What is diphtheria?

Diphtheria is a vaccine-preventable respiratory infection. It is caused by toxin-producing strains of a bacterium called Corynebacterium diphtheriae. Diphtheria has become a rare disease in the U.S. (0 to 5 cases per year) but an increasing proportion of cases occur among older children and adults because protection from the vaccine decreases over time. Revaccination every 10 years is recommended.

Diphtheria is a reportable disease. The health department is notified when a case is diagnosed to protect others who may have come in contact with you and are at risk of becoming ill and are not protected.

What are the symptoms?

Symptoms of diphtheria occur 2 to 4 days after exposure:

- Sore throat with low-grade fever, chills, and a membrane that sticks to the tonsils, pharynx, or nose sometimes appears.
- Neck swelling is usually present in severe disease.
- There may be infected skin lesions.

If diphtheria is not properly diagnosed and treated, it can then produce a powerful toxin (poison), which spreads throughout the body, causing serious complications such as heart failure or paralysis. Sometimes a thick membrane forms, making it hard to swallow or even breathe.

About 1 person out of every 10 who gets diphtheria dies from it. A person ill with diphtheria is contagious (can spread the disease to others) for about 2 to 4 weeks.

How is it spread?

Diphtheria is spread from person-to-person by respiratory droplets and physical contact with skin lesions.
Whenever the infected person coughs, sneezes or talks, infected droplets spray into the air. The infected mucus can land in other people’s noses or throats when they breathe or put their fingers in their mouth or nose after touching an infected surface.

Exposed and symptomatic persons should practice “respiratory hygiene” by wearing a mask, washing their hands often, and disposing of tissues in wastebaskets when coming into a healthcare facility. Free “Cover Your Cough Kits” are available at the Information Desk and at clinic intake areas.

How is it diagnosed?
Diphtheria is diagnosed by the clinical symptoms, by the appearance of the lesions, and by sending specimens to the laboratory for identification of toxin-producing strains of *Corynebacterium diphtheriae*.

How are others protected at the medical center?
At University of Washington Medical Center, we place a “Droplet Precautions” sign near the doorway of your room to alert healthcare workers and your visitors to observe expanded precautions when caring for you to protect others who may be at risk from acquiring the disease. Visitors, caregivers, and healthcare workers known to be at risk are advised not to enter the room.

What does it mean to be in “droplet precautions?”
Healthcare workers and caregivers wear masks, eye protection, gowns, and gloves when providing care.

Visitors should not enter the room if they have not been immunized within the past 5 years. Visitors who enter the room should wear the provided protective equipment – masks, gowns, and gloves.

**Hand washing for 15 seconds, using alcohol hand gels, and environmental cleanliness are emphasized.**

You will be asked to stay in your room unless you need to go to other departments in the hospital for treatment. If you leave your room, you will be asked to wash your hands and to wear a yellow gown, gloves, and a mask.

Please do not use the nutrition rooms while you are “in isolation.” When you want a snack or ice water, ask a member of your healthcare team to bring it to you.

When can precautions be stopped?
Droplet precautions for diphtheria should continue for the duration of the disease. This usually means for at least 4 weeks.