1 Diphtheria Prevention: vaccination & infection control

SA primary care quick reference

AHCSA Aboriginal Health Council of South Australia

Government of South Australia SA Health

START — at every opportunistic contact, check diphtheria vaccination status (AIR + history)

- All Aboriginal People aged 10 and over, all contacts, and at risk healthcare/frontline workers are able to get free state funded boosters
- Order vaccines through the Vaccine Distribution Centre (VDC) under the correct category (NIP or state funded)

All Aboriginal people aged 10 years and over	Single dose dTpa (Boostrix or Adacel) if fully vaccinated and >5 years since last dose
Healthcare & frontline workers in, or with regular contact with people from, priority areas	Additional dTpa (Boostrix or Adacel) if >5 years since last dose. *Includes direct patient care, first responders, education, corrections, community services, cleaners handling linen/dressings, laboratory staff*
HIGH risk contact of a confirmed case	Additional dose if >12 months since last dose — DTPa: Infanrix or Tripacel (child) / dTpa: Boostrix or Adacel (adult). Contact CDCB for advice, see chart 4 for more details
LOW risk contact of a confirmed case	Additional dTpa if >5 years since last dose. All low-risk contacts: booster every 5 years
No documented primary course (any of the above groups)	Give 3 doses of age-appropriate diphtheria-containing vaccine, minimum 4 weeks apart. AIR verification of a primary course is required

PLUS routine National Immunisation Program doses — keep everyone up to date

- Infants & children: DTPa at 6 weeks, 4 months, 6 months, 18 months and 4 years; catch-up until under 10 years.
- Adolescents: single dTpa (Year 7 school program); catch-up until under 20 years.
- Pregnancy: single dTpa from 20 weeks, every pregnancy — can be given earlier if a high or medium risk contact.
- **If diphtheria antitoxin (DAT) has been given, delay vaccination for 4 weeks from the date of administration.**

PREVENTION ADVICE & INFECTION CONTROL

Advice for patients & households

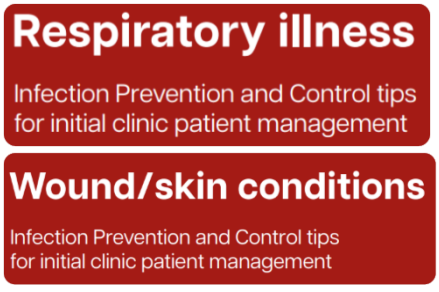
- Keep all wounds and sores covered with a dry, intact occlusive dressing. Change with clean hands; bag, tie and bin the old dressing.
- Hand hygiene often; cover coughs and sneezes. Do not share a bar of soap or a towel.
- Try not to share clothing, bedding, towels, razors, grooming items, utensils, drink bottles, smokes/vapes or phones.
- Wash clothes and linen in hot water if possible with detergent and dry thoroughly; clean frequently touched surfaces with detergent and disinfectant.
- See your health care clinic early for any sore throat or non-healing skin sore.

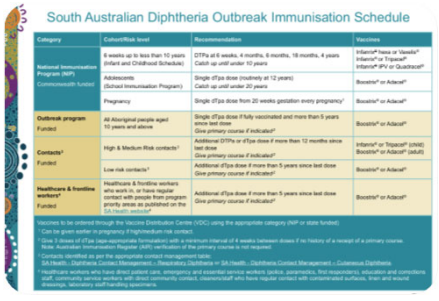
Infection control in the clinical setting

- Standard precautions for all patients at all times.
- **Suspected respiratory diphtheria: standard + contact + droplet — gown, gloves, eye protection, surgical mask.**
- **Suspected cutaneous diphtheria : standard + contact — gown and gloves; add mask and eye protection if splash risk.**
- Ask the patient to wear a mask and place them in a single room, or ≥1 metre away behind a screen or curtain.
- Use single-patient equipment where possible; otherwise clean and disinfect between uses. Clean with a 2-step (detergent then TGA-listed hospital-grade disinfectant) or 2-in-1 process.
- Only staff with up-to-date diphtheria vaccination should care for confirmed cases.



Diphtheria Preparedness Checklist for Clinics





Notify the Communicable Disease Control Branch (CDCB) — 1300 232 272, 24 hours / 7 days

Notify any suspected or confirmed diphtheria, including late complications. Do not wait for laboratory confirmation.