



Morbidity Week 2 : January 1 - 16, 2016

Epidemiology Bureau  
Public Health Surveillance Division

### Introduction

Diphtheria is an infectious disease spread (from person to person) by respiratory droplets through coughing and sneezing.

Diphtheria usually affects the tonsils, pharynx, larynx and occasionally other mucus membranes or skin.

The incubation period is usually 2 to 5 days (range 1-10 days).

### Standard Case Definition:

#### • **Probable Case:**

- A person with an illness of the upper respiratory tract characterized by laryngitis or pharyngitis or tonsillitis, and adherent membranes on tonsils, pharynx and/or nose.

#### • **Confirmed Case:**

- A probable case that is laboratory confirmed or linked epidemiologically to a laboratory-confirmed case.

**Note:** Persons with positive *Corynebacterium diphtheriae* cultures who do not meet the clinical description (i.e. asymptomatic carriers) should not be reported as probable or confirmed diphtheria cases.

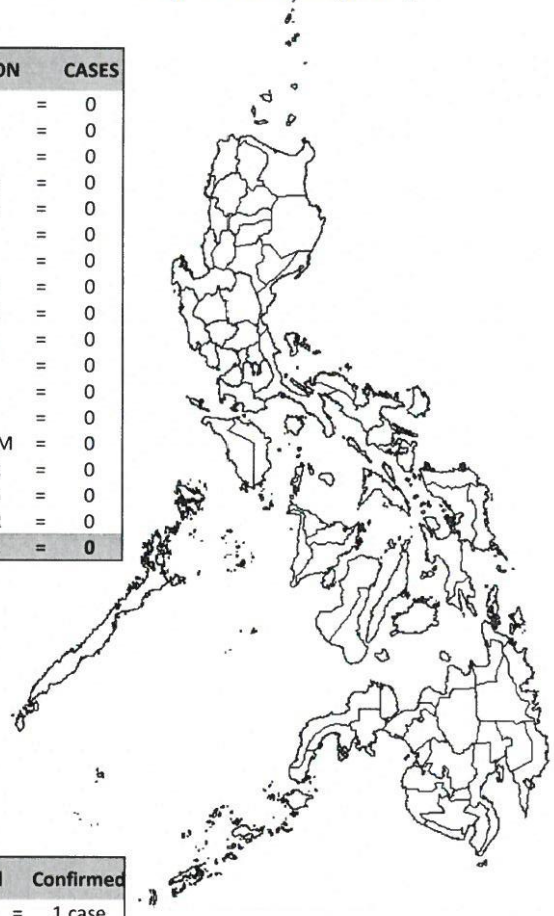
### Trend in the Philippines

There is **no** reported diphtheria case reported nationwide from January 1 to 16, 2016. This is **100%** lower compared to the same time period last year (**5**).

### Diphtheria Cases (MW 2)

REGION	CASES
I	= 0
II	= 0
III	= 0
IVA	= 0
IVB	= 0
V	= 0
VI	= 0
VII	= 0
VIII	= 0
IX	= 0
X	= 0
XI	= 0
XII	= 0
ARMM	= 0
CAR	= 0
CRG	= 0
NCR	= 0
PHL	= 0

Legend	Confirmed
1 dot	= 1 case





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### Treatment for Diphtheria

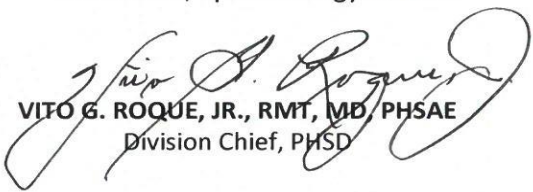
- During outbreaks, clinical diagnosis based on typical pseudomembranous pharyngitis is quite reliable.
- Although laboratory investigation of suspected cases is strongly recommended, treatment should not be delayed while waiting for the laboratory results.
- Urgent treatment of diphtheria is mandatory to reduce complications and mortality.
- **The mainstay of treatment is intramuscular or intravenous administration of diphtheria antitoxin (DAT).** Antitoxin only neutralizes circulating toxin that has not yet been taken up intracellularly.
- Antibiotics are given to stop infection and toxin production, and to eradicate *C. diphtheriae* carriage and on-going transmission. Both penicillin and erythromycin are usually effective. Treatment should be given parentally until the patient can swallow with ease.

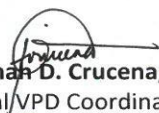
#### ***Diphtheria Antitoxin (DAT) Treatment protocol:***


- Diphtheria antitoxin is made from the serum of horses that were hyperimmunized with diphtheria toxoid. **Sensitivity testing must be performed prior to DAT administration.**
- If diphtheria is strongly suspected, treatment with DAT should be given immediately without waiting for laboratory results.
- DAT should be injected in the early stage.
- The recommended DAT dose depends on the site, extent and duration of disease, varying from 20,000–100,000 units in a single intravenous (IV) or intramuscular (IM) dose.
- DAT is the passive antibody existing only for a short time. The combination of antitoxin and vaccine is recommended and they should be injected in different sites.

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