

Isolation Discontinuation Index for CG-SL

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Attachment B - Isolation Discontinuation Index for CG-SL

ORGANISM &/or CONDITION	PRECAUTION TYPE	Guide to isolation duration. Isolation discontinued by infection prevention
Abscess: wound infection - Draining, major (uncontained) No dressing or containment of drainage	Contact	Duration of uncontained drainage, provided not MDRO
Abscess: wound infection - Draining, minor or limited (contained)	Standard	Dressing covers and contains drainage
Acquired human immunodeficiency Syndrome (AIDS/HIV)	Standard	
Actinomycosis	Standard	
Adenovirus - gastroenteritis	Contact	Duration of illness.
Adenovirus infection - respiratory	Contact & Droplet	Duration of hospitalization. For extended hospitalization or extenuating circumstances, call IP for recommendations on a case-by-case basis In immunocompromised hosts, extend duration of Droplet and Contact Precautions due to prolonged shedding of virus.
Amebiasis	Standard	
Anthrax - Cutaneous	Standard	Transmission through non-intact skin contact with draining lesions possible, therefore use Contact Precautions if large amount of uncontained drainage. Handwashing with soap and water preferable to use of waterless alcohol-based antiseptics since alcohol does not have sporicidal activity
Anthrax - Environmental, aerosolizable spore-containing powder or other substance	CALL IP	Decontaminate environment wear N95; protective clothing; decontaminate persons
Anthrax - pulmonary	Standard	
Ascariasis	Standard	
Aspergillosis	Standard	
Avian influenza (e.g., H5N1, H7, H9 strains)	CALL IP	CALL IP
Babesiosis	Standard	
Blastomycosis - cutaneous	Standard	
Blastomycosis - North American	Standard	
Blastomycosis - pulmonary	Standard	
Botulism	Standard	
Bronchiolitis - in infants and young children)	Contact & Droplet	Duration of Illness
Brucellosis - Malta	Standard	
Brucellosis - Mediterranean fever	Standard	
Brucellosis - undulant	Standard	
Burkholderia cepacia in cystic fibrosis (CF) patients, including respiratory tract colonization	Contact	Duration of hospitalization
Coronavirus	Contact & Droplet	Duration of Illness
California encephalitis	Standard	
Campylobacter - Gastroenteritis	Contact	Duration of illness. Contact for diapered and incontinent patients
Candidiasis, all forms including mucocutaneous	Standard	
Cat-scratch fever (benign inoculation lymphoreticulosis)	Standard	
Cellulitis, uncontained drainage	Contact	Duration of uncontained drainage, provided not MDRO.
Chlamydia psittaci - psittacosis (ornithosis)	Standard	
Chlamydia trachomatis - pneumonia infants <3 months of age	Standard	
Chlamydia trachomatis - conjunctivitis	Standard	
Chlamydia trachomatis - lymphogranuloma venereum - genital	Standard	
Chlamydia trachomatis - pneumonia	Standard	
Closed cavity infection - open drain in place; limited or minor drainage	Standard	Contact precautions if copious/uncontained drainage
Closed cavity infection with no drain or closed drainage system in place	Standard	
Closed-cavity infection - Draining, limited or minor	Standard	
Closed-cavity infection - Not draining	Standard	
Clostridium botulinum	Standard	

Clostridium difficile	Contact Plus	Current admission C diff PCR or toxin test positive require contact plus isolation until all criteria are met: The patient should remain in isolation for two weeks after the following criteria are met: - completed antibiotic therapy -stools returned to normal, baseline for the patient -resolution of symptoms -two weeks have elapsed since the above two criteria are met -The patient gets relocated to a new room Contact IP for questions
Clostridium perfringens - Gas gangrene	Standard	
Clostridium perfringens (food poisoning)	Standard	
Clostridium welchii (food poisoning)	Standard	
Coccidioidomycosis (valley fever) - Draining lesions	Standard	
Coccidioidomycosis (valley fever) - Pneumonia	Standard	
Colorado tick fever	Standard	
Conjunctivitis - Acute bacterial	Standard	provided not MDRO
Conjunctivitis - Acute viral (acute hemorrhagic)	Contact	Duration of illness
Coxsackievirus disease (Enteroviral infection) including hand foot and mouth disease	Contact	Duration of illness
Creutzfeldt-Jakob disease (CJD or vCJD)	Standard/Call IP	
Crimean-Congo fever - viral hemorrhagic fever	Standard	
Cryptococcosis	Standard	
Cryptosporidium species, Cryptosporidiosis - Gastroenteritis	Contact	Duration of illness Contact for diapered and incontinent patients
Cysticercosis	Standard	
Cytomegalovirus infection, including neonatal or immunosuppressed patients	Standard	no additional precautions for pregnant HCW
Decubitus ulcer, infected - Major	Contact	Duration of illness. If no dressing or containment of drainage; continue isolation until drainage stops or becomes contained
Decubitus ulcer, infected - Minor or limited	Standard	
Dengue fever	Standard	
Diarrhea, acute - infectious etiology suspected (Gastroenteritis)	Contact Plus	Duration of illness – until infectious cause is ruled out.
