



**Aboriginal  
Health Council  
of Western Australia**

# Get diphtheria outta here!

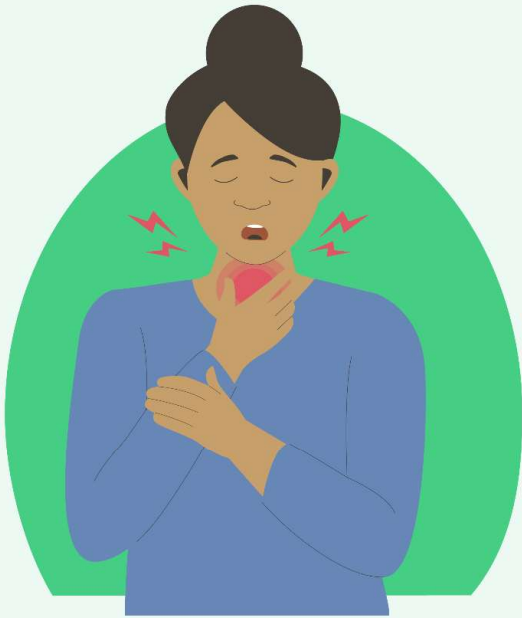
**Get ready for diphtheria**  
Clinic preparedness checklist



## Diphtheria Preparedness Checklist for Clinics

1	<b>Staff vaccination</b> – ensure all staff have reviewed their immunisation history and encourage diphtheria booster vaccination where it has been greater than 5 years since last booster
2	<b>Clinic workflow</b> – ensure procedures are in place to: <ul style="list-style-type: none"><li>• Identify those with skin infection or sore throat/respiratory symptoms, or who are known contacts of diphtheria, at reception</li><li>• Provide a surgical mask for symptomatic patients and those who are known contacts</li><li>• Minimise movement of symptomatic patients and contacts through multiple areas of the clinic</li><li>• Ensure staff use appropriate PPE when assessing, swabbing and managing suspected and confirmed cases (use standard, contact and droplet precautions if unsure)</li><li>• Continue Acute Rheumatic Fever (ARF) preventative management for skin sores and sore throats as per guidelines, while also considering diphtheria as appropriate</li></ul>
3	<b>Signage and communications</b> – ensure you have: <ul style="list-style-type: none"><li>• Printed diphtheria flyers for patients (see <a href="#">AHCWA Diphtheria Flyer</a>)</li><li>• Printed contact information sheets for contacts (from your local PHU)</li><li>• Contact and Droplet Precautions posters for staff (see <a href="#">Contact Precautions</a> and <a href="#">Droplet Precautions</a>)</li></ul>
4	<b>Stock</b> – ensure you have adequate supplies of: <ul style="list-style-type: none"><li>• Charcoal swabs for MC&amp;S</li><li>• Azithromycin – 500mg tablets and suspension (for those clinics who stock antibiotics)</li><li>• PPE including gowns, surgical masks, gloves and protective eyewear</li><li>• Occlusive waterproof dressings to cover cutaneous diphtheria lesions</li><li>• Diphtheria-containing vaccines<ul style="list-style-type: none"><li>• NIP vaccines as per usual processes</li><li>• dTpa can be ordered via Onelink by ACCHS in the Kimberley, Pilbara and Goldfields as per the <a href="#">WA Aboriginal Immunisation Schedule</a></li><li>• ADT is PBS-subsidised and can be accessed via normal PBS processes used by your clinic</li></ul></li></ul>
5	<b>Contact details</b> – make sure you have contact details for: <ul style="list-style-type: none"><li>• Your local public health unit - <a href="https://www.health.wa.gov.au/articles/a_e/contact-details-for-public-health-units">https://www.health.wa.gov.au/articles/a_e/contact-details-for-public-health-units</a></li><li>• Your local referral hospital (and RFDS where appropriate)</li></ul>
6	<b>Vaccinations</b> – opportunistically review patient immunisation status (including AIR) and: <ul style="list-style-type: none"><li>• Ensure children, adolescents and pregnant women are up-to-date with NIP vaccinations as per the <a href="#">WA Aboriginal Immunisation Schedule</a></li><li>• Offer adults in the Kimberley, Pilbara and Goldfields regions state-funded dTpa if it has been more than 5 years since their last booster</li><li>• Ensure medium- and high-risk contacts are provided a diphtheria booster if it has been greater than 12 months since their last booster</li><li>• Ensure vaccinations are added to AIR when given</li></ul>
7	<b>Resources</b> – ensure that clinicians have access to relevant guidance, including: <ul style="list-style-type: none"><li>• WA diphtheria outbreak case and contact management interim guidance - <a href="https://www.health.wa.gov.au/~media/Corp/Documents/Health-for/Infectious-disease/diphtheria/WA-diphtheria-outbreak-case-and-contact-management-interim-guidance.pdf">https://www.health.wa.gov.au/~media/Corp/Documents/Health-for/Infectious-disease/diphtheria/WA-diphtheria-outbreak-case-and-contact-management-interim-guidance.pdf</a></li><li>• The Australian Immunisation Handbook - <a href="https://immunisationhandbook.health.gov.au/contents/vaccine-preventable-diseases/diphtheria">https://immunisationhandbook.health.gov.au/contents/vaccine-preventable-diseases/diphtheria</a></li><li>• The most recent WA Health clinician alert - <a href="https://www.health.wa.gov.au/Articles/F_I/Health-alerts-infectious-diseases">https://www.health.wa.gov.au/Articles/F_I/Health-alerts-infectious-diseases</a></li><li>• WA Health diphtheria resources - <a href="https://www.health.wa.gov.au/Articles/A_E/Diphtheria">https://www.health.wa.gov.au/Articles/A_E/Diphtheria</a></li></ul>

