This document is designed to provide information regarding the management of patients with specified infectious diseases. The Infection Control Management of Infectious Diseases Summary Table is intended for use as a guide for management of patients with confirmed pathology. During infectious disease outbreaks, additional measures may be implemented as per local, state, and national guidelines.

Infection control principles

The infection prevention and control (IPC) management, systems and actions aimed to minimise the risks associated with infectious diseases in healthcare settings should be based on a local risk assessment and include principles described in the hierarchy of controls in IPC. The hierarchy of controls is a risk management-based model which assists to identify and rank various controls by reliability and effectiveness. Refer to the Australian Commission on Safety and Quality in Health Care [Use of the hierarchy of controls in infection prevention and control – Factsheet](#) for further information.

Applying standard and transmission-based precautions and risk-based principles

Applying standard and transmission-based precautions and risk-based principles to guide the use of personal protective equipment (PPE)

- > The application of standard and transmission-based precautions (TBP) is based on a risk assessment process as per national infection control guidelines and National Safety and Quality Health Service Standards, which includes Preventing and Controlling Infections.
- > In situations where a patient presents with signs and symptoms of respiratory illness for where the cause is unknown and there is a risk of transmission of infectious disease spread via the respiratory route e.g. via droplets and/or aerosols, the use of a particulate filter respirator (PFR) (i.e. P2/N95 or equivalent) is recommended as part of other indicated PPE.
- > Once the causative agent causing the respiratory illness has been identified, the level of PPE and respiratory protection should be risk assessed and adjusted as required for the level of TBP that apply.
- > It is recommended that PFRs should be used when performing aerosol generating procedures (AGP) regardless of the patient's infectious status.
- > Refer to the [Australian Guidelines for the Prevention and Control of Infection in Healthcare \(2022\)](#) for further information regarding risk-based principles.

Standard precautions (SP) must be applied when caring for any patient regardless of their infectious disease status.

Whenever there is a risk of contact with any body fluids (excluding sweat), standard precautions include gloves, gown/apron, face and eye protection.

Contact precautions

Transmission occurs by either direct or indirect contact.

- > **Direct:** Involves close contact with a colonised / infected patient with transfer of the organism to the susceptible host, usually during patient care activities e.g. turning a patient.
- > **Indirect:** Occurs if an infectious agent is transferred via a contaminated intermediate object (fomite) e.g. when contaminated patient-care devices are shared between patients without cleaning and / or disinfection between patients.

Droplet precautions

Transmission occurs through large (i.e. >5 microns in size) respiratory droplets that are generated by an infected person who is coughing, sneezing or talking. The droplets do not remain suspended in the air and are propelled a short distance from the source (approximately 1 metre). There is also the potential for indirect contact transmission as the droplets settle on environmental surfaces.

Airborne precautions

Transmission occurs by small (i.e. <5 microns in size) respiratory droplets which are carried through the air. The droplets can remain suspended in the air for long periods and can be dispersed by air currents.

Particulate filter respirators (PFR) such as a P2/N95 (or equivalent) are medical devices designed to protect the wearer from infectious aerosols generated directly from the patient or created during aerosol-generating procedures (AGP) e.g. bronchoscopy. For further information refer to the SA Health [Infection Prevention and Control \(IPC\) for Infectious Respiratory Diseases Clinical Guideline](#).

Symptom-based precautions

For patients presenting with signs and symptoms of gastroenteritis or respiratory illness where there may be a potential infective underlying cause, Table 1 provides examples of the of IPC precautions based on signs and symptoms. Also refer to local policies and procedures the SA Health [Bed Management toolkit: For infectious disease and multi-resistant organisms](#).

Table 1

Symptom	IPC Precautions and Management – example only
Vomiting &/or diarrhoea	<p>PPE as per standard and contact precautions (minimum).</p> <p>Gown and gloves may be required as part of standard and contact precautions if there is a risk of heavy environmental contamination from aerosols, and droplet precautions may be required if there is aerosolised vomit or faeces.</p> <p>Isolate the patient at least until causative agent is known; refer to Isolation section below and a single room is recommended however if cohorting patients, refer to local policies and procedures.</p> <ul style="list-style-type: none"> • If vomiting, include fluid resistant surgical mask & eye protection • Obtain a faecal specimen.
Respiratory symptoms e.g. fever, cough, sore throat and other respiratory symptoms	<p>PPE as per standard and airborne precautions, including PFR and protective eyewear.</p> <p>Gown and gloves may be required as part of standard and contact precautions if there is a risk of heavy environmental contamination from aerosols or secretions.</p> <p>Isolate patient at least until causative agent is known; refer to Isolation section below.</p> <ul style="list-style-type: none"> • A risk assessment should be undertaken to guide decision making regarding the need for a single or negative pressure room. • Obtain specimens e.g. respiratory swab as clinically indicated and as per relevant orders.

Isolation

Isolation of the patient includes a single room with ensuite or dedicated bathroom facilities. Some patients may also require a negative pressure isolation room, depending on the infectious disease. It is acknowledged that some healthcare facilities may have limited single rooms with dedicated ensuites and also single rooms with negative pressure, particularly during times of increased demand e.g. during outbreaks of infectious diseases. During times of increased single room demand, it may be necessary to undertake a risk management approach to assist with determining which patients should be prioritised for single room accommodation during their infectious period. The use of a commode is advisable when dedicated bathroom facilities cannot be made available, however, a commode should only be used in a single room. For further information and guidance refer to the [Bed Management Toolkit: For infectious diseases and multi-resistant organisms](#).