Diphtheria - Cutaneous	Contact	Until off antimicrobial treatment and culture-negative; Until 2 cultures taken 24 hours apart are negative
Diphtheria - Pharyngeal	Droplet	Until off antimicrobial treatment and culture-negative; Until 2 cultures taken 24 hours apart are negative
Eastern encephalitis	Standard	
Ebola - viral hemorrhagic fever	Airborne (aerosolizing procedure) & Contact & Droplet	CALL IP
Echinococcosis - hydatidosis	Standard	
Echovirus (Enteroviral infection)	Contact	Duration of illness – until infectious cause is ruled out. Contact for diapered and incontinent patients.
Endometritis and endomyometritis	Standard	
Enterobiasis - Pinworm infection	Standard	
Enterobiasis (pinworm disease, oxyuriasis)	Standard	
Enterococcus species (unless MDRO)	Standard	
Enterovirus infections - Infants and young children	Contact	Duration of illness, call IP to discontinue isolation
Epstein-Barr virus infection, including infectious mononucleosis	Standard	
Escherichia coli - Enteropathogenic 0157:H7 and other shiga-toxin producing strains - Gastroenteritis	Contact	Duration of illness – until infectious cause is ruled out. Call IP to discontinue isolation.
Giardia lamblia, Giardiasis - Gastroenteritis	Contact	Duration of illness Contact for diapered and incontinent patients.
Gonococcal - conjunctivitis	Standard	
Gonococcal ophthalmia neonatorum (gonorrhoeal ophthalmia, acute conjunctivitis of newborn) - conjunctivitis	Standard	

Gonorrhoea	Standard	
Granuloma inguinale - donovanosis	Standard	
Granuloma inguinale - ganuloma venereum	Standard	
Guillain-Barre syndrome	Standard	
Haemophilus ducreyi - Chancroid - soft chancre	Standard	
Haemophilus influenza - epiglottitis	Droplet	24 hours after appropriate antimicrobial therapy
Haemophilus influenza, known or suspected - meningitis	Droplet	Call IP for discontinuation 24 hours after appropriate antimicrobial therapy
Haemophilus influenza, Type B Infants and children (any age) - pneumonia	Droplet	Call IP to discontinue 24 hours after appropriate antimicrobial therapy
Haemophilus influenza, Type B - Adults - pneumonia	Standard	
Hand, foot and mouth disease (Enterovirus infection)	Contact	Duration of illness
Hantavirus pulmonary syndrome	Standard	
Helicobacter pylori	Standard	
Hepatitis, viral - Type A	Contact	Duration of hospitalization. Call IP for discontinuation of isolation.
