

# Appendix 4: Information for Close Contacts\* Diphtheria

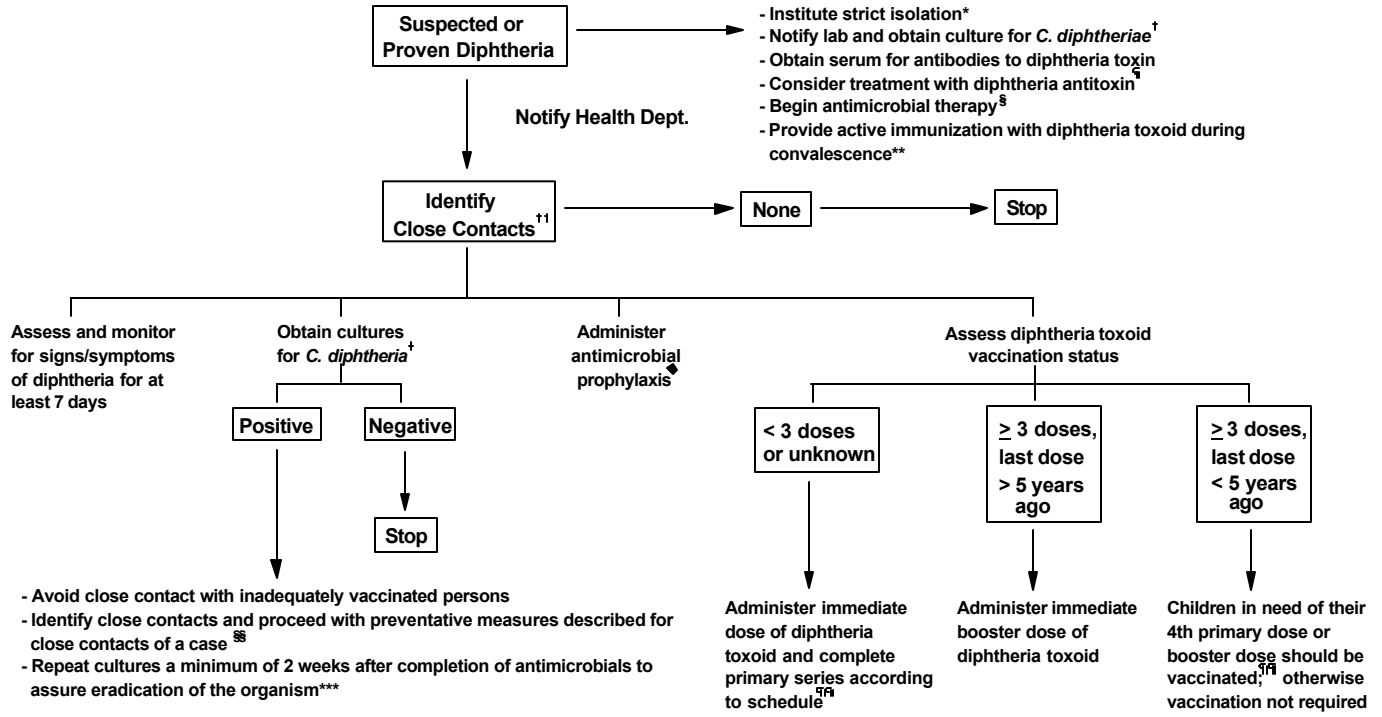
To be completed by treating clinician and returned to CDC within 14 days of DAT administration

\*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.