Cohorting of patients with the same infectious disease

This term applies to the practice of grouping patients infected or colonised with the same infectious agent together to confine their care to one area and prevent contact with susceptible patients. During outbreaks, staff may be assigned to a cohort of patients to further limit opportunities for transmission.

Note: IPC precautions, including hand hygiene, appropriate PPE use, and cleaning of reusable equipment in between individual patient use, still applies for patients being managed in a cohort ward or bay.

Cleaning

Standard clean (i.e. detergent and water) – this is required in all areas for those diseases requiring standard precautions as listed in the table. Bathroom/toilet areas require detergent and disinfectant (Referred to as A in table).

Transmission-based precaution clean (i.e. detergent and disinfectant) – is required in all areas (including all bathroom and toilet areas) for diseases requiring transmission-based precautions as listed in the table (Referred to as B in table).

For further information refer to the [SA Health Cleaning Standard for Healthcare Facilities](#).

Vaccination – staff

Staff should be immune or vaccinated as per the Addressing vaccine preventable disease: Occupational assessment, screening, and vaccination policy.

For further information refer to the SA Health [Healthcare worker immunisation and screening requirements](#) webpage.

Pregnant staff

It is important for pregnant staff and those planning pregnancy to be protected from vaccine preventable diseases, which if contracted when pregnant, may cause birth defects.

For further information refer to the SA Health [Pregnancy and Immunisation](#) webpage.

Vaccination of patients or prophylaxis

Refer to medical staff for specific advice and local policies and procedures.

Visitors

Visitors should be encouraged to practice standard precautions at all times, including hand hygiene. Additionally, visitors should be provided with appropriate instructions about correct procedures when transmission-based precautions are applied and given appropriate resources to support them in meeting these requirements. This may include providing advice and consideration of immune status (either by previous infection or vaccination). Also refer to specific visitor advice in relevant associated disease specific guidelines. Further advice is available via the Australian Commission on Safety and Quality in Health Care [Use of standard and transmission-based precautions](#).

Patients

Patients should be encouraged to practice standard precautions at all times, including hand hygiene and cough etiquette. Patients should be provided with appropriate instruction about correct procedures when transmission-based precautions are applied and given appropriate resources to support them in meeting these requirements. Also refer to specific patient advice in relevant associated disease specific guidelines.

References

State

1. Department for Health and Wellbeing, Government of South Australia. 2018. SA Health [Cleaning Standards for Healthcare Facilities Policy Directive](#).
2. Department for Health and Wellbeing, Government of South Australia. 2022 SA Health [Addressing Vaccine Preventable Disease: Occupational Assessment, Screening and Vaccination Policy](#).
3. Department for Health and Wellbeing, Government of South Australia. 2012. SA Health [Scabies Management in Care Facilities](#).
4. Department for Health and Wellbeing. Government of South Australia. [You've Got What? Prevention and control of notifiable and other infectious diseases in children and adults](#).
5. Government of South Australia. [South Australian Public Health Act 2011](#).

National

6. [ASID/ACIPC position statement – Infection control for patients with *Clostridium difficile* infection in healthcare facilities](#). Infection, Disease & Health, 2019-02-01, Volume 24, Issue 1, Pages 32-43.
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12. Victoria Department of Health. 2018. [Candida auris disease information and advice](#).

International

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Document ownership

Guide owner: Infection Control Service, Communicable Disease Control Branch

Title: Management of infectious diseases summary table

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Document history

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3.2	07/08/2023	Current	Updated to align with revised Infection Prevention and Control management of respiratory illness guidelines
3.1	06/06/2022	07/08/2023	Add monkeypox (mpox) to the disease list
3.0	04/05/2022	06/06/2022	Formal review
2.8	27/11/2020	4/05/2022	Minor updates & URL references
2.7	2/12/2019	27/11/2020	Minor updates
2.6	05/04/2019	2/12/2019	Minor updates
2.5	10/02/2017	5/04/2019	Minor updates
2.4	22/06/2016	03/01/2017	Minor updates
2.3	02/10/2015	22/06/2016	Appendix added
2.2	30/06/2015	2/10/2015	Minor updates
2.1	31/01/2014	30/06/2015	Update URL references
2.0	27/06/2013	31/01/2014	Update references
1.0	27/07/2013	27/06/2013	Original version

Infection Control Management of Infectious Diseases Summary Table

Infectious disease and/or illness	Transmission route and portal of entry and exit if applicable	Standard Precautions (SP) apply at all times for all patients. Recommended TBP in addition to SP			Transmission-based precautions (TBP) PPE and environmental control requirements (in addition to standard precaution requirements)									Notifiable in SA (N / Y)	Cleaning (A / B)	Further information
		Contact	Droplet	Airborne	Single room	Door signage	Gown	Gloves	Eye protection	Surgical mask	PFR (e.g. P2/N95)	Door shut	Negative pressure			
Acinetobacter baumannii § (Non-multi-resistant MRAB)	<ul style="list-style-type: none"> Contact with contaminated skin or secretions, staff hands, environment 													N	A	<ul style="list-style-type: none"> Standard precautions apply unless multidrug-resistant, refer to MRAB.
Anthrax § <i>Bacillus anthracis</i> <ul style="list-style-type: none"> cutaneous, pulmonary, intestinal, oropharyngeal or injectional 	<ul style="list-style-type: none"> Inoculation Inhalation Ingestion Injection Person-to-person transmission occurs rarely in cutaneous anthrax 	*												Y	B	<ul style="list-style-type: none"> * Contact precautions apply with cutaneous anthrax if uncontained drainage. Recommended environmental decontamination includes the use of an appropriately diluted sodium hypochlorite based (bleach) product to remove spores.
Aspergillosis § <i>Aspergillus species</i>	<ul style="list-style-type: none"> Inhalation from environmental exposure. Not transmitted person-to-person 	*		*										N	A	<ul style="list-style-type: none"> * Contact and airborne precautions required if extensive soft tissue infection with large amounts of uncontained drainage and if requiring repeated irrigation.
Botulism §	<ul style="list-style-type: none"> Ingestion Wound contamination Inhalational Iatrogenic Not transmitted person-to-person 													Y	A	

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		Contact	Droplet	Airborne	Single room	Door signage	Gown	Gloves	Eye protection	Surgical mask	PFR (e.g. P2/N95)	Door shut	Negative pressure			
Bronchiolitis • caused by either viral or bacterial infection	• Contact • Droplet	✓	✓		✓	✓	✓	✓	✓	✓				#	B	• Bronchiolitis is infectious in the first few days of the illness. • Restrict visitors under the age of 5 years. # Notification depends on causative agent.
Brucellosis § <i>Brucella</i> species	• Inoculation • Ingestion • Contact													Y	A	• Airborne (from infected animals or in laboratories on rare occasions). • Contact with infected animals or contaminated animal products. • Person-to-person transmission is rare (sexual or via breastmilk).
Candida infections § <i>Candida</i> species (thrush) • Note: excluding <i>Candida auris</i>	• Usually, endogenous • Vertical transmission (mother to baby)													N	A	
Candida auris • colonised or infected	• Contact	✓			✓ ~	✓	✓	✓	✓	▲	*			Y	B	~ Ensuite or dedicated bathroom/toilet especially if faecally incontinent. ▲* A surgical mask and eye protection should be worn if patient is coughing, and drug resistant organism (MRO) is identified in sputum.

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Carbapenem-resistant Gram-negative bacteria (GNBs) • includes Carbapenemase-producing (e.g. metallo beta lactamase producers) Enterobacterales, <i>Pseudomonas aeruginosa</i> and <i>Acinetobacter baumannii</i>	• Contact	✓			✓ ~	✓	✓	✓	✓	▲	*					#	B • Refer to SA Health Patient management in acute healthcare facilities. ~ Ensuite or dedicated bathroom/toilet especially if faecally incontinent. ▲* A surgical mask and eye protection should be worn if patient is coughing, and drug resistant organism (MRO) is identified in sputum. # Carbapenemase-producing Enterobacterales (CPE) is notifiable.
Chickenpox <i>Varicella-zoster virus</i> (VZV) • Note: VZV in cerebrospinal fluid (CSF) requires standard precautions only (unless active VZV skin lesions present)	• Contact • Airborne	✓		✓	✓	✓	✓	✓	✓			✓	✓		#	Y	B • Duration of precautions is until all lesions are dry and crusted. • Only vaccinated or immune staff should care for patient. • Regardless of immune status a PFR must be worn. • Post exposure prophylaxis for non- immune staff recommended. # Negative pressure room if available, otherwise single room - door closed.

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		Contact	Droplet	Airborne	Single room	Door signage	Gown	Gloves	Eye protection	Surgical mask	PFR (e.g. P2/N95)	Door shut	Negative pressure			
<i>Chlamydia trachomatis</i> • Conjunctivitis § • Genital § • Pneumonia §	• Contact with infected eye secretions • Sexual • Vertical (mother to baby) • Infants <3 months													N	A	# Only notifiable by medical practitioners in persons <17 years.
Cholera	• Ingestion of food and/or water contaminated with human faeces	✓			✓ ~	✓	✓	✓	✓					Y	B	• Consider patient to be infectious until at least 24 hours after cessation of diarrhoea and vomiting; TBP precautions can then cease. ~ Recommend dedicated ensuite / bathroom / toilet as shedding can occur for 7-14 days.
<i>Clostridioides difficile</i> • formally known as <i>Clostridium difficile</i>	• Faecal-oral	✓			✓ ~	✓	✓	✓	✓					N	B	• Consider patient to be infectious until at least 24 hours after cessation of diarrhoea and vomiting; TBP precautions can then cease. • Soap and water is preferable for hand hygiene, however alcohol-based hand rub (ABHR) may be used when gloves have been worn. ~ Ensuite or dedicated bathroom/toilet.

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Conjunctivitis																	
• Bacterial § (includes gonococcal)	• Contact													N	B	<ul style="list-style-type: none"> Viruses are the most common cause of infection. Highly contagious, causing outbreaks in eye clinics, paediatrics and neonate settings. 	
• Viral (adenovirus, enterovirus, coxsackie virus A24)	• Contact													N	A		
COVID-19 (SARS- CoV-2) (Coronavirus disease 2019)	• Airborne • Contact	✓ ~		✓	✓ *	✓	✓ ~	✓ ~	✓	▶	✓	✓	#	Y ▲	B	<ul style="list-style-type: none"> ▶ Refer to the SoNG. ~ Gown and gloves may be required and if there is a risk of contamination of the patient environment from secretions. * Single room recommended – if cohorting patients, refer to internal procedures. # Recommended for AGPs. Patient placement as per internal risk assessment, room availability and SA Health Bed Management Toolkit. ▲ Only COVID related deaths and medical directed point of care tests (PoCT) are notifiable by doctors. 	

