Appendix 4: Information for Close Contacts* Diphtheria

*Close Contact = Household members and others with a history of direct contact with a case-patient, and medical staff exposed to oral or respiratory secretions of a case-patient.

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Relation to Case</th>
<th>Vaccinated?</th>
<th>Number of Lifetime Doses</th>
<th>If Vaccinated, Last Dose</th>
<th>Nasopharyngeal Culture Obtained?</th>
<th>Oropharyngeal (Throat) Culture Obtained?</th>
<th>Date of Culture</th>
<th>Results</th>
<th>Antibiotic Prophylaxis</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Y = Yes</td>
<td>L &lt; 5 Years Ago</td>
<td>Y = Yes</td>
<td>Y = Yes</td>
<td>Month Day Year</td>
<td></td>
<td>P = Positive</td>
<td>See Codes Below</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>N = No</td>
<td>G = ≥ 5 Years Ago</td>
<td>N = No</td>
<td>N = No</td>
<td></td>
<td></td>
<td>N = Negative</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>U = Unknown</td>
<td>G = ≥ 5 Years Ago</td>
<td>U = Unknown</td>
<td>U = Unknown</td>
<td></td>
<td></td>
<td>U = Unknown</td>
<td></td>
</tr>
</tbody>
</table>

Note: This Form has 2 Sides
Suspected or Proven Diphtheria

- Institute strict isolation
- Notify lab and obtain culture for C. diphtheriae
- Obtain serum for antibodies to diphtheria toxin
- Consider treatment with diphtheria antitoxin
- Begin antimicrobial therapy
- Provide active immunization with diphtheria toxoid during convalescence

Identify Close Contacts

- Avoid close contact with inadequately vaccinated persons
- Identify close contacts and proceed with preventative measures described for close contacts of a case
- Repeat cultures a minimum of 2 weeks after completion of antimicrobials to assure eradication of the organism

Obtain cultures for C. diphtheriae

- Positive
  - Stop
- Negative

Administer antimicrobial prophylaxis

Assess diphtheria toxoid vaccination status

- < 3 doses or unknown
  - Administer immediate dose of diphtheria toxoid and complete primary series according to schedule
- ≥ 3 doses, last dose > 5 years ago
  - Administer immediate booster dose of diphtheria toxoid
- ≥ 3 doses, last dose < 5 years ago
  - Children in need of their 4th primary dose or booster dose should be vaccinated; otherwise vaccination not required

Notify Health Dept.

Assess and monitor for signs/symptoms of diphtheria for at least 7 days

Obtain cultures for C. diphtheriae

- Positive
  - Stop
- Negative

Administer antimicrobial prophylaxis

Assess diphtheria toxoid vaccination status

- < 3 doses or unknown
  - Administer immediate dose of diphtheria toxoid and complete primary series according to schedule
- ≥ 3 doses, last dose > 5 years ago
  - Administer immediate booster dose of diphtheria toxoid
- ≥ 3 doses, last dose < 5 years ago
  - Children in need of their 4th primary dose or booster dose should be vaccinated; otherwise vaccination not required

None

Stop
This document can be found on the CDC website at: