



## Diphtheria in Asylum seekers (arriving on Small boats to SE England) - Enhanced Surveillance 2023 (DAiSiES) Surveillance Briefing September 2023

In response to cases of diphtheria infection (and other skin infections) in asylum seekers arriving on small boats to the UK in 2022, UKHSA mounted a health protection response, which remains in place today.

As part of the response, UKHSA recommended an increased package of support for this vulnerable group, including provision of vaccination and prophylactic antibiotics for diphtheria, for all arrivals, alongside the existing health assessments being conducted by Home Office commissioned services. These services link closely with continuing care through the NHS and public health support via local authorities and local health protection teams.

To inform future decisions regarding the composition and duration of this health protection response, we are conducting enhanced surveillance within this population from June to October 2023. This has involved testing a proportion of newly arrived unaccompanied asylum-seeking children (UASC) in hotel settings soon after their arrival to the UK. Following the success of this, this surveillance will now move to the Manston Reception Facility, for young adults and families.

Throat swabs will be taken from a sample of individuals (with informed consent), together with wound swabs (for those with wounds), and swabs will be tested for diphtheria, *Staphylococcus aureus*, and Group A *Streptococcus*. These public health samples will be tested at UKHSA regional laboratories, in a testing pathway separate from that used for clinical samples taken from individuals with symptoms (which will be processed as usual through NHS laboratories). Test results for diphtheria will be fed back to the local Health Protection Team and to the local GP to inform clinical management and public health actions where cases are positive, with positive samples conveyed to national reference laboratories for further testing.

All test results will be collated and used to inform decisions around future public health interventions targeting asylum seekers. Test results will be linked with key demographic data to support identification of possible risk factors associated with positive results.

A local operational team has been convened in SE England, with colleagues from Integrated Care Boards, NHS, local authorities, local health protection, Home Office, and UKHSA operational teams included. The latter will provide additional support particularly for sampling, data and information flows, and data collation and analysis.

UKHSA's Research Ethics and Governance Group has conducted an internal ethics review of this enhanced surveillance activity.



### Actions for clinicians

NHS providers may see asylum seekers registered with them either during their stay in temporary or permanent accommodation or presenting for urgent medical care through 111 or emergency departments.

Where a positive case of diphtheria is identified (either through symptomatic testing or via enhanced surveillance), results will be sent to the requesting clinician and the local Health Protection Team. As diphtheria is a notifiable disease, a clinician suspecting infection, or in receipt of a positive test result should also notify their local Health Protection Team.

Follow up actions for all diphtheria cases will be in line with [national guidance](#) and [supplementary guidance](#) for cases and outbreaks in asylum seeker settings.

Clinical input may be required for patients registered with the provider or accessing urgent medical care and identified as either

- a) Having symptoms compatible with diphtheria OR
- b) Receiving a positive test result for *C. diphtheriae*, *C. ulcerans* or *C. pseudotuberculosis*.

In accordance with above guidance, clinical actions include

- Symptom assessment for individuals reporting symptoms or having a positive test result
- Assessment for Diphtheria Anti-toxin for those reporting symptoms
- Assessment for and prescription of antibiotic treatment for confirmed cases of toxigenic diphtheria
- Prescription of prophylactic antibiotics for any close contacts of confirmed diphtheria cases (where this is not already provided through existing interventions)

Health protection teams and clinical staff in asylum seeker settings will continue to work with clinicians to support management of cases as per existing arrangements and national guidance.

We encourage clinicians to familiarise themselves with the national guidance on diphtheria.

[National guidance](#)

[Supplementary guidance for asylum seeker settings](#)

We do not anticipate that this enhanced surveillance will identify significantly more cases of diphtheria than existing processes to test symptomatic individuals. Incidence of toxigenic diphtheria in asymptomatic individuals is very low and has previously been found to be <1%. This enhanced surveillance is designed to investigate current prevalence and to update understanding for this cohort.