

June 29, 2023

Dear colleagues,

Memo: Modification of laboratory processes for reporting on cutaneous *C. diphtheriae*

We recently reviewed the *Corynebacteria diphtheriae* isolates received at the BCCDC PHL for toxin testing at NML. The great majority of these isolates are of cutaneous sources, and tested non-toxigenic. In addition, BC sends a substantially larger volume of isolates to NML compared to other provinces (50-80%) for toxin testing, with a large proportion being cutaneous source. Over the last 10 years, only a handful of these isolates were identified as toxigenic. As many of you are aware chronic skin lesions may be colonized with *C. diphtheriae* along with other bacteria including *S. aureus* and *S. pyogenes*. As well, cutaneous diphtheria with toxigenic strains are very rarely associated with systemic toxigenic sequelae. As a result, routine testing of cutaneous *C. diphtheriae* for the presence of toxins is not required for patient care or public health follow up.

During the **March 14 Provincial Communicable Diseases (CD) Policy** meeting, the decision was made to modify the current laboratory process for public health reporting of cutaneous *C. diphtheriae*. The Provincial Diphtheria Communicable Diseases Guidelines has been updated accordingly and undergoing final approval by CD Policy.

Beginning July 1, 2023 all *C. diphtheriae* isolated from cutaneous sites do not require reporting to your local public health unit as a reportable communicable disease (RCD). In addition, cutaneous site isolates will no longer be forwarded to BCCDC for toxin testing unless requested by the clinician who collected the sample based on the clinical context (e.g., travel to an endemic area and/or wound presentation).

Please let me know if there are any concerns with regards to this change.

Best regards,



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