

Table 2: Risk evaluation for infectious agents in health care settings

* Risk classification according to Directive 2000/54/EG.

Infection	Transmission in general	Risk evaluation		Risk classification of biological agents *	Main risk	Vaccine available	Post exposure prophylaxis
		Staff to patient	Patient to staff				
Cholera	Fecal-oral, contaminated water	rare	rare	2	Stool contact	+	
Conjunctivitis, viral (e.g., adenovirus)	Contact with eye secretions and contaminated objects.	high	high	2	Hand contact and touching eye	-	-
Cytomegalovirus (CMV)	Contact with urine, saliva, breast milk, cervical secretions, and semen from infected person who is actively shedding virus.	rare	rare	2	Contact with body fluids, especially saliva, blood and urine	-	-
Diphtheria	By droplets, also by contact	No data	rare	2	Close face to face, cough	+	PEP with antibiotic should be discussed
Hemorrhagic fever (Ebola, Marburg, Lassa virus)	Bloodborne; some question of contact transmission.	negligable	Moderate	4	Blood splash on mucous membrane	-	Antivirals should be discussed
Hepatitis A	Person-to-person by fecal-oral route; infected food handlers with poor personal hygiene can contaminate food.	rare	rare	2	Stool contact	+	Immune globulin
Hepatitis B	Via percutaneous, mucosal, and nonintact skin contact with blood, semen, vaginal secretions, and bloody fluids.	low	Moderate	3	Needlestick injury	+	Immune globulin (HBIG)
Hepatitis C	Same as for Hepatitis B.	low	Moderate	3	Needlestick injury	-	-
Herpes simplex	Contact with virus in saliva of carriers; contact with vesicle fluid.	rare	low	2		-	-
Human immunodeficiency	Primarily via percutaneous contact with blood; mucosal	rare	Low	3	Needlestick injury		Antivirals (within hours!)

virus (HIV)	or nonintact skin contact with blood. Semen, vaginal secretions, and bloody body fluids less likely to transmit.						
Influenza	Droplet borne; direct droplet transmission or droplet to contact transmission of respiratory secretions of infected patients.	moderate	moderate	2	Close contact with patient (Within 3 feet from coughing/ sneezing)	+	Antivirals normally not recommended
Measles	Airborne; direct airborne transmission or airborne to contact transmission of respiratory secretions of infected person.	high	high	2	Inhaling or contact with the patients' respiratory secretions	+	Immune globulin
Meningococcal infection	Droplet borne; direct droplet transmission or droplet to contact transmission of respiratory secretions of infected patients.	-	rare	2	Close face to face	+(tetravalent A, C, W135, and Y)	Antibiotic after close contact
Mumps	Droplet borne; direct droplet transmission or droplet to contact transmission of respiratory secretions of infected patients.	moderate	moderate	2	Close contact with patient (Within 3 feet from coughing/ Sneezing)	+	
MRSA	Direct and indirect contact.	rare	rare	2	Skin contact	-	-
Norovirus	Fecal-oral (direct or indirect contact with patients' stool)	high	high	2	Stool contact	-	-
Pertussis	Droplet borne; direct droplet transmission or droplet to contact transmission of respiratory secretions of infected patients.	moderate	moderate	2	cough	+	Macrolides
Polio	Fecal-oral, air	rare	rare	2		+	
Rabies	Animal bite	rare	rare	3	bites	+	+
Respiratory syncytial virus	Droplet contact or direct contact with respiratory secretions.	moderate	moderate				
Rotavirus	Person-to-person via faecal-oral route.	moderate	moderate	2	Stool contact		
Rubella	Droplet contact or direct	moderate	moderate	2		+	

	contact with respiratory secretions: airborne transmission not demonstrated.						
Salmonella or Shigella	Person-to-person via faecal-oral route; via contaminated food or water; food handlers with poor personal hygiene can contaminate food.	low	low	2	Stool contact		
SARS	Droplets, contact	medium	medium	3	cough	-	-
Scabies	Direct skin-to-skin contact with infested person.	low	low	-	Skin contact		
Streptococcus, Group A	Droplet contact or direct contact with oral secretions or drainage from infected wounds.	rare	No data	2			
Syphilis	Direct contact with lesions of primary or secondary syphilis.	no data	rare	2	Direct contact with skin or mucous membrane lesions		Antibiotics possible
Tetanus	Bites, skin wounds	No data	No data	2		+	Immune globulin
Tuberculosis (TB)	Airborne transmission from sources with active pulmonary or laryngeal tuberculosis; susceptible person must inhale airborne droplet nuclei to become infected.	Low to high	Low to high	3	cough	(BCG) (Not given to HCWs)	INH for treatment of latent TB infection. 4 drug regimen for active TB.
Typhus	Fecal-oral	low	low	3	Stool contact	+(im, sc, oral)	
Varicella, Chickenpox, disseminated zoster	Contact with vesicles; droplet or airborne spread from respiratory tract of acute cases and perhaps from disseminated zoster.	High	High	2		+	Immune globulin (VZIG)
Localized varicella-zoster (shingles)	Contact with vesicles.	moderate	moderate				
Yellow fever	Mosquito bites	Negligible	Rare			+	-