# What is diphtheria?









- An infection caused by toxin-producing strains of *Corynebacterium diphtheriae*.
- The bacteria produces a toxin that can cause severe local disease and systemic complications, particularly in respiratory infection.
- Infection most commonly occurs in either the respiratory tract (respiratory diphtheria) or the skin (cutaneous diphtheria).

# Respiratory diphtheria

- Classically begins as an upper respiratory tract infection. Mild cases may present as a pharyngitis.
- Local toxin production can cause a pseudomembrane (thick, grey coating) to form on the pharynx or larynx and can cause a markedly swollen 'bull neck'.
- Absorption of diphtheria toxin can lead to cardiac, neurological and renal complications.
- Severe disease requires diphtheria antitoxin (DAT).
- 5-10% of severe cases are fatal, even with treatment.

### Symptoms of diphtheria

 <b>Throat pain</b>	 <b>Fatigue</b>	 <b>Mild fever</b>
 <b>A greyish coating on your throat</b>	 <b>Swollen neck</b>	 <b>Problems breathing or swallowing</b>



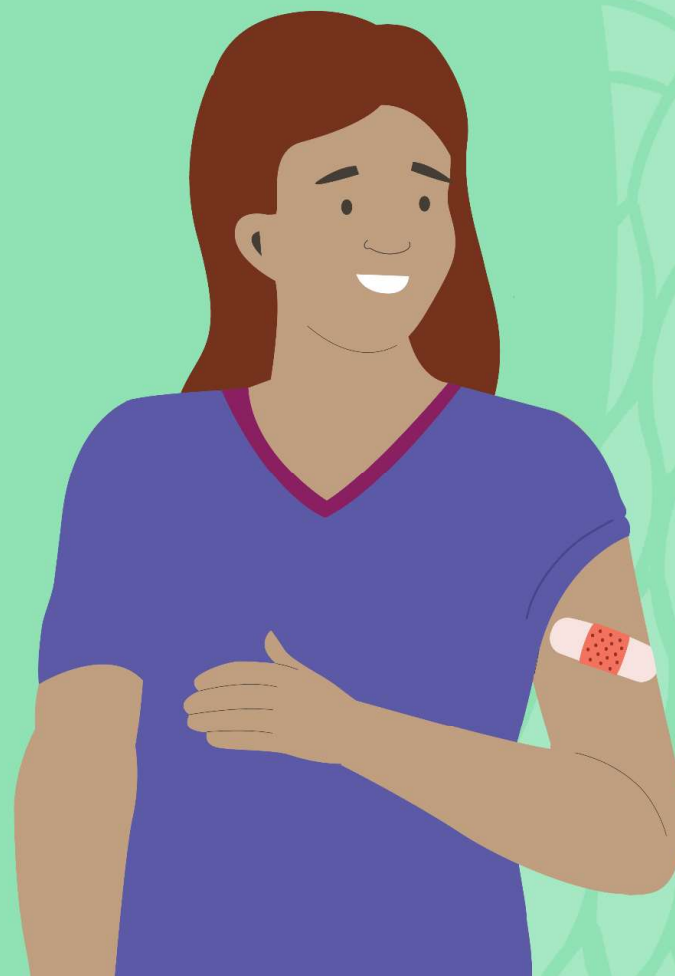
# Cutaneous diphtheria

- Cutaneous diphtheria lesions are variable, and may be indistinguishable to impetigo.
- Primary lesions may be well-demarcated non-healing ulcers that can be covered in a grey-white necrotic slough, sometimes giving a bluish appearance to the wound.
- Ulcers may be solitary or multiple, with the hands, feet and legs being the most common sites involved.
- Cutaneous diphtheria can occur after colonisation and infection of an existing skin condition such as dermatitis or scabies, or after localised injury to the skin (eg graze, insect bite).



# Transmission and Prevention

- Without treatment, infected people can spread diphtheria to others for more than four weeks from when their symptoms first start.
- Diphtheria can be spread by:
  - Infected droplets from coughs and sneezes
  - Skin to skin from contact with an infected ulcer or sore
  - By touching contaminated items (fomites) e.g. sheets, towels, clothes, household items.
- Vaccination is the best protection against diphtheria.
  - Make sure all children and adolescents are up-to-date with their childhood immunisations
  - All people living in outbreak regions in WA should have a diphtheria booster vaccination if they haven't had one in the last 5 years.



