

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

Period of communicability: 7 days prior to onset of the case’s respiratory symptoms, or throat swab (if asymptomatic).

	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 (7 days before symptoms)	Household-like contact (e.g. overnight stay, intimate partner, close travel contact).	Stayed/slept in same room or bay ≥24 hours/overnight.	Direct unprotected exposure to respiratory secretions. E.g. intubation, airway procedures without appropriate PPE (mask and hand hygiene).	Close contact in shared indoor space ≥8 hours. E.g. classroom, childcare.	Shared room or bay, but <24 hours / overnight, without direct exposure.	Close contact without appropriate PPE (mask and hand hygiene) but no direct secretion exposure OR Uncertain exposure requiring further risk assessment.	Casual or indirect contact (e.g. same school or workplace without close exposure).	Stayed in same ward/hospital without close contact.	A contact with unlikely/no exposure to respiratory droplets, nor direct contact with respiratory secretions (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 - 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. <i>Asymptomatic throat swabs are not routinely recommended.</i>			- Swab* throat if respiratory symptoms present. - Swab* skin lesions if present. <i>Asymptomatic throat swabs are not routinely recommended.</i>		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 >12 months since last diphtheria-containing vaccine: give booster. - Incompletely vaccinated, complete the primary/catch-up course (offered and strongly recommended).		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	Exclude from school, work and community until: - 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 until clearance criteria met if high concern.	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 should be accompanied by clear documentation of collection site, relevant clinical details and epidemiological information on the request form.

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