

Respiratory Infections Empiric Isolation Guidelines

<i>Symptoms</i>	<i>Comorbidity/ History</i>	<i>Common Pathogens</i>	<i>Empiric Precautions (+ Standard)</i>
Fever + cough	Influenza-like illness when Influenza is prevalent (seasonal)	<ul style="list-style-type: none"> Influenza Respiratory viruses S. pneumoniae 	<ul style="list-style-type: none"> Droplet, Eye/face protection if expect aerosols Patient should wear a surgical mask while pending testing results and during transport Cohorting
OR	General population, not during influenza season	<ul style="list-style-type: none"> Respiratory viruses S. pneumoniae 	<ul style="list-style-type: none"> Droplet, Eye/face protection if expect aerosols Patient should wear a surgical mask while pending testing results and during transport
Fever + pulmonary infiltrate			
OR	Recent travel (10-21 days) to countries with active outbreaks of SARS, avian influenza, MERS	Severe acute respiratory syndrome virus (SARS- CoV, MERS-CoV), avian influenza	Airborne + Contact + Eye protection If not suspecting SARS/MERS: Droplet + Contact + Eye protection, transport should be avoided if an emerging pathogen is suspected.
Cough + pulmonary infiltrate			
OR	Respiratory infections, particularly bronchiolitis and pneumonia, in infants and young children	<ul style="list-style-type: none"> Influenza RSV Parainfluenza Adenovirus Human metapneumovirus 	Pediatric Respiratory Isolation (Contact + Droplet)
High Clinical Suspicion			
	Risk for <i>Mycobacteria tuberculosis</i> infection (from endemic country, known latent TB or exposure, immunocompromise, previously incarcerated or undomiciled)	M. tuberculosis suspected with above	<ul style="list-style-type: none"> Airborne (+ Contact if draining lesion) Transport should be avoided whenever possible; if transport is necessary, patient should wear a surgical mask

Siegel, J. *et al.* Guideline for isolation precautions: preventing transmission of infectious agents in healthcare settings. HICPAC. 2007. (CDC)

Adult Respiratory Infection Isolation Guidelines

Standard Precautions: Hand Hygiene, Gloves on contact, Gown/Mask for procedures; Respiratory hygiene/cough etiquette – surgical mask or >3 ft separation

Organism	Test	Isolation (As indicated if different for ICT)	Cohorting	Duration of isolation	Exposure Prophylaxis	Prevention (+ Hand Hygiene)
Adenovirus (pneumonia)	RPP	Droplet + Contact + Standard		Duration of illness (resolution of symptoms), ICT – extend due to prolonged shedding until cleared by Infection Prevention or Infectious Diseases		
Bordatella Pertussis (whooping cough)	RPP, Nasal swab	Droplet + Standard		Until 5 days after initiation of antibiotic treatment.	Household contacts and healthcare workers with prolonged exposure to respiratory secretions as indicated	Tdap, Post exposure prophylaxis as indicated
Coronavirus	RPP	Standard ICT: Droplet + Contact		Duration of illness (resolution of symptoms), ICT – extend due to prolonged shedding until cleared by Infection Prevention or Infectious Diseases		
MERS-CoV SARS-CoV	Special testing	Airborne + Contact + Standard		Duration of illness plus 10 days after resolution of fever, provided respiratory symptoms are absent or improving and must first be cleared by IPC and Department of Health		
Diphtheria (pharyngeal only)	Special Culture	Droplet + Standard		Until off antimicrobial treatment and culture-negative (2 cultures 24 hours apart)	Close contacts or healthcare workers exposed to secretions: Penicillin or erythromycin plus vaccine	Tdap, Td vaccine
Group A Streptococcus	Rapid Strep test, Culture	Droplet + Standard (+Contact if skin lesions are present)		Until 24 hours after initiation of effective therapy (if skin lesions – until drainage stops or can be contained by dressing)		
Haemophilus influenzae type b (epiglottitis, meningitis, etc)	Culture	Droplet + Standard		Until 24 hours after initiation of effective therapy	Household contacts: Rifampin for age <4 years who are not fully vaccinated or aged <18 years who are immunocompromised	Hib vaccine
Human Metapneumovirus hMPV	RPP	Contact+ Standard		Duration of illness (resolution of symptoms), ICT – extend due to prolonged shedding until cleared by Infection Prevention or Infectious Diseases		