Hepatitis, viral - Type B - HBsAg positive	Standard	See specific recommendation for hemodialysis pt
Hepatitis, viral - Type C and other unspecified non-A, non-B	Standard	See specific recommendation for hemodialysis pt
Hepatitis, viral - Type E	Contact	Diapered / incontinent
Hepatitis, viral - Type G	Standard	
Herpangina	Standard	Use Contact Precautions for diapered or incontinent children for duration of illness
Herpes simplex (Herpesvirus hominis) - Encephalitis	Standard	
Herpes simplex (Herpesvirus hominis) - Mucocutaneous, disseminated or primary, severe	Contact	Until lesions dried and crusted
Herpes simplex (Herpesvirus hominis) - Mucocutaneous, recurrent (skin, oral, genital)	Standard	
Herpes simplex (Herpesvirus hominis) - Neonatal	Contact	Until lesions dried and crusted. Also, for asymptomatic, exposed infants delivered vaginally or by C- section and if mother has active infection and membranes have been ruptured for more than 4 to 6 hrs until infant surface cultures obtained at 24-36 hrs
Histoplasmosis	Standard	
Hookworm - ancylostomiasis	Standard	
Hookworm - uncinariasis	Standard	
Human Immunodeficiency virus (HIV) infection	Standard	
Human Metapneumovirus	Contact & Droplet	Duration of illness, call IP to discontinue isolation
Impetigo	Contact	24 hours after appropriate initiation of antimicrobial therapy
Infectious mononucleosis	Standard	
Influenza - Pandemic (also a human Influenza virus)	Droplet	CALL IP
Influenza (human, seasonal - Type A, Type B or untyped)	Droplet	Follow Influenza Like Illness / Influenza algorithm, found on intranet Flu HQ SSM website
Kawasaki syndrome	Standard	
Lassa fever - viral hemorrhagic fever	Airborne (aerosolizing procedure) & Contact & Droplet	CALL IP
Legionella - pneumonia	Standard	
Legionnaires' disease	Standard	
Leprosy	Standard	
Leptospirosis	Standard	
Listeria monocytogenes (including meningitis)	Standard	
Lyme disease	Standard	
Lymphocytic choriomeningitis	Standard	
Lymphogranuloma venereum	Standard	
Malaria	Standard	
Marburg virus disease - viral hemorrhagic fever	Airborne (aerosolizing procedure) & Contact & Droplet	CALL IP
Melioidosis - all forms	Standard	
Meningitis - Aseptic - nonbacterial or viral meningitis	Standard	
Meningitis - Aseptic - nonbacterial or viral meningitis - Infants and young children	Contact	Call IP to discontinue isolation
Meningitis - Bacterial, gram-negative enteric, in neonates	Standard	

Meningitis - Fungal	Standard	
Meningitis (<i>Neisseria meningitidis</i>)	Droplet	Until <i>Meningococcus</i> is ruled out or patient has been on Ceftriaxone for 24 hours
Meningitis - Other diagnosed bacterial	Standard	
Meningitis - Pneumococcal	Standard	
Meningitis - Tuberculosis	Standard	Concurrent active pulmonary disease or draining cutaneous lesions may necessitate addition of contact and/or airborne precautions. For children, airborne precautions until active TB ruled out in visiting family members
Molluscum contagiosum	Standard	
Monkeypox	Airborne & Contact	CALL IP. airborne: until monkeypox confirmed and smallpox excluded and contact: until lesions dried and crusted.
Mucormycosis	Standard	
Multidrug-resistant organisms (MDRO), infection or colonization; Methicillin-Resistant Staph Aureus (MRSA)	Contact	<p>Discontinuation Criteria: Patients with a previous history of MRSA (Greater than 6 months since last positive culture), must meet ALL of the following criteria: Antimicrobial therapy has ended > 7 days and Infection resolved.</p> <p>During initial hospitalization when MDRO identified, continue contact isolation; do not discontinue or perform additional screening.</p> <p>Obtain: 2 separate MRSA cultures, each 24 hours apart (prefer consecutive).</p> <p>Culture the following sites: nasal and original site (if available).</p> <p>IP may discontinue transmission-based precautions if all cultures are negative for MRSA and criteria met.</p> <p>Resource: APIC text 2014, 4th edition and SHEA expert guidance document: Duration of Contact Precautions for Acute-Care Settings 10/2017</p>
Multidrug-resistant organisms (MDRO), infection or colonization; Vancomycin-Resistant Enterococcus (VRE)	Contact	<p>Discontinuation Criteria: Patients with previous history of VRE (Greater than 6 months since last positive culture), must meet ALL of the following criteria: Antimicrobial therapy has ended > 7 days and Infection resolved</p> <p>During initial hospitalization when MDRO identified, continue contact isolation; do not discontinue or perform additional screening cultures.</p> <p>Obtain: 2 separate VRE cultures, each one week apart (consecutive preferred).</p> <p>Culture the following sites: rectal swab & original site (if still exists); if patient hospitalized, then these would occur on hospital day 0 and day 7.</p> <p>IP may discontinue transmission-based precautions if all cultures are negative for VRE and criteria met</p> <p>Reference: page 25 in the HICPAC management of MDRO guidelines, 2006 and SHEA expert guidance document: Duration of Contact Precautions for Acute-Care Settings 10/2017</p>