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Creutzfeldt-Jakob disease § (CJD)	<ul style="list-style-type: none"> • Iatrogenic: Surgical instruments central nervous system, grafts, hormones. • Variante (vCJD): Not transmitted person-to-person. 													Y	A	<ul style="list-style-type: none"> • Refer to National CJD Guidelines
Cryptosporidium	<ul style="list-style-type: none"> • Ingestion of contaminated food and water • Contact transmission from infected animals • Faecal-oral 	✓			✓ ~	✓	✓	✓						Y	B	<ul style="list-style-type: none"> • Consider patient to be infectious until at least 24 hours after cessation of symptoms; TBP precautions can then cease. ~ Ensuite or dedicated bathroom/toilet especially if faecally incontinent.
Cytomegalovirus § (CMV)	<ul style="list-style-type: none"> • Contact (infectious body fluids including urine, saliva, blood, semen, breast milk or through sexual contact) • Vertical 													N	A	<ul style="list-style-type: none"> • Refer to SA Health You've Got What?
Dengue fever §	<ul style="list-style-type: none"> • Vector transmission via mosquitoes • Transmission via blood products, organ donation • Vertical transmission occurs rarely 													Y	A	<ul style="list-style-type: none"> • Refer to SA Health Fight the Bite campaign.

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		<p>Diarrhoea (gastroenteritis)</p> <ul style="list-style-type: none"> • Faecal / oral • Vomit / faecal aerosols • Bacterial and parasitic e.g. <i>Campylobacter</i>, <i>Giardia</i>, <i>Salmonella</i> and shiga toxin producing <i>Escherichia coli</i> (STEC). • Viral (see next page). 	✓			✓ ~	✓	✓	✓	✓	▲	*				

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Diarrhoea (gastroenteritis) • Viral e.g. rotavirus, norovirus	• Droplet (inhalation of aerosols from vomitus or faecal matter) • Contact (faecal-oral)	✓			✓ ~	✓	✓	✓	✓	✓	*					#	B • Infectious until at least 24 hours after cessation of symptoms; TBP precautions can then cease. • Soap and water is preferable for hand hygiene, however ABHR may be used if gloves have been worn. * Surgical mask necessary if actively vomiting and/or having diarrhoea. ~ Ensuite or dedicated bathroom/toilet. # Depends on agent, e.g. rotavirus is notifiable, but norovirus is not.
Diphtheria <i>Corynebacterium diphtheriae</i> • Cutaneous	• Contact with lesion or articles soiled by exudate	✓			✓	✓	✓	✓							Y	B • Only staff who are up to date with vaccinations (including booster doses) should care for patient. • Seek infectious disease specialist advice for duration of TBP precautions.	
• Pharyngeal (colonisation or disease)	• Droplet		✓		✓	✓	✓	✓	✓	✓				Y	B		

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Ebola (viral haemorrhagic fever)	<ul style="list-style-type: none"> Blood or body substance (mucosal, parenteral) Contact with infected animals 	✓		✓ *	✓	✓	✓	✓	✓		✓	✓	✓	Y	B	<ul style="list-style-type: none"> * SA Health guidelines recommend airborne and contact precautions. # Negative pressure room if available, otherwise single room - door closed. Refer to the SA Health Ebola virus disease for health professionals webpage.
Enterococcus §	<ul style="list-style-type: none"> Contact 													N	A	<ul style="list-style-type: none"> If drug-resistant, refer to next entry.
Enterococcus - drug resistant <ul style="list-style-type: none"> Vancomycin-resistant enterococcus (VRE) Linezolid resistant enterococcus (LRE) Vancomycin and linezolid resistant enterococcus (LRVRE) 	<ul style="list-style-type: none"> Contact 	✓			✓ ~	✓	✓	✓		*				N	B	<ul style="list-style-type: none"> ~ Ensuite or dedicated bathroom/toilet especially if faecally incontinent. * A surgical mask should be worn if patient is coughing, and MRO is identified in sputum.
Extended-spectrum beta-lactamase producers (ESBL) ~	<ul style="list-style-type: none"> Contact 	✓			✓	✓	✓	✓		*				N	B	<ul style="list-style-type: none"> * A surgical mask should be worn if patient is coughing, and MRO is identified in sputum. ~ Review requirement for TBP precautions once all indwelling devices are removed and all antibiotics ceased.

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Infectious disease and/or illness	Transmission route and portal of entry and exit if applicable	Standard Precautions (SP) apply at all times for all patients. Recommended TBP in addition to SP			Transmission-based precautions (TBP) PPE and environmental control requirements (in addition to standard precaution requirements)									Notifiable in SA (N / Y)	Cleaning (A / B)	Further information
		Contact	Droplet	Airborne	Single room	Door signage	Gown	Gloves	Eye protection	Surgical mask	PFR (e.g. P2/N95)	Door shut	Negative pressure			
Fungal infection § <i>Dermatophytosis</i> • Ringworm, tinea, athlete's foot	• Direct skin contact (with humans or animals). • Indirectly from contaminated floors or soil.													N	A	
German measles (Rubella)	• Droplet • Contact	✓	✓		✓	✓	✓	✓	✓	✓				Y	B	• Infectious until 7 days after onset of rash. • Shedding may occur for up to 1 year in congenital rubella syndrome. • Only vaccinated or immune staff should care for patient.
Glandular fever § • Epstein-Barr virus (EBV), infectious mononucleosis	• Oropharyngeal via contact with saliva.													N	A	
Haemophilus influenzae (type b) • Meningitis, bacteraemia • Pneumonia	• Droplet • Contact	✓	✓		✓	✓	✓	✓	✓	✓				#	B	• Patient is infectious until 24-48 hours of effective antibiotic treatment. # <i>H. influenzae</i> invasive disease is notifiable.
Hand, foot and mouth disease Coxsackie virus	• Droplet • Contact (fluid in blisters, faeces, nasal and oral secretions).	✓	✓		✓	✓	✓	✓	✓	✓				N	B	

