

QUICK REFERENCE GUIDE TO COMMUNICABLE DISEASE (1700)

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Infection	Possible Mode of Transmission	Recommended Precautions	Exposure Follow-Up	Risk for Emergency Responders
HIV/AIDS	Needlestick, blood splash into mucous membranes (eyes, mouth), or blood contact with open wound.	Body substance isolation for prevention of bloodborne disease	Wash exposed area with soap and water. Contact the Designated Officer and complete IIPP10a	Low- Risk among health care workers in general is very low.
Hepatitis B	Contact with body secretions; bloodborne	Body substance isolation for prevention of bloodborne disease	Wash exposed area with soap and water. Contact the Designated Officer and complete IIPP10a . Follow appropriate protocol depending on responder's Hepatitis B vaccine status.	Significant- (6-30% chance) If exposed to blood of a Hepatitis B carrier and no pre- or post- exposure prophylaxis is provided.
Hepatitis C	Same as Hepatitis B	Same as Hepatitis B	Role of immune globulin not clear. CDC recommends administering one dose based on body weight, as soon as possible.	Unknown- For emergency responders Low- 4-8% for health care workers
Tuberculosis Pulmonary	Airborne	Responder should use approved N95 mask or put mask on patient.	Previously negative reactors should get a baseline PPD with second PPD in 6 to 8 weeks. Persons converting to a positive reaction should be seen for medical follow-up.	Unknown- Depends on level of patient's infectivity, contact time, and ventilation.
Meningitis Meningococcus	Contact with respiratory secretions and/or nasal or throat secretions	Mask on emergency response personnel for close contact.	Contact the Designated Officer and complete IIPP10a. Take rifampin prophylaxis for two days.	Unknown- Probably low