<p>Multidrug-resistant organisms (MDRO), infection or colonization; Acinetobacter (ACB) Multidrug-Resistant Enterobacteriaceae: Carbapenem Resistant Enterobacteriaceae (CRE) and Extended Spectrum Beta-Lactamase (ESBL)</p>	<p>Contact (add Enhanced Contact - SM-SL/CG-SL)</p>	<p>Discontinuation Criteria: Due to the resistant nature of these organisms, call IP if the most recent MDRO positive was at least one year, and infection has resolved. These patients charts will be evaluated by IP and the ID Medical Director on a case by case basis. Some patients will remain in contact isolation for current and future encounters due to the risk of healthcare-associated transmission and limited number of antimicrobials to treat infections with these pathogens.</p> <p>Reference: SHEA expert guidance document: Duration of Contact Precautions for Acute-Care Settings 10/2017 We recommend that for extensively drug-resistant Enterobacteriaceae, such as carbapenemase-producing CRE, or Enterobacteriaceae with very limited treatment options (susceptible to ≤ 2 antibiotic classes used to treat that organism), hospitals should maintain CP indefinitely.</p> <p>For MDR-ACB: Endotracheal tube aspirates or sputum should be cultured if a respiratory tract reservoir is known and/or suspected.</p>
<p>Mumps (infectious parotitis)</p>	<p>Droplet</p>	<p>After onset of swelling; susceptible HCWs should not provide care if immune caregivers are available. Note: (Recent assessment of outbreaks in healthy 18-24 year olds has indicated that salivary viral shedding occurred early in the course of illness and that 5 days of isolation after onset of parotitis may be appropriate in community settings; however the implications for healthcare personnel and high-risk patient populations remain to be clarified.)</p>
<p>Mycobacterium avium intracellulare (MAI) - Nontuberculosis Mycobacterium (NTM) - pulmonary or wound</p>	<p>Standard</p>	
<p>Mycobacterium gordonae - Nontuberculosis Mycobacterium (NTM) - pulmonary or wound</p>	<p>Standard</p>	
<p>Mycobacterium kansasii - Nontuberculosis Mycobacterium (NTM) - pulmonary or wound</p>	<p>Standard</p>	
<p>Mycobacterium tuberculosis - Extrapulmonary, draining lesions (including scrofula)</p>	<p>Airborne & Contact</p>	<p>CALL IP</p>
<p>Mycobacterium tuberculosis - Extrapulmonary, no draining lesions, meningitis</p>	<p>Standard</p>	
<p>Mycobacterium tuberculosis - Pulmonary, confirmed or suspected or laryngeal disease</p>	<p>Airborne</p>	<p>CALL IP</p>
<p>Mycobacterium tuberculosis - Skin test positive with no evidence of current pulmonary disease</p>	<p>Standard</p>	
<p>Mycoplasma pneumonia</p>	<p>Droplet</p>	<p>Droplet for duration of illness</p>
<p>Necrotizing Enterocolitis (NEC)</p>	<p>Standard</p>	<p>Contact precautions when cases clustered temporally</p>
<p>Neisseria meningitidis (meningococcal) - meningitis - known or suspected, pneumonia, sepsis</p>	<p>Droplet/CALL IP</p>	<p>Call IP for discontinuation 24 hours after appropriate antimicrobial therapy.</p>
<p>Nocardiosis - draining lesions or other presentations</p>	<p>Standard</p>	
<p>Norovirus - Norwalk agent - Gastroenteritis</p>	<p>Contact Plus</p>	<p>Duration of hospitalization. Consult IP for prolonged hospitalization</p>
<p>Orf</p>	<p>Standard</p>	
<p>Parainfluenza virus infection (Types 1, 2, 3, 4)</p>	<p>Contact & Droplet</p>	<p>Droplet for duration of symptoms/Call IP Viral shedding may be prolonged in immunosuppressed patients. Reliability of antigen testing to determine when to remove patients with prolonged hospitalizations from Contact Precautions uncertain.</p>
<p>Parvovirus B19 - Erythema infectiosum</p>	<p>Droplet</p>	<p>Duration of hospitalization. Maintain precautions for duration of hospitalization when chronic disease occurs in an immunocompromised disease occurs in an immunocompromised patient. For patients with transient aplastic crisis or red-cell crisis, maintain precautions for 7 days. Duration of precautions for immunosuppressed patients with persistently positive PCR not defined, but transmission has occurred</p>

Pediculus humanus capitis - Head lice	Contact	After 24 hours of effective pediculocide.
Pediculus humanus corporis - Body lice	Contact	Transmitted person to person through infected clothing. Wear gown/ gloves when removing clothing and follow CDC recommendations for washing
Pertussis (whooping cough)	Droplet/Call IP	Call IP to discontinue 5 days after appropriate initiation of antimicrobial therapy.
