NT Centre for Disease Control - Diphtheria contact management, CUTANEOUS DIPHTHERIA

Period of communicability: From onset date of case's skin infection / when the swab was taken.

	HIGH RISK CONTACT			MEDIUM RISK CONTACT			LOW RISK CONTACT		
	Community contacts	**Inpatient contacts**	**Health worker contacts**	**Community contacts**	**Inpatient contacts**	**Health worker contacts**	**Community contacts**	**Inpatient contacts**	**Health worker contacts**
Exposure (from date of skin infection)	Household-like contact (e.g. overnight stay in the same room, intimate partner, close physical contact) with direct contact with skin lesions, dressings or contaminated items (e.g. towels, clothing, bedding).	Direct exposure to infected wound.	Direct unprotected exposure to skin lesions or wound droplets. E.g. splash to face from wound without appropriate PPE (mask +/- eye protection).	Close contact in shared indoor space ≥ 20 hours cumulative, with potential, but no known direct or indirect exposure (with wound uncovered, contaminated items). E.g. childcare, residential accommodation	Indirect prolonged exposure ≥ 20 hours cumulative when wound uncovered.	Close contact without appropriate PPE (gloves and hand hygiene) but no direct exposure to wound OR Uncertain exposure requiring further risk assessment.	Casual or indirect contact (e.g. same school or workplace without close exposure).	Indirect exposure < 20 hours when wound uncovered.	A contact with unlikely/no direct exposure to skin lesions (e.g. appropriate PPE, distant contact only).
Education	Provide factsheet and detailed PH follow-up.	Individualised PH advice in consultation with IPC/IFD.		Provide factsheet and general PH follow-up.	General PH advice in consultation with IPC/IFD.		Provide factsheet and general PH information available.		
	• Monitor for symptoms for 10 days after last exposure, including skin and respiratory symptoms • Minimise contact with at-risk people (e.g. infants, older people, and those who are immunocompromised), especially during the exclusion period.			• Monitor for symptoms for 10 days after last exposure			Nil		
Test	• Swab* throat if respiratory symptoms present. • Swab* skin lesions if present. *Asymptomatic throat swabs are not routinely recommended.*			• Swab* throat if respiratory symptoms present. • Swab* skin lesions if present. *Asymptomatic throat swabs are not routinely recommended.*			Nil		
Vaccinate	• If >12 months since last diphtheria-containing vaccine: give booster. • If incompletely vaccinated, complete the primary/catch-up course **(offered and strongly recommended).**			• If incompletely vaccinated, complete the primary/catch-up course, **(offered and strongly recommended).** • Consider giving diphtheria booster dose for at-risk patients if >12 months since last diphtheria-containing vaccine.			If incompletely vaccinated, complete the primary/catch-up course through their usual healthcare provider. **All low risk contacts should receive a diphtheria booster dose every 5 years.**		Healthcare staff are required to have a diphtheria booster dose every 5 years.
Chemoprophylaxis	Chemoprophylaxis recommended for all high risk contacts. • **Azithromycin 500mg daily PO (child 10mg/kg up to 500mg) for 5 days OR** • **Azithromycin (children up to age 18 yrs) 30 mg/kg (max 2g) oral single dose OR** • **Amoxicillin 1g (children 30mg/kg/dose max 1g) oral tds for 7 days** Further clinical assessment if upper respiratory tract infection symptoms develop.			Not routinely recommended for medium risk contacts. Further clinical assessment if clinically suspected diphtheria.			Not recommended for low risk contacts. Further clinical assessment if clinically suspected diphtheria.		
Exclusion	Avoid contact with at risk** populations: • Completed ≥3 days of appropriate antibiotics OR • Negative clearance swab AND • Asymptomatic	Apply standard + droplet contact precautions. Managed in consultation with IPC/IFD. Consider cohorting or single room if required	Continue working with***: • Surgical mask at all times • Strict hand hygiene • Symptom monitoring • Commenced on antibiotics **Exclude only if symptoms develop.**	No exclusion unless any high risk features present. If ANY of the following, escalate to high-risk exclusion: • Symptomatic and clinically suspecting diphtheria • Directed by CDC / clinical team.			Nil		

Note: Contacts at any risk level who are symptomatic should be directed to seek assessment and treatment.

* Swabs, throat and wound, should be accompanied by clear documentation of collection site, relevant clinical details and epidemiological information on the request form.

** At risk populations include, but are not limited to, infants aged ≤6 months, individuals who are acutely unwell, older adults, and those who are immunocompromised.

***Where there is uncertainty, discuss with IFD or IPC for risk assessment.