Influenza (seasonal)	Rapid Flu/RSV, RPP	Droplet + Standard	Influenza of same subtype (preferred), Any influenza (on oseltamivir)	7 days from illness onset or \geq 24 hrs after resolution of fever and respiratory symptoms, whichever is longer	Yes - Oseltamivir	Seasonal Flu vaccine
Influenza (novel Influenza A, avian)	Special testing	Airborne + Contact + Standard				
Measles	Nasopharyngeal PCR, Serum IgM and IgG	Airborne + Standard		4 days after onset of rash; duration of illness in ICT	-MMR vaccine within 72h of exposure in eligible patients. -For children <6 months, pregnant or ICT, immunoglobulin should be given within 6 days of exposure (IMIG for infants <6 months and IVIG for all others). ID consult required.	MMR vaccine
Mumps (infectious parotitis)	PCR, Serum IgM, IgG	Droplet + Standard	Until 5 days after the onset of swelling		MMR vaccine	
Mycoplasma pneumoniae	RPP	Droplet + Standard		Duration of illness		
Neisseria meningitidis	Culture, CSF panel	Droplet + Standard (mask with face protection for intubation)		Until 24 hours after initiation of effective therapy	Rifampin twice daily x 2 days for household members, day care center contacts, and anyone directly exposed to the patient's oral secretions (e.g., through kissing, mouth-to-mouth resuscitation, endotracheal intubation, or endotracheal tube management without mask). Ciprofloxacin x 1 as an alternative.	Quadrivalent vaccine (A, C, Y, W) and subgroup B vaccine
Parainfluenza Virus	RPP	Standard ICT: Contact + Standard	Parainfluenza virus same subtype	Duration of illness (resolution of symptoms), ICT – extend due to prolonged shedding until cleared by Infection Prevention or Infectious Diseases		

Parvovirus B19	PCR, IgM, IgG	Droplet + Standard		Duration of hospitalization if chronic disease in an immunocompromised patient (especially if persistently positive PCR). For transient aplastic crisis or red-cell crisis, maintain precautions for 7 days		
Rhinovirus	RPP	Droplet + Standard (Droplet + Contact if copious secretions)		Duration of illness (resolution of symptoms), ICT – extend due to prolonged shedding until cleared by Infection Prevention or Infectious Diseases		
RSV	Rapid Flu/RSV, RPP	Standard ICT: Contact + Standard	ICT: RSV same type (if known A/B on RPP) only	Duration of illness (resolution of symptoms), ICT – extend due to prolonged shedding until cleared by Infection Prevention or Infectious Diseases		Adults – none, infants and children < 24 months - Palivizumab
Rubella	PCR, Serum IgM, IgG	Droplet + Standard		Until 7 days after onset of rash	Vaccine within 3 days of exposure for non-pregnant susceptible individuals; Susceptible healthcare works excluded from duty days 5-21 post exposure regardless of postexposure vaccine	MMR vaccine
Tuberculosis (<i>M. tuberculosis</i>)	AFB smear and culture, PCR	Airborne + Standard (+Contact if draining wound)		When patient is improving clinically, 3 consecutive negative smears/cultures and drainage has ceased. For infants and children, use Airborne until active pulmonary tuberculosis in visiting family members ruled out.		
Varicella (primary disease and disseminated zoster)	PCR, DFA, culture	Airborne + Contact + Standard		Duration of illness and until lesions are dry and crusted. In immunocompromised host with varicella pneumonia, extend duration of precautions for duration of illness.	-Vaccine in non-pregnant, non-ICT patients within 120 hours. -VZIG in individuals without evidence of immunity to varicella who are at high risk for severe varicella and complications, who have been exposed to varicella or herpes zoster, and for whom varicella vaccine is contraindicated. ID consult required.	Varicella vaccine, Shingles vaccine

Viral hemorrhagic fevers due to Lassa, Ebola, Marburg, Crimean-Congo fever viruses	Special Testing	Droplet + Contact + Standard (mask with shield/eye protection) N95 resp precautions if aerosol generating procedure		Duration of illness		
<i>Yersinia pestis</i> Pneumonia	Culture	Droplet + Standard		Until 48 hours after initiation of effective antibiotic therapy	Close contact with a pneumonic plague patient or direct contact with infected body fluids or tissues: Ciprofloxacin or Doxycycline	

Call Infection Prevention and Control with questions (cohorting, removal of isolation)
Moses 718-920-4562, Einstein 718-904-3422, Wakefield 718-920-9037,
Emerging Pathogens 718-920-7800

ICT – immune-compromised and transplant
ICT locations: Moses – NW2, NW8, Foreman 7; Einstein – 11N, 11S;
Wakefield – OB 3S; ICT, high risk, and OB patients elsewhere
CHAM – Pediatric Respiratory Isolation – per CHAM protocol