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		Contact	Droplet	Airborne	Single room	Door signage	Gown	Gloves	Eye protection	Surgical mask	PFR (e.g. P2/N95)	Door shut	Negative pressure				
Hepatitis A	<ul style="list-style-type: none"> • Contact (faecal-oral) • Ingestion of contaminated food or water • Sexual 	✓			✓	✓	✓	✓							Y	B	<ul style="list-style-type: none"> • Duration of precautions: <ul style="list-style-type: none"> - Adults: for 7 days after onset of jaundice, or if no jaundice for 2 weeks after the onset of symptoms. - Children <3 years: for duration of hospitalisation. • For staff exposed, contact local worker health / infection control unit. ~ Ensuite or dedicated bathroom/toilet.
Hepatitis B, C & D §	<ul style="list-style-type: none"> • Blood-borne 														Y	A	<ul style="list-style-type: none"> • Refer to SA Health Blood borne virus guidelines for health professionals.
Hepatitis E	<ul style="list-style-type: none"> • Contact (faecal-oral) • Ingestion of contaminated food or water 	✓			✓	✓	✓	✓							Y	B	<ul style="list-style-type: none"> • Period of communicability unknown, probably at least 14 days after onset of jaundice. • Pregnant HCWs should not take care of the patient as there is a risk of fulminant disease. ~ Ensuite or dedicated bathroom/toilet.

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		Contact	Droplet	Airborne	Single room	Door signage	Gown	Gloves	Eye protection	Surgical mask	PFR (e.g. P2/N95)	Door shut	Negative pressure			
Herpes simplex virus (HSV 1 or 2) • Skin • Oral • Genital	• Contact • Sexual • Vertical (mother to baby)				~									N	A	~ Obstetric patients and young children will need a single room.
Herpes simplex virus if: • Disseminated • Encephalitis • Severe • Neonatal	• Contact	✓			✓	✓	✓	✓						N	B	• Duration of precautions until all lesions are dry and crusted. • Immune-compromised staff should not attend patient.
Human immunodeficiency virus (HIV) § • Acquired immunodeficiency syndrome (AIDS)	• Blood-borne													#	A	• Refer to SA Health Blood borne virus guidelines for health professionals . # HIV infection is notifiable (AIDS is no longer a notifiable condition).
Human metapneumovirus	• Droplet • Contact	✓	✓		✓	✓	✓	✓	✓	✓				N	B	• Precautions for duration of illness. • Patient to wear surgical mask when outside of room.

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		Contact	Droplet	Airborne	Single room	Door signage	Gown	Gloves	Eye protection	Surgical mask	PFR (e.g. P2/N95)	Door shut	Negative pressure			
Impetigo (School sores)	• Contact	✓			✓	✓	✓	✓						N	B	<ul style="list-style-type: none"> • Patient is infectious while there is discharge from the sores or until 24 hours after effective antibiotic treatment. • If infection is caused by MRSA, refer to methicillin-resistant Staphylococcus aureus. • Cover sores with water-tight dressing.
Influenza (i.e. A, B) including pandemic	• Droplet • Contact	✓	✓		✓	✓	✓	✓	✓	✓	*			Y #	B	<ul style="list-style-type: none"> • Annual immunisation of staff recommended. • Patient is infectious for 3-5 days after onset of symptoms (longer in children). • If tolerated, patients to wear surgical mask when outside of room. * When performing aerosol generating procedures (AGP). # Only influenza related deaths and medical directed PoCT are notifiable by doctors.
Japanese encephalitis virus (JEV)	• Vector transmission via mosquitoes													Y	A	<ul style="list-style-type: none"> • Refer to SA Health Fight the Bite campaign.

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		Contact	Droplet	Airborne	Single room	Door signage	Gown	Gloves	Eye protection	Surgical mask	PFR (e.g. P2/N95)	Door shut	Negative pressure			
Lassa fever (viral haemorrhagic fever)	<ul style="list-style-type: none"> Airborne Droplet Contact 	✓		✓ *	✓	✓	✓	✓	✓		✓	✓	✓	Y	B	<ul style="list-style-type: none"> * There is no current evidence of airborne transmission, however SA Health guidelines recommend airborne and contact precautions. # Negative pressure room if available, otherwise single room - door closed.
Legionellosis §														Y	A	
<ul style="list-style-type: none"> <i>Legionella longbeachae</i> 	<ul style="list-style-type: none"> Inhalation of contaminated soil or potting mix 													Y	A	
<ul style="list-style-type: none"> <i>Legionella pneumophila</i> 	<ul style="list-style-type: none"> Inhalation of aerosolised contaminated water 													Y	A	
Leprosy § <i>Mycobacterium leprae</i>	<ul style="list-style-type: none"> Contact with respiratory and nasal secretions 													Y	A	
Leptospirosis § <i>Leptospira</i> species	<ul style="list-style-type: none"> Inhalation or contact of skin or mucous membranes with water, moist soil or vegetation contaminated with urine from infected animals. 													Y	A	<ul style="list-style-type: none"> Person-to-person transmission is rare.
Lice Pediculosis <ul style="list-style-type: none"> Head Body 	<ul style="list-style-type: none"> Contact 	✓			✓	✓	✓	✓								<ul style="list-style-type: none"> TBP not required after 24 hours of effective treatment. Repeat treatment after 7 days. Refer to SA Health You've Got What?

