

INFECTIOUS DISEASES IN THE LONG TERM CARE FACILITY

The following is a list of the most common infectious diseases that are likely to be found in the long term care facility. Precautions are recommended and the duration of the infectious period have been derived from the current CDC guidelines and recommendations.

Disease	Private Room	Mask	Gown	Gloves	Infective Material	Duration	Comments
Abscess, draining major	Yes	No	Yes, if soiling is likely	Yes, for touching infective material	Pus	Duration of illness	Dressing does not adequately contain the pus
Abscess, draining minor	No	No	Yes, if soiling is likely	Yes, for touching infective material	Pus	Duration of illness	Dressing adequately contains the pus
Acquired Immunodeficiency Syndrome (AIDS)	Yes, if resident hygiene is poor	No	Yes, if soiling is likely	Yes, for touching infective material	Blood and body fluids	Duration of illness	Use caution when handling blood and blood soiled articles; avoid needle stick; if GI bleeding is likely, wear gloves when handling feces; gloves should be worn if there are open wounds
Amebiasis Dysentery	Yes, if resident hygiene is poor	No	Yes, if soiling is likely	Yes, for touching infective material	Feces	Duration of illness	
Bronchitis, Adult	No	No	No	No	Respiratory secretions		
Candidiasis, all forms	No	No	No	No			
Cellulitis, draining	No	No	Yes, if soiling is likely	Yes, for touching infective material	Pus	Duration of illness	Dressing covers adequately contain the pus
Chickenpox (Varicella)	Yes	Yes	Yes	Yes	Respiratory secretions and lesions	Until all lesions are crusted	Susceptible people should stay out of room

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Chlamydia – Trachomatous Conjunctivitis	No	No	Yes, for touching infective material	Purulent exudate	Duration of illness		
Chlamydia – Genital	No	No	No	Yes, for touching infective material	Genital discharge	Duration of illness	
Chlamydia – Respiratory	No	No	No	Yes, for touching infective material	Respiratory secretions	Duration of illness	
Common Cold	No	No	No	No	Respiratory secretions	Duration of illness	
Creutzfeldt-Jakob disease	No	No	No	Yes, for touching infective material	Blood, brain tissue and spinal fluid	Duration of hospitalization	Use caution when handling blood, brain tissue or spinal fluid
Decubitis ulcer (major, draining, infected)	Yes	No	Yes, if soiling is likely	Yes, for touching infective material	Pus	Duration of illness	Dressing does not adequately contain the pus
Decubitis ulcer (minor, infected, draining)	No	No	Yes, if soiling is likely	Yes, for touching infective material	Pus	Duration of illness	Dressing covers and adequately contains the pus, or infected area is very small
Diarrhea, acute	Yes, if resident hygiene is poor	No	Yes, if soiling is likely	Yes, for touching infective material	Feces	Duration of illness	
Diphtheria (cutaneous)	Yes	No	Yes, if soiling is likely	Yes, for touching infective material	Lesion secretions	Until 2 cultures from the skin lesions, taken at least 24 hours apart after the cessation of antimicrobial therapy, are negative for	

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						Corynebacterium diphtheriae	
Diphtheria (pharyngeal)	Yes	Yes	Yes, if soiling is likely	Yes, for touching infective material	Respiratory secretions	Until 2 cultures from both nose and throat, taken at least 24 hours apart after the cessation of antimicrobial therapy are negative	
Herpes Zoster (localized in immuno-compromised-desseminated)	Yes	Yes	Yes	Yes, for touching infective material	Lesion secretions and possible respiratory secretions	Duration of illness	Exposed susceptible residents should be on isolation precautions beginning at 10 days after exposure and continuing until 21 days after last exposure
Herpes Zoster (localized in normal resident)	Yes, if resident hygiene is poor	No	No	Yes, for touching infective material	Lesion secretions	Until all lesions are crusted	Persons susceptible to chickenpox should stay out of the room
Influenza, adults	No	No	No	No			
Legionnaires' Disease	No	No	No	No	Respiratory secretions		
Measles (Rubeola)	Yes	Yes, for those close to the resident	No	No	Respiratory secretions	For 4 days after the start of the rash	Persons susceptible to measles should stay out of room

Disease	Private Room	Mask	Gown	Gloves	Infective Material	Duration	Comments
Multiply-resistant organisms; MRSA, other bacteria resistant to penicillin (respiratory)	Yes	Yes, for those close to the resident	Yes, if soiling is likely	Yes, for touching infective material	Respiratory secretions and possible feces	Until antimicrobials culture negative	In outbreaks, cohorting of infected or colonized residents may be indicated if private rooms are not available
Multiply-resistant organisms; MRSA, other bacteria resistant to penicillin (skin)	Yes	No	Yes, if soiling is likely	Yes, for touching infective material	Pus and possible feces	Until antimicrobials culture negative	In outbreaks, cohorting of infected or colonized residents may be indicated if private rooms are not available
Pneumonia (bacterial)	No	No	No	No	Respiratory secretions		
Haemophilus influenzae	No	No	No	No	Respiratory secretions		
Pneumococcal	No	No	No	No	Secretions		
Pneumonia (S. aureus)	Yes	Yes	Yes, if soiling is likely	Yes, for touching infective material	Respiratory secretions	For 48 hours after start of therapy	
Pneumonia (viral)	No	No	No	No	Respiratory secretions		
Enterocolitis (clostridium difficile)	Yes, if resident hygiene is poor	No	Yes, if soiling is likely	Yes, for touching infective material	Feces	Duration of illness	
Fever of unknown origin	No	No	No	No			
Gastroenteritis, all types	Yes, if resident hygiene is poor	No	Yes, if soiling is likely	Yes, for touching infective material	Feces	Duration of illness	
German measles (Rubella)	Yes	Yes, for those close	No	No	Respiratory secretions	For 7 days after onset of rash	Pregnant women should have no

Disease	Private Room	Mask	Gown	Gloves	Infective Material	Duration	Comments
		to the resident					contact with residents
Herpes Simplex, recurrent (skin, oral, genital)	No	No	No	Yes, for touching infective material	Lesion secretions from infected site	Until all lesions are crusted	
Ringworm	No	No	No				
Scabies	Yes, if resident hygiene is poor	No	Yes, for close contact	Yes, for close contact	Infected area	For 24 hours after start of effective therapy	
Schistosomiasis	No	No	No	No			
Staphylococcal dis.(skin wound, major)	Yes	No	Yes, if soiling is likely	Yes, for touching infective material	Pus	Duration of illness	Dressings do not adequately contain the pus
Staphylococcal dis. (minor)	No	No	Yes, if soiling is likely	Yes, for touching infective material	Pus	Duration of illness	Dressings do not adequately contain the pus
Syphilis (latent, w/o lesions)	No	No	No	No			
Tapeworm	No	No	No	No	Feces (maybe)		
Trench Mouth (Vincent's angina)	No	No	No	No			
Tuberculosis (pulmonary)	Yes, with special ventilation	Yes, if resident is coughing and does not reliably cover mouth	Yes, if gross contamination of clothing is likely		Airborne droplet nuclei	Usually 2-3 weeks after chemotherapy begins	If resident is infected with isoniazid-resistant organisms, continue precautions until sputum smear is negative for TB organisms
Urinary Tract Infection	No	No	No	No			Residents with indwelling catheters should be separated