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).

<table>
<tr><th></th><th colspan="3">HIGH RISK CONTACT</th><th colspan="3">LOW RISK CONTACT</th></tr>
<tr><th></th><th>House-like contacts</th><th>Early childhood education and care settings, schools and social gatherings</th><th>Health worker contacts</th><th>Shared residential settings (e.g. prisons, hospital wards (patients) and boarding schools)</th><th>Early childhood education and care settings, schools and social gatherings</th><th>Health care workers</th></tr>
<tr><td>Exposure
(7 days before symptoms)</td><td>Those who have spent most of a day (8 hours), overnight or multiple days during the infectious period in the same house (or dormitory type room) and had direct interaction with a case. Including intimate partners and travel companions during the infectious period.</td><td>Those who are known to have direct interaction with a case for example two full childcare or school days (where one full day is 6-8 hours) or a cumulative of ≥20 hours within a 7-day window in the same group as the case during their infectious period</td><td>Those who have had direct unprotected exposure to respiratory secretions or droplets from a case without appropriate PPE (e.g. mouth-to-mouth resuscitation, intubation/airway procedures, swabbing/examining)</td><td>Stayed in same residential setting (including sharing open recreational spaces) but did not have direct interaction with a case</td><td>Those who are known to have interacted with a case for <20 hours cumulative within a 7-day window during the case's infectious period (e.g. workplace, sporting events or casual social gatherings)</td><td>No exposure to respiratory droplets through aerosol generating procedures, nor direct contact with respiratory secretions of a case (e.g. standard contact only)</td></tr>
<tr><td>Education</td><td>Provide factsheet and detailed PH follow-up.</td><td>Provide factsheet and detailed PH follow-up.</td><td>Individualised PH advice in consultation with IPC/IFD.</td><td colspan="3">Provide factsheet and general PH information available.</td></tr>
<tr><td></td><td colspan="3">• Monitor for symptoms for 7 days after last exposure</td><td colspan="3">Nil</td></tr>
<tr><td>Test</td><td colspan="3">• Testing of asymptomatic high-risk contacts with a throat and wound swabs (where applicable) is recommended*
• Symptomatic high-risk contacts should be managed as a suspected case</td><td colspan="3">• Testing if symptomatic</td></tr>
<tr><td>Vaccinate</td><td colspan="3">• If >12 months since last diphtheria-containing vaccine: give booster.
• If incompletely vaccinated, complete the primary/catch-up course (offered and strongly recommended).</td><td colspan="2">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.</td><td>Healthcare staff are required to have a diphtheria booster dose every 5 years.</td></tr>
<tr><td>Chemoprophylaxis</td><td colspan="3">Chemoprophylaxis recommended for all high risk contacts.
<table><tr><th>Adult</th><th>Children (Up to age 18 years)</th></tr><tr><td>Azithromycin 500mg daily PO for 5 days OR
Amoxicillin 1g oral tds for 7 days</td><td>Azithromycin 10mg/kg (max 500mg) for 5 days OR
Azithromycin 30mg/kg (max 2g) single dose OR
Amoxicillin 30mg/kg (max 1g) tds for 7 days</td></tr></table>Further clinical assessment if upper respiratory tract infection symptoms develop and managed as a suspected case.</td><td colspan="3">Not recommended for low risk contacts.
Further clinical assessment if clinically suspected diphtheria.</td></tr>
<tr><td>Exclusion</td><td>Avoid contact with people who are vulnerable to severe disease** until 72 hours of an appropriate course of antibiotics have been completed OR until negative test results from throat and any wound swabs are obtained, whichever is shorter. Consider cohorting or single room if required in shared residential settings.</td><td>Avoid contact with people who are vulnerable to severe disease** until 72 hours of an appropriate course of antibiotics have been completed OR until negative test results from throat and any wound swabs are obtained, whichever is shorter.</td><td>Healthcare workers who are high risk contacts should be excluded from work until 72 hours of an appropriate course of antibiotics have been completed OR until negative test results from throat and any wound swabs are obtained, whichever is shorter.
If the healthcare worker is unable to remain excluded from the workplace, discuss with IPC/IFD.</td><td colspan="3">Nil</td></tr>
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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.

**Vulnerable individuals and settings include infants aged 6 months and under, the elderly and immunosuppressed individuals. In the household this requires avoidance and in work situations this requires exclusion from the workplace. Settings including childcare, healthcare and aged care.