

Aboriginal Person or non-Aboriginal Person who lives in, recent travel to, or close interaction with communities in outbreak areas (ind NT/WA)

Sore throat, tonsillitis or pharyngitis (± hoarseness, progressive neck swelling)

Exudate visible on the tonsils or pharynx?

NO

YES

Any additional risk factor?

inadequately vaccinated (no primary course or >10y since last dose) or status unknown · immunosuppressed

NO

YES

Treat as usual

Manage as a routine sore throat. Review and reconsider diphtheria if not improving.

Are clinical warning signs of severe respiratory diphtheria present?

Pseudomembrane · bull neck / progressive lymphadenopathy · stridor · respiratory distress · signs of sepsis



NO

YES

Skin sore, ulcer or wound (any site)

Non-healing after 2 weeks, OR any ulcer or wound in a contact of a case?, OR any skin/soft tissue ulcer swab already being sent for M/C/S

NO

YES

Treat as usual

Manage as a routine skin infection. Re-consider diphtheria if not healed by 2 weeks.

SWAB

Skin swab ×2 (liquid Amies). Collect before antibiotics if possible

REQUEST FORM

- State "M/C/S + Diphtheria Test" explicitly — routine M/C/S does not include it.
- Document the collection site, and the relevant clinical and epidemiological details.
- Mark the form **URGENT** and send to SA Pathology

SWAB First, then treat empirically (Chart 3)

- PPE for all swabbing: gown, gloves, eye protection and surgical mask (standard + contact + droplet).

Skin wound → skin swab ×2 (liquid Amies media).

Sore throat → throat swab ×2 (liquid Amies media).

Commence antibiotic therapy — see Chart 3.

- Swab and treat for differentials as per usual sore throat management (e.g. GAS infection).
- Review every 1–2 days for warning signs of severe disease.

Notify CDCB on suspicion — do not wait for the laboratory.

DO NOT SWAB IN THE CLINIC

- Swabbing risks disrupting the pseudomembrane — airway obstruction and bleeding.
- Stabilise the patient; medical officer review.
- Arrange immediate transfer to hospital — swabs and further investigations happen there.
- Discuss with adult or paediatric infectious diseases on-call regarding diphtheria antitoxin (DAT).
- Start oral azithromycin 500 mg (child 10 mg/kg up to 500 mg) if able to swallow comfortably.
- **Notify CDCB 1300 232 272.**

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Add Recall to Follow Up + Check Results

Toxigenic Diphtheria Confirmed (PCR/culture)

- Treat as per SA Health guidelines (Chart 3).
- Public health follow-up and contact tracing (Chart 4).

Toxigenic Diphtheria Not Found (PCR + culture)

- Cease diphtheria-specific treatment.
- Treat as per local guidelines.

Notify CDCB — 1300 232 272, 24 hours / 7 days

Notify suspected as well as confirmed diphtheria so that public health follow-up, vaccination and contact tracing can start immediately.