# Assessment and Management

- Collect swabs from clinically suspicious skin/wound lesions and/or a combine swab of nasopharynx and throat for bacterial MC&S ideally before starting antibiotics; specify culture for diphtheria on the request form.
- Macrolides are recommended for empiric treatment of suspected cutaneous or mild respiratory diphtheria, unless contraindicated.
- Also ensure appropriate treatment of other organisms consistent with the clinical presentation (e.g. streptococcal throat or skin infections) or identified on wound swabs. This remains critical for ARF/RHD prevention.
- Treatment for severe respiratory diphtheria must be urgently discussed with an infectious diseases physician and/or clinical microbiologist. Early antibiotics and antitoxin can prevent complications and death.
- Contact tracing is required for all confirmed cases, with contact management (e.g. testing, antibiotic prophylaxis and vaccination) to be coordinated by public health units in liaison with local clinical services.
- Contact your local public health unit for advice: [https://www.health.wa.gov.au/articles/a\\_e/contact-details-for-public-health-units](https://www.health.wa.gov.au/articles/a_e/contact-details-for-public-health-units).
- For further information see:
  - WA diphtheria outbreak case and contact management interim guidance - <https://www.health.wa.gov.au/~media/Corp/Documents/Health-for/Infectious-disease/diphtheria/WA-diphtheria-outbreak-case-and-contact-management-interim-guidance.pdf>
  - The most recent WA Health clinician alert - [https://www.health.wa.gov.au/Articles/F\\_I/Health-alerts-infectious-diseases](https://www.health.wa.gov.au/Articles/F_I/Health-alerts-infectious-diseases).

# What PPE do I wear?

Remember: **standard, contact and droplet precautions** when assessing those with respiratory symptoms and/or skin infections





## VISITOR RESTRICTIONS MAY BE IN PLACE

### For all staff **Contact precautions** in addition to standard precautions

#### Before entering room/care zone



1 Perform hand hygiene

2 Put on a gown

3 Wear gloves, in accordance with standard precautions

#### What else can you do to stop the spread of infections?

- Always change gloves and perform hand hygiene between different care activities and when gloves become soiled to prevent cross contamination of body sites
- Consider patient placement
- Minimise patient movement

#### At doorway prior to leaving room/care zone



1 Remove and dispose of gloves if worn

2 Perform hand hygiene

3 Remove and dispose of gown

4 Leave the room/care zone

5 Perform hand hygiene

### Always use standard precautions

- Perform hand hygiene before and after touching a patient or their surroundings
- Use personal protective equipment (PPE)\*
- Use respiratory hygiene and cough etiquette

- Use aseptic technique
- Use and dispose of sharps safely
- Perform routine environmental cleaning and maintain a clean and safe healthcare environment

- Clean and reprocess reusable patient equipment
- Handle and dispose of waste safely
- Handle and dispose of used linen safely

\*When used as part of **standard precautions**, PPE protects against probable exposure to blood and body substances. When used as part of **transmission-based precautions**, PPE serves as a barrier to specific means of transmission of infectious agents.



## VISITOR RESTRICTIONS MAY BE IN PLACE

### For all staff **Droplet precautions** in addition to standard precautions

#### Before entering room/care zone



1 Perform hand hygiene

2 Put on surgical mask

3 Put on protective eyewear

4 Perform hand hygiene

#### What else can you do to stop the spread of infections?

- Consider patient placement
- Minimise patient movement
- Appropriate bed allocation.

#### At doorway prior to leaving room/care zone



1 Perform hand hygiene

2 Remove protective eyewear

3 Perform hand hygiene

4 Remove mask and dispose of mask

5 Leave the room/care zone

6 Perform hand hygiene

### Always use standard precautions

- Perform hand hygiene before and after touching a patient or their surroundings
- Use personal protective equipment (PPE)\*
- Use respiratory hygiene and cough etiquette

- Use aseptic technique
- Use and dispose of sharps safely
- Perform routine environmental cleaning and maintain a clean and safe healthcare environment

- Clean and reprocess reusable patient equipment
- Handle and dispose of waste safely
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## Other Useful Resources and Contacts

- WA Health's Notifiable Infectious Diseases Dashboard:  
[https://www.health.wa.gov.au/articles/n\\_r/notifiable-infectious-disease-dashboard](https://www.health.wa.gov.au/articles/n_r/notifiable-infectious-disease-dashboard)
- WA Health Vaccination Orders:  
[vaccineorders@health.wa.gov.au](mailto:vaccineorders@health.wa.gov.au)
- AHCWA Diphtheria Resources:  
<https://www.ahcwa.org.au/2026/03/06/diphtheria/>

