

Check List: Managing Patients Suspected of Having Diphtheria

The purpose of this checklist is to provide clinicians step-by-step guidance for evaluating patients suspected to have Diphtheria to reduce the spread and facilitate Public Health investigations.

For questions, please call the Epidemiology Unit in the Los Angeles County Department of Public Health Vaccine Preventable Disease Control Program (VPDC) at (213) 351-7800
Monday to Friday 8:30am – 5:00pm
After business hours/weekends - (213) 974-1234, option 8 - Administrative Officer on Duty (AOD)

Step 1. Isolate the suspected patient with respiratory diphtheria, using droplet precautions, in addition to standard precautions

- Regardless of prior immunity status, all healthcare staff entering the room should use respiratory protection consistent with airborne infection control precautions. [C. diphtheriae can be present](#) in nose, throat, eye, and skin lesion discharges for 2-6 weeks in untreated diphtheria patient.
- For cutaneous diphtheria, contact precautions are indicated.

Step 2. Assess patient for [diphtheria symptoms](#), regardless of vaccination status

- Assess whether patient has any of the following symptoms and obtain onset and resolution dates: sore throat, difficulty swallowing; malaise; low-grade fever; cervical lymphadenopathy; and/or tough, grayish-white pseudomembrane over tonsils, pharynx, and/or larynx.

Step 3. Collect diphtheria specimen(s) for testing

- Collect specimens from sites where diphtheria is suspected (cutaneous lesions, throat etc) before the patient starts antibiotic treatment.
- If diphtheriae is found on cultures of nose or throat, isolate should be sent to Public Health Laboratory for additional virulence testing by calling (562) 658-1460 and completing the [request form](#).
- If specimens are not collected at the clinic, do not refer the patient to another facility to obtain specimens. Notify Public Health for assistance.**

Step 4. Assess for [diphtheria antitoxin \(DAT\) treatment](#)

- Physicians requesting DAT for respiratory diphtheria should contact Public Health for its release.
- Treatment of cutaneous diphtheria with antibiotics is usually sufficient, and antitoxin is typically not needed.
- For toxigenic cases, elimination of the organism should be documented 24 hours after completion of treatment by two consecutive negative nose and throat cultures taken 24 hours apart.

Step 5. Close contact management

- Close contacts to confirmed toxigenic diphtheria cases may receive antimicrobial prophylaxis as indicated in Figure 2. of the [CDPH quicksheet](#).

Step 6. Report the patient suspected of having diphtheria to Public Health

- Inform the patient that Public Health may be in contact to provide diphtheria-related assistance.
- Email or fax the following to Public Health at vpdc@ph.lacounty.gov or (213) 351-2782:

- ✓ Patient demographics
- ✓ All lab results assessing respiratory illness
- ✓ Medical records
- ✓ Immunization records
- ✓ Travel history in the last 2 months

