

## **FACT SHEET**

### **Information for Health Professionals**

## **DIPHTHERIA**

### **(Cutaneous)**

#### **What is cutaneous (skin) diphtheria?**

The bacterium *Corynebacterium diphtheriae* causes cutaneous diphtheria.

#### **Who gets cutaneous diphtheria?**

This form of diphtheria is more common in temperate climates. In the United States, cutaneous diphtheria most often infects unvaccinated and indigent people, and is secondary to skin trauma or infections.

#### **How is cutaneous diphtheria spread?**

Diphtheria spreads person-to-person by indirect or direct contact with infected skin lesions. Transmission in crowded and unsanitary living conditions has also been documented.

#### **What are the symptoms?**

Cutaneous diphtheria is characterized by a non-healing, gray ulcer with a demarcated membrane on the skin. Because cutaneous diphtheria is often indistinguishable from other skin diseases, prompt laboratory confirmation of diagnosis is essential.

#### **How long can an infected person spread the bacteria?**

The infectious period usually lasts less than 2 weeks without treatment. If persons are treated with antibiotics, communicability lasts fewer than 4 days, but chronic carriage can occur for up to 6 months in rare instances. The infection is no longer communicable when two cultures of the skin lesions taken 24 hours apart, not less than 24 hours after completing antimicrobial therapy are negative.

#### **Can a patient get diphtheria again?**

Yes. Ensure that the patient's diphtheria vaccinations are current per established guidelines.

#### **Do the patient's close contacts need diphtheria prophylaxis?**

If laboratory results show that the infectious strain of diphtheria produces toxin, administer prophylactic treatment to the patient's close contacts, and monitor their health status. If the strain does not produce toxin, close contact follow-up is unnecessary.

#### **Who is a close contact needing prophylactic treatment?**

All who share living space, food, drink, eating utensils, and/or saliva (kissing), with the patient, including child care contacts need prophylactic treatment. Healthcare workers with patient contact are at risk. Those not meeting these criteria do not need prophylactic treatment.

#### **What management is appropriate for household contacts?**

All close contacts should have cultures taken from the nose and throat, and should be kept under surveillance for 7 days. A single dose of benzathine penicillin G (IM)(600,000 units for persons less than 6 years of age and 1.2 million units for persons 6 years of age or older), or a 7-10 day course of erythromycin (PO) (40mg/kg/d for children and 1g/d for adults), is recommended.

#### **What isolation procedures are appropriate in the healthcare setting?**

Contact Precautions are appropriate for cutaneous diphtheria. In other words, cover the infected skin.

**Is there a vaccine to prevent cutaneous diphtheria?**

Yes, see the respiratory diphtheria fact sheet for more detailed information.