CONTACT INFORMATION	Name _____	Age _____	Relation to Case _____					
	<b>Vaccinated?</b> <input type="checkbox"/> Y=Yes <input type="checkbox"/> N=No <input type="checkbox"/> U=Unknown	<b>If Vaccinated, Number of Lifetime Doses</b> <input type="checkbox"/> U=Unknown <input type="checkbox"/> L=<3 Doses <input type="checkbox"/> G>=3 Doses	<b>If Vaccinated, Last Dose</b> <input type="checkbox"/> L=<5 Years Ago <input type="checkbox"/> G=>5 Years Ago	<b>Nasopharyngeal Culture Obtained?</b> <input type="checkbox"/> Y=Yes <input type="checkbox"/> N=No <input type="checkbox"/> U=Unknown	<b>Oropharyngeal (Throat) Culture Obtained?</b> <input type="checkbox"/> Y=Yes <input type="checkbox"/> N=No <input type="checkbox"/> U=Unknown	<b>Date of Culture</b> <input type="text"/> / <input type="text"/> / <input type="text"/> Month Day Year	<b>Results</b> <input type="checkbox"/> P=Positive <input type="checkbox"/> N=Negative <input type="checkbox"/> U=Unknown	<b>Antibiotic Prophylaxis</b> <input type="checkbox"/> See Codes Below
	Name _____	Age _____	Relation to Case _____					
	<b>Vaccinated?</b> <input type="checkbox"/> Y=Yes <input type="checkbox"/> N=No <input type="checkbox"/> U=Unknown	<b>If Vaccinated, Number of Lifetime Doses</b> <input type="checkbox"/> U=Unknown <input type="checkbox"/> L=<3 Doses <input type="checkbox"/> G>=3 Doses	<b>If Vaccinated, Last Dose</b> <input type="checkbox"/> L=<5 Years Ago <input type="checkbox"/> G=>5 Years Ago	<b>Nasopharyngeal Culture Obtained?</b> <input type="checkbox"/> Y=Yes <input type="checkbox"/> N=No <input type="checkbox"/> U=Unknown	<b>Oropharyngeal (Throat) Culture Obtained?</b> <input type="checkbox"/> Y=Yes <input type="checkbox"/> N=No <input type="checkbox"/> U=Unknown	<b>Date of Culture</b> <input type="text"/> / <input type="text"/> / <input type="text"/> Month Day Year	<b>Results</b> <input type="checkbox"/> P=Positive <input type="checkbox"/> N=Negative <input type="checkbox"/> U=Unknown	<b>Antibiotic Prophylaxis</b> <input type="checkbox"/> See Codes Below
	Name _____	Age _____	Relation to Case _____					
	<b>Vaccinated?</b> <input type="checkbox"/> Y=Yes <input type="checkbox"/> N=No <input type="checkbox"/> U=Unknown	<b>If Vaccinated, Number of Lifetime Doses</b> <input type="checkbox"/> U=Unknown <input type="checkbox"/> L=<3 Doses <input type="checkbox"/> G>=3 Doses	<b>If Vaccinated, Last Dose</b> <input type="checkbox"/> L=<5 Years Ago <input type="checkbox"/> G=>5 Years Ago	<b>Nasopharyngeal Culture Obtained?</b> <input type="checkbox"/> Y=Yes <input type="checkbox"/> N=No <input type="checkbox"/> U=Unknown	<b>Oropharyngeal (Throat) Culture Obtained?</b> <input type="checkbox"/> Y=Yes <input type="checkbox"/> N=No <input type="checkbox"/> U=Unknown	<b>Date of Culture</b> <input type="text"/> / <input type="text"/> / <input type="text"/> Month Day Year	<b>Results</b> <input type="checkbox"/> P=Positive <input type="checkbox"/> N=Negative <input type="checkbox"/> U=Unknown	<b>Antibiotic Prophylaxis</b> <input type="checkbox"/> See Codes Below
	Name _____	Age _____	Relation to Case _____					
	<b>Vaccinated?</b> <input type="checkbox"/> Y=Yes <input type="checkbox"/> N=No <input type="checkbox"/> U=Unknown	<b>If Vaccinated, Number of Lifetime Doses</b> <input type="checkbox"/> U=Unknown <input type="checkbox"/> L=<3 Doses <input type="checkbox"/> G>=3 Doses	<b>If Vaccinated, Last Dose</b> <input type="checkbox"/> L=<5 Years Ago <input type="checkbox"/> G=>5 Years Ago	<b>Nasopharyngeal Culture Obtained?</b> <input type="checkbox"/> Y=Yes <input type="checkbox"/> N=No <input type="checkbox"/> U=Unknown	<b>Oropharyngeal (Throat) Culture Obtained?</b> <input type="checkbox"/> Y=Yes <input type="checkbox"/> N=No <input type="checkbox"/> U=Unknown	<b>Date of Culture</b> <input type="text"/> / <input type="text"/> / <input type="text"/> Month Day Year	<b>Results</b> <input type="checkbox"/> P=Positive <input type="checkbox"/> N=Negative <input type="checkbox"/> U=Unknown	<b>Antibiotic Prophylaxis</b> <input type="checkbox"/> See Codes Below

- |  |                      |
|--|----------------------|
| 1 = Erythromycin (incl. Pediazole, ilosone)          | 5 = Cotrimoxazole    |
| 2= Penicillin (Bicillin, Pfizerpen-AS, Wycillin)     | 6 = Antibiotic Codes |
| 3 = Amoxicillin/Ampicillin/Augmentin/Ceclor/Cefixime | 7 = Other            |
| 4 = Clarithromycin/azithromycin                      | 9 = Unknown          |

Note: This Form has 2 Sides



\*Maintain isolation until elimination of the organism is demonstrated by negative cultures of two samples obtained at least 24 hours apart after completion of antimicrobial therapy.

† Both nasal and pharyngeal swabs should be obtained for culture.

†† If equine diphtheria antitoxin is needed, contact your State Health Department. Before administration, patients should be tested for sensitivity to horse serum and, if necessary, desensitized. The recommended dosage and route of administration depend on the extent and duration of disease.

§ Detailed recommendations can be obtained from the package insert and other publications.

§ Antimicrobial therapy is not a substitute for antitoxin treatment. Intramuscular procaine penicillin G (25,000-50,000 units/[kg/d] for children and 1.2 million units/d for adults, in two divided doses) or parenteral erythromycin (40-50 mg/[kg/d], with a maximum of 2 g/d) has been recommended until the patient can swallow comfortably, at which point oral erythromycin in four divided doses or oral penicillin V (125-250 mg four times daily) may be substituted for a recommended total treatment period of 14 days.

\*\*Vaccination is required because clinical diphtheria does not necessarily confer immunity.

Close contacts include household members and other persons with a history of direct contact with a case-patient (e.g. caretakers, relatives, or friends who regularly visit the home) as well as medical staff exposed to oral or respiratory secretions of a case-patient.

◆ A single dose of intramuscular benzathine penicillin G (600,000 units for persons < 6 years of age and 1.2 million units for persons ≥ 6 years of age) or a 7- to 10-day course of oral erythromycin (40mg/[kg/d] for children and 1 g/d for adults) has been recommended.

§§ Preventative measures may be extended to close contacts of carriers but should be considered a lower priority than control measures for contacts of each case.

\*\*\*Persons who continue to harbor the organism after treatment with either penicillin or erythromycin should receive an additional 10-day course of oral erythromycin and should submit samples for follow-up cultures.

¶ Refer to published recommendations for the schedule for routine administration of DTP.  
Farizo KM, Strebel PM, Chen RT, et al. Fatal respiratory disease due to *Corynebacterium diphtheriae*: Case report and review of guidelines for management, investigation, and control. Clin Infect Dis 1993;16:59-68. Centers for Disease Control and Prevention. Manual for the Surveillance of Vaccine-Preventable Diseases 1996;2-9.

This document can be found on the CDC website at:

<https://www.cdc.gov/diphtheria/downloads/appendix-4-close-contact-form.pdf>