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		Contact	Droplet	Airborne	Single room	Door signage	Gown	Gloves	Eye protection	Surgical mask	PFR (e.g. P2/N95)	Door shut	Negative pressure				
Linezolid-resistant enterococci (LRE)	• Contact	✓			✓ ~	✓	✓	✓	✓		*				N	B	~ Ensuite or dedicated bathroom/toilet especially if faecally incontinent. * A surgical mask should be worn if patient is coughing, and MRO is identified in sputum.
Linezolid-resistant vancomycin-resistant enterococci (LRVRE)	• Contact	✓			✓ ~	✓	✓	✓	✓		*				N	B	~ Ensuite or dedicated bathroom/toilet especially if faecally incontinent. * A surgical mask should be worn if patient is coughing, and MRO is identified in sputum.
Listeriosis § <i>Listeria monocytogenes</i>	• Ingestion of contaminated food • Vertical (mother to baby)														Y	A	
Malaria §	• Vector transmission via mosquitoes														Y	A	• Not directly transmitted person-to-person. • Refer to SA Health Fight the Bite campaign.
Marburg (viral haemorrhagic fever)	• Blood or body substance (mucosal, parenteral) • Contact with infected animals	✓		✓ *	✓	✓	✓	✓	✓		✓	✓	✓ #				* There is no current evidence of airborne transmission, however current SA Health guidelines recommend airborne and contact precautions. # Negative pressure room if available, otherwise single room - door closed.

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		Contact	Droplet	Airborne	Single room	Door signage	Gown	Gloves	Eye protection	Surgical mask	PFR (e.g. P2/N95)	Door shut	Negative pressure			
Measles (Rubeola virus)	<ul style="list-style-type: none"> Contact Airborne Inhalation of and contact with respiratory secretions 	✓		✓	✓	✓	✓	✓	✓		✓	✓	✓	Y	B	<ul style="list-style-type: none"> Refer to the SoNG. Regardless of immune status PFR required. Vaccinated or immune staff to care for patient. PPE required when in the same room as case and for 30 minutes after case vacated room (this includes during cleaning). Refer to the SoNG for contact and post exposure management.
Melioidosis § <i>Burkholderia pseudomallei</i>	<ul style="list-style-type: none"> Inoculation, inhalation of contaminated soil or water 													N	A	
Meningococcal infection	<ul style="list-style-type: none"> Droplet 		✓		✓	✓	*	*	✓	✓	#			Y	B	<ul style="list-style-type: none"> Refer to the SoNG. Patient is infectious until 24 hours after effective antibiotic treatment. Post exposure prophylaxis where required. * Gloves and gown to be worn when AGP performed. # When performing aerosol generating procedures (AGP).

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		Contact	Droplet	Airborne	Single room	Door signage	Gown	Gloves	Eye protection	Surgical mask	PFR (e.g. P2/N95)	Door shut	Negative pressure			
Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)	• Contact	✓			✓	✓	✓	✓		*				N	B	* A surgical mask should be worn if patient is coughing, and MRO is identified in sputum.
Middle East respiratory syndrome coronavirus (MERS-CoV)	• The modes of transmission are not fully known and thought to be inhalation or direct or indirect contact with respiratory secretions, urine or faeces.	✓			✓ ~	✓	✓	✓	✓		✓	✓	✓	Y	B	• Refer to the SoNG . ~ Ensuite or dedicated bathroom/toilet especially if faecally incontinent.
Molluscum contagiosum § molluscipoxvirus	• Direct skin-to-skin contact where skin is broken.													N	A	• Common skin infection, especially amongst children.
Mpox (monkeypox)	• Droplet • Contact • Human to human transmission results from close contact with respiratory secretions, skin lesion (including during sexual contact) or recently contaminated objects.	✓	✓	✓	✓ *	✓	✓	✓	✓	▲	✓	✓	✓	Y	B	• Refer to the SoNG . Additionally SA Health guidelines recommend airborne and contact precautions including the use of a PFR. ▲ Surgical mask use by patients can be considered if clinically appropriate. * Consider the use of a negative pressure room for AGPs based on a risk assessment and infectious disease physician advice.

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		Contact	Droplet	Airborne	Single room	Door signage	Gown	Gloves	Eye protection	Surgical mask	PFR (e.g. P2/N95)	Door shut	Negative pressure			
Multidrug-resistant <i>Acinetobacter baumannii</i> (MRAB)	• Contact	✓			✓	✓	✓	✓		*				N	B	* A surgical mask should be worn if patient is coughing, and MRO is identified in sputum.
Multidrug-resistant <i>Pseudomonas aeruginosa</i> (MRPAER)	• Contact	✓			✓	✓	✓	✓		*				N	B	* A surgical mask should be worn if patient is coughing, and MRO is identified in sputum.
Mumps (infectious parotitis)	• Droplet • Contact	✓	✓		✓	✓	✓	✓	✓	✓				Y	B	• Patient is infectious until 5 days after the onset of throat swelling. • Only vaccinated or immune staff should care for patient.
Mycobacteria (non-TB) § • atypical mycobacteria e.g. # <i>M. abscessus</i> , <i>M. avium</i> , <i>M. kansasii</i>	• Inoculation • Inhalation (aerosols) • Contact (contaminated environment e.g. soil) • Ingestion (contaminated milk – usually unpasteurised, water)													Y	A	• Person-to-person transmission is rare. Patients who are immunosuppressed may be susceptible, e.g. cystic fibrosis. # Refer to SA Health Cystic Fibrosis Guidelines .

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		Contact	Droplet	Airborne	Single room	Door signage	Gown	Gloves	Eye protection	Surgical mask	PFR (e.g. P2/N95)	Door shut	Negative pressure			
<i>Mycobacterium tuberculosis (TB)</i> Pulmonary (or laryngeal)	• Airborne			✓	✓	✓			✓	*	✓	✓	✓	Y	B	<ul style="list-style-type: none"> • Precautions required until 3 negative sputum smears, in consultation with respiratory physician. • Refer to the SoNG for specific management for multi-drug resistant TB. * Patient to wear surgical mask when outside of the patient's room. # Negative pressure room if available, otherwise single room - door closed.
<i>Mycobacterium tuberculosis (TB)</i> Extra-pulmonary	• Droplet										*			Y	A	* PFR must be worn when performing any wound care/biopsy due to possible.
<i>Mycoplasma pneumoniae</i>	• Droplet		✓		✓	✓	✓	✓	✓	✓				N	B	
Parainfluenza	• Droplet		✓		✓	✓	✓	✓	✓	✓				N	B	
Parvovirus B19 § <i>Erythema infectiosum</i> (Fifth disease, slapped cheek/face)	• Droplet		✓ *		✓	✓	✓	✓	✓	✓				N	A	* Droplet precautions required for duration of illness. In most cases not infectious once the rash appears, however discuss with infectious diseases to determine duration of droplet precautions in immunocompromised patients.

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		Contact	Droplet	Airborne	Single room	Door signage	Gown	Gloves	Eye protection	Surgical mask	PFR (e.g. P2/N95)	Door shut	Negative pressure			
Pneumococcal pneumonia <i>Streptococcus pneumoniae</i>	• Droplet		*											#	A	<ul style="list-style-type: none"> * Use droplet precautions if evidence of transmission within a facility or if multi-resistant strain. # Only invasive infections are notifiable.
Poliomyelitis	• Contact (faecal-oral)	✓			✓	✓	✓	✓	✓					Y	B	• Only vaccinated staff should care for patient.
Psittacosis / ornithosis § <i>Chlamydophila psittaci</i>	• Inhalation of infected bird droppings													Y	A	• Not transmitted person-to-person.
Pseudomonas infections §	• Contact													N	A	<ul style="list-style-type: none"> • Standard precautions apply unless multi-resistant refer to MRPAER. • Follow to SA Health Cystic Fibrosis Guidelines.
Q fever § <i>Coxiella burnetii</i>	• Inhalation (infected animal tissue or contaminated soil, dust)													Y	A	• Not transmitted person-to-person.
Rabies / Australian bat lyssavirus §	• Contact (transmitted via animal bites, scratches, or contaminated mucous membranes)	✓			✓	✓	✓	✓		✓				Y	A	• If unprotected exposure to saliva or tears of patient, provide rabies post exposure prophylaxis.
Respiratory syncytial virus (RSV)	• Droplet • Contact	✓	✓		✓	✓	✓	✓	✓	✓				Y #	B	# Only RSV related deaths and medical directed PoCTs are notifiable by doctors.

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		Contact	Droplet	Airborne	Single room	Door signage	Gown	Gloves	Eye protection	Surgical mask	PFR (e.g. P2/N95)	Door shut	Negative pressure			
Rhinovirus (common cold)	• Droplet		*											N	A	* Droplet precautions will be required in paediatric & high-risk patient areas e.g. haematology / oncology; & may be recommended during outbreaks
Roseola infantum § exanthema subitum, human herpes virus 6	• Transmission thought to be via oral secretions; low infectivity													N	A	
Ross river virus §	• Vector transmission via mosquitoes													Y	A	• Not directly transmitted person-to-person. • Refer to SA Health Fight the Bite campaign.
Rubella	• Refer to German measles															
Scabies	• Contact (skin to skin or infested fomites)	✓			✓	✓	✓	✓						N	B	• Excluding crusted scabies, patient is infectious until 24 hours after effective treatment has been administered. • Refer to SA Health Scabies management in care facilities, 2012 for management of crusted scabies.

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		Contact	Droplet	Airborne	Single room	Door signage	Gown	Gloves	Eye protection	Surgical mask	PFR (e.g. P2/N95)	Door shut	Negative pressure			
Severe acute respiratory syndrome (SARS-CoV)	<ul style="list-style-type: none"> Contact Droplet (via respiratory secretions, urine or faeces) 	✓	✓		✓ *	✓	✓	✓	✓	✓	✓	✓	✓	Y	B	<ul style="list-style-type: none"> * Patient to wear surgical mask when outside of the patient's room. # Negative pressure room if available, otherwise single room - door closed.
Shigella	<ul style="list-style-type: none"> Contact (faeces or ingestion of food or water freshly contaminated with faeces). Sexual 	✓			✓	✓	✓	✓						Y	B	
Shingles (Herpes zoster) Varicella zoster virus • Localised *~	<ul style="list-style-type: none"> Contact (fluid from lesions or contaminated fomites / environment) 	✓			✓	✓	✓	✓		*			#	Y	B	<ul style="list-style-type: none"> * For immune- compromised patients, apply airborne transmission precautions for disseminated zoster, until disseminated zoster is ruled out. ~ Clinically indistinguishable between varicella (chickenpox). # Negative pressure room if available, otherwise single room - door closed.