Pneumocystis carinii (jiroveci) - pneumonia	Standard	
Pneumonia - Bacteria not listed elsewhere (including gram-negative bacterial), Viral, or Fungal	Standard	
Poliomyelitis	Contact	Duration of illness (with wound lesions, until wounds stop draining.
Pthirus pubis - Pubic lice	Contact	Transmitted person to person through sexual contact
Q fever	Standard	
Rabies	Standard	
Relapsing fever	Standard	
Respiratory infectious disease, acute (if not covered elsewhere) - (Example: Croup) - Infants/young children	Contact & Droplet	Duration of illness
Respiratory infectious disease, acute (if not covered elsewhere) - Adults	Standard	
Respiratory syncytial virus infection (RSV)	Contact & Droplet	Droplet for duration of illness/Contact IP to discontinue isolation.
Reye's syndrome	Standard	
Rheumatic fever	Standard	
Rhinovirus	Droplet	Droplet most important route of transmission. Add Contact Precautions if copious moist secretions and close contact likely to occur (e.g., young infants)
Rhinovirus/ Enterovirus	Contact & Droplet	Duration of illness. Contact IP to discontinue isolation.
Rickettsia fevers, tickborne (tickborne typhus fever)	Standard	
Rickettsia prowazekii (Epidemic or Louse-borne Typhus)	Standard	Transmitted from person to person through close personal or clothing contact
Rickettsia rickettsii - Rocky Mountain Spotted Fever - tickborne	Standard	
Rickettsia typhi (typhus)	Standard	
Rickettsialpox - vesicular rickettsiosis	Standard	
Ringworm - dermatomycosis	Standard	
Ringworm - dermatophytosis	Standard	
Ringworm - tinea	Standard	
Ritter's disease (staphylococcal scaled skin syndrome)	Contact	Duration of illness (with wound lesions, until wounds stop draining)
Roseola infantum - exanthem subitum caused by HHV-6	Standard	
Rotavirus - Gastroenteritis	Contact	Duration of illness. Call IP to discontinue isolation. Contact for diapered and incontinent patients
Rubella - Congenital	Contact	Standard precautions if nasopharyngeal and urine cultures are repeatedly negative after 3 months of age.
Rubella - German measles	Droplet/CALL IP	After initiation of effective therapy, 7 days after onset of rash.
Rubeola - Measles, all presentations	Airborne/Call IP	Duration of hospitalization (immunocompromised) OR 4 days after onset of rash (immunocompetent)
Salmonella species including Salmonella typhi (typhoid fever) - Viral (if specific viral illness does not indicate otherwise)	Contact	Duration of illness. Contact for diapered and incontinent patients
Scabies	Contact	24 hours after appropriate scabicide
Schistosomiasis (bilharziasis)	Standard	
Severe Acute Respiratory Syndrome (SARS)	Airborne & Contact Plus & Droplet	CALL IP
Shigella species - Gastroenteritis	Contact	Duration of illness, call IP to discontinue isolation
Spirillum minus disease - Rat-bite fever	Standard	
Sporotrichosis	Standard	
St. Louis encephalitis	Standard	
Staphylococcus aureus - pneumonia	Standard	unless MDRO
Staphylococcus aureus - Toxic Shock Syndrome (TSS)	Standard	
Staphylococcus aureus - Enterocolitis	Contact	Use Contact Precautions for diapered or incontinent children for duration of illness
Staphylococcus aureus - furunculosis	Standard	contact if uncontrolled drainage or MDRO
Staphylococcus aureus - furunculosis - infant and young children	Contact	Duration of illness (with wound lesions, until wounds stop draining

Staphylococcus aureus - Skin (including scalded skin syndrome), wound or burn - Major (uncontained or covers a significant portion of body surface)	Contact	Duration of illness (with wound lesions, until wounds stop draining)
Staphylococcus aureus - Pneumonia	Standard	
Staphylococcus aureus - Skin, wound or burn - Minor or limited (contained, dressing covers and contains drainage adequately)	Standard	
Streptobacillus moniliformis - Rat-bite fever	Standard	
Streptococcus - not group A or B - unless covered elsewhere	Standard	
Streptococcus Pneumoniae - pneumonia	Standard	
Streptococcus, Group A - Endometritis (puerperal sepsis)	Standard	
Streptococcus, Group A - Adults and children, serious invasive disease	Droplet	24 hours after appropriate initiation of antimicrobial therapy. ADD contact precautions if skin lesions
