**Category 1: Immediate reporting telephonically followed by written or electronic notification within 24hrs of diagnosing a case**

**DIPHTHERIA**

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| **Why is surveillance necessary?** | **Who must notify and when?** | **Suspected case definition** | **Probable case definition** | **Confirmed case definition** |
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| Diphtheria is caused by infection with toxin-producing strains of *Corynebacterium diphtheriae* or *C. ulcerans* or *C. pseudotuberculosis*  Diphtheria is spread via respiratory droplets or direct contact with infected skin lesions from an infected person.  Diphtheria has a high mortality rate. Notification is essential because additional cases can be prevented amongst contacts by early administration of antibiotics. Persons who are fully vaccinated are not at risk of diphtheria. | The clinician who suspects diphtheria should notify the case immediately.  Healthcare workers should NOT wait for laboratory confirmation before notifying cases. | A person who presents with an upper-respiratory tract illness characterised by sore throat, low-grade fever AND an adherent membrane of the nose, pharynx, tonsils, or larynx. | A person who presents with an upper-respiratory tract illness characterised by sore throat, low-grade fever AND an adherent membrane of the nose, pharynx, tonsils, or larynx;  **OR**  a person who has an epidemiological link to a confirmed case, who has respiratory tract symptoms but no membrane;  **OR**  a person with a skin lesion  **AND**  *C. diphtheria or C. ulcerans or C. pseudotuberculosis*  has been isolated from relevant specimens but toxigenicity status has not been confirmed. | Any person with signs and symptoms consistent with diphtheria (respiratory and/or cutaneous)  **AND**  a positive culture for or PCR detection of *C. diphtheriae* or *C. ulcerans* or *C. pseudotuberculosis* from a clinical specimen which is confirmed to be *tox* gene positive by PCR or toxin-producing by ELEK testing. |
| **Additional notes**  Clinicians who suspect diphtheria should contact the NICD 24-hour hotline (082-883-9920) for assistance with specimen collection and diagnosis. It is essential to: 1) collect a throat swab from suspected cases using the correct procedures, and 2) to complete a case investigation to provide authorities with information to identify contacts and implement prevention measures. See resources below. | | | | |
| **Additional resources**  A case-investigation form (CIF), frequently asked questions document (FAQ), Guidelines for the management and public health response to diphtheria (2018), and specimen collection guidelines are available at <http://www.nicd.ac.za/diseases-a-z-index/diphtheria/> | | | | |