Cutaneous diphtheria is a skin infection caused by a toxin (poison) produced by a bacteria called *Corynebacterium diphtheriae* (or more rarely by *C. ulcerans*). The toxin can affect the nerves and heart muscle although this is more common in the other form of disease called pharyngeal (throat) diphtheria. The bacteria can also infect the heart valves.

Infection may occur following damage to the skin by a cut or scrape. Cutaneous diphtheria can look the same as other skin infections but may form an ulcer that doesn’t heal. A person with cutaneous diphtheria may not develop the more serious pharyngeal (throat) form of the disease but it can spread as the more serious form to others.

The disease is rare in New Zealand.

**Who gets cutaneous diphtheria?**

Diphtheria is not found in New Zealand or Australia but many other countries have it including Pacific Island countries, Papua New Guinea and Indonesia. Cutaneous diphtheria usually infects people who haven’t been vaccinated. It spreads from person-to-person by contact with the infected skin and dressings.

**How long is a person infectious?**

The infectious period usually lasts less than 2 weeks without treatment. If a person is treated with antibiotics, he/she is usually infectious for up to 3 days, although some people may become carriers.

To check if the skin infection has cleared after treatment, swabs are taken for culture in the laboratory.

**Can a person get diphtheria again?**

Yes but this can be prevented by making sure the diphtheria vaccinations are up to date.

**Do the patient’s close contacts need prevention therapy?**

If laboratory results show that the infectious strain of diphtheria produces toxin, the patient’s close contacts need to take a course of preventive antibiotics and possibly update their diphtheria vaccinations. These vaccinations can be done at the local medical centre.

If the strain does not produce toxin, close contact follow-up is not necessary other than to ensure cleanliness when dressing the wound, hygienic disposal of wound dressings and careful hand washing.

**Who is a close contact needing preventive therapy?**

All persons in the same household or who share space, food, drink, eating utensils, and/or saliva (kissing), with the patient, including child care contacts need preventive treatment. Health care workers and anyone who has had contact with the infected skin lesion are also at risk.

All close contacts of toxin producing cases should have swabs taken for laboratory culture before taking antibiotics. Swabs would be repeated on contacts who were found to have the bacteria.

**What infection prevention and control procedures are needed?**

In the health care setting Standard and Contact precautions are necessary for cutaneous diphtheria.

**How can diphtheria be prevented?**

There is a course of vaccines as part of the National Immunisation Schedule to prevent diphtheria. The vaccine is given as four doses in combination with other vaccinations from 6 weeks to 4 years of age. After that, diphtheria and tetanus boosters are given at 11 years, 45 years and 65 years of age.