Streptococcus, Group A - Pharyngitis in adult, infants and young children	Droplet	24 hours after appropriate initiation of antimicrobial therapy
Streptococcus, Group A - Pneumonia in adult, infants and young children	Droplet	24 hours after appropriate initiation of antimicrobial therapy
Streptococcus, Group A - Scarlet fever in infants and young children	Droplet	24 hours after appropriate initiation of antimicrobial therapy
Streptococcus, Group A - Skin, wound, burn: Major (uncontained drainage or covers significant portion of body surface)	Contact & Droplet	24 hours after appropriate initiation of antimicrobial therapy
Streptococcus, Group A - Skin, wound, burn: Minor or limited (contained, dressing covers and contains drainage adequately)	Standard	
Streptococcus, Group B - neonatal	Standard	
Strongyloidiasis	Standard	
Syphilis - Latent (tertiary) and seropositivity without lesions	Standard	
Syphilis - Skin and mucous membrane, including congenital, primary, secondary	Standard	
Tapeworm - Hymenolepis nana	Standard	
Tapeworm - Other	Standard	
Tapeworm - Taenia solium (pork)	Standard	
Tetanus	Standard	
Tinea (fungus infection dermatophytosis, dermatomycosis, ringworm)	Standard	
Tinea (fungus infection dermatophytosis, dermatomycosis, ringworm)	Standard	
Toxoplasmosis	Standard	
Trachoma, acute	Standard	
Trichinosis	Standard	
Trichuriasis - whipworm disease	Standard	
Tularemia - Draining lesion	Standard	
Tularemia - Pulmonary	Standard	
Urinary tract infection (including pyelonephritis), with or without urinary catheter	Standard	
Vaccinia - adverse events following vaccination - Blepharitis or conjunctivitis	Standard, Use contact if copious drainage	
Vaccinia - adverse events following vaccination - Eczema vaccinatum	Contact	until lesions dry and crusted, scabs separated
Vaccinia - adverse events following vaccination - Fetal, generalized, progressive	Contact	until lesions dry and crusted, scabs separated
Vaccinia - adverse events following vaccination - Iritis or keratitis	Standard	
Vaccinia - adverse events following vaccination - Post-vaccinia encephalitis	Standard	
Vaccinia - Vaccination site care (including autoinoculated areas)	Standard	Vaccination recommended for vaccinators; for newly vaccinated HCWs: semi-permeable dressing over gauze until scab separates, with dressing change as fluid accumulates, ~3-5 days; gloves, hand hygiene for dressing change; vaccinated HCW or HCW without contraindication to vaccine for dressing changes
Vaccinia - Vaccinia-associated Erythema multiforme	Standard	not an infectious condition
Varicella Zoster/ Herpes Zoster - Localized in normal patient (Shingles)	Standard	

Varicella-Zoster / Herpes Zoster - Localized in immunocompromised patient, or disseminated (Shingles/ Chicken-pox)	Airborne & Contact/Contact IP	Duration of hospitalization or for prolonged hospitalizations contact IP. Until lesions are dried and separated. In immunocompromised host with varicella pneumonia, prolong duration of precautions for duration of illness.
Variola - Smallpox	Airborne & Contact/Contact IP	Duration of hospitalization. Until all scabs have crusted and separated (3-4 weeks). Non- vaccinated HCWs should not provide care when immune HCWs are available; N95 or higher respiratory protection for susceptible and successfully vaccinated individuals; post-exposure vaccine within 4 days of exposure protective
Venezuelan equine encephalomyelitis encephalitis	Standard	
Vibrio cholerae - Gastroenteritis	Contact	Duration of hospitalization for those incontinent and/or diapered. For extended hospitalization call IP for recommendations
Vibrio parahaemolyticus - Gastroenteritis	Contact	Duration of illness. Contact for diapered and incontinent patients
Vincent's angina - trench mouth	Standard	
Vincent's angina (trench mouth)	Standard	
Western encephalitis	Standard	
Yellow fever	Standard	
Yersinia enterocolitica - Gastroenteritis	Contact	Duration of illness. Contact for diapered and incontinent patients
Yersinia pestis - Bubonic plague	Standard	
Yersinia pestis - Pneumonic plague	Droplet	48 hours after appropriate initiation of antimicrobial therapy. Antimicrobial prophylaxis for exposed HCP
Zika virus	Standard	
Zygomycosis - mucormycosis	Standard	
Zygomycosis - phycomycosis	Standard	