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		Contact	Droplet	Airborne	Single room	Door signage	Gown	Gloves	Eye protection	Surgical mask	PFR (e.g. P2/N95)	Door shut	Negative pressure			
Shingles (Herpes zoster) • Disseminated ~ (presence of lesions beyond the primary or adjacent dermatomes)	• Contact (fluid from lesions or contaminated fomites / environment)	✓		✓	✓	✓	✓	✓			✓	✓	✓ #	Y	B	~ Clinically indistinguishable between varicella (chickenpox). # Negative pressure room if available, otherwise single room - door closed.
Staphylococcus infections § • Pneumonia • Skin • Urine • Wound • Other serious disease (e.g. <i>Staphylococcus</i> scalded skin syndrome, toxic shock syndrome)	• Contact (exudate, sputum, or contaminated fomites / environment)													N	A	• If drug-resistant, refer to Methicillin-resistant Staphylococcus aureus (MRSA) .
Streptococcal infections - Group A • Minor wounds and burns, endometritis (puerperal sepsis) §														N	A	• Infectious until after 24 hours of effective antibiotic treatment.

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Streptococcal infections - Group A • Major wounds or burns • Scarlet fever, pneumonia or pharyngitis in infants & young children • Other serious invasive disease e.g. Streptococcal toxic shock syndrome, necrotising fasciitis	• Contact • Droplet	✓	✓		✓	✓	✓	✓	✓	✓				#	B	# Notifiable if invasive infection only.
Streptococcal infections – Group B § • Neonatal	• Vertical (mother to baby) • Droplet		*											N	A	* Outbreaks have occurred in neonatal units, consider droplet precautions if respiratory symptoms in the neonate.
Streptococcus pneumoniae	• Refer to Pneumococcal pneumonia															
Syphilis §	• Sexual • Vertical (mother to baby)													Y	A	
Tetanus §	• Inoculation (contaminated environment)													Y	A	• Not transmitted person-to-person.
Tinea	• Refer to Fungal infections															

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Toxoplasmosis §	<ul style="list-style-type: none"> Ingestion (contaminated food) Vertical (mother to baby) Blood transfusion 													N	A	
Trachoma § <i>Chlamydia trachomatis</i>	<ul style="list-style-type: none"> Contact (infected eye secretions or nasopharyngeal discharges) 													N	A	
Trichomoniasis § <i>Trichomonas vaginalis</i>	<ul style="list-style-type: none"> Sexual 													N	A	
Tuberculosis	<ul style="list-style-type: none"> Refer to Mycobacterium tuberculosis 															
Vancomycin- resistant enterococci (VRE)	<ul style="list-style-type: none"> Contact 	✓			✓ ~	✓	✓	✓	✓	*				N	B	~ Ensuite or dedicated bathroom/toilet especially if faecally incontinent. * A surgical mask should be worn if patient is coughing, and MRO is identified in sputum.
Vancomycin-intermediate or resistant <i>Staphylococcus aureus</i> (VISA, VRSA)	<ul style="list-style-type: none"> Contact 	✓			✓ ~	✓	✓	✓	✓	*				N	B	~ Ensuite or dedicated bathroom/toilet especially if faecally incontinent. * A surgical mask should be worn if patient is coughing, and MRO is identified in sputum.

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Typhoid fever • <i>Salmonella</i> Typhi • <i>Salmonella</i> Paratyphi	• Contact (faecal-oral) • Ingestion (contaminated food and water)	✓			✓	✓	✓	✓						Y	B	• Infectious for duration of illness, refer to the SoNG .
Varicella zoster virus	• Refer to Chickenpox															
<i>Vibrio parahaemolyticus</i> § • Gastroenteritis	• Ingestion (contaminated food, shellfish, and water)	*			*	*	*	*						Y	A	• Transmission person-to-person is uncommon. * Contact precautions whilst vomiting / diarrhoea present.
• Non-intact skin	• Contact (contaminated seawater)	*			*	*	*	*						Y	A	
Viral haemorrhagic fevers (VHF)	Refer to: • Ebola • Lassa fever • Marburg															
Viral meningitis	• Contact (faecal-oral) • Droplet	*	*		*	*	*	*	*	*				N	B	* Contact and droplet precautions if patient has respiratory, gastrointestinal or rash symptoms.

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Whooping cough (Pertussis)	• Droplet		✓		✓	✓	✓	✓	✓	✓				Y	B	<ul style="list-style-type: none"> • Only staff who are up to date with vaccinations (including booster doses) should care for patient. • Infectious until 5 days after effective antibiotic treatment. • If no treatment initiated, then patient is infectious for 21 days from onset of cough.
Worms § • Echinococcosis (tapeworm), or • Enterobiasis (pinworm, threadworm)	• Ingestion • Contact (faecal-oral)													N	A	• Person-to-person transmitted due to poor hygiene.
Zika virus §	• Vector transmission via mosquitoes • Vertical (mother to baby) • Sexual transmission													Y	A	• Refer to SA Health Fight the Bite campaign.

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