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varied by country of origin (Afghanistan 0.65%; Iran 0.09%; Iraq 0.02% and Albania 0.02%)ⁱ. A similar estimate for 2023 (from 01/01/2023 to 17/10/23) puts the prevalence of toxigenic diphtheria in the region of 0.05%, but with the majority of cases still originating from Afghanistan.

During 2022, it was recognised there may be considerable case under-ascertainment due to mild presentation and undetected carriage. Screening of new arrivals to a hotel for unaccompanied AS children during August-November 2022 identified 15 toxigenic cases of diphtheria (8% of cohort