



**\*close contacts are those who:**

- 1) live in a household type setting;
- 2) have had transient close contact particularly if they have been directly exposed to large particle droplets or secretions;
- 3) have been exposed to an undressed wound of a cutaneous case

Identify all close contacts\* of the index case of confirmed or probable diphtheria

In congregate settings this includes:

- those sleeping in the same room as the index case
- residents that may have had direct exposure to open wounds, or particle droplets (via shared food or drinks)
- those sharing bathroom facilities
- kissing/sexual contacts of the case

1. Inform close contacts and their healthcare provider if they have one.
2. Advise to self –monitor for 10 days from date of last contact
3. Take nose and throat swabs and swabs of any skin lesions
4. Offer chemoprophylaxis with antibiotics for 5 days (azithromycin) or 10 days (clarithromycin)
5. Exclude from communal areas in accommodation pending microbiological results
6. Immunise as appropriate as per [NIAC guidance](#):

Positive for toxigenic strain

Manage as confirmed case

No organism isolated or Non-toxigenic strain

No further public health action  
Complete prophylaxis course

If contact becomes symptomatic arrange urgent clinical assessment

PH should ensure that all **confirmed cases:**

- Restrict movements for first six days of antibiotic course
- Have microbiological clearance after antibiotic course
- Are offered vaccination as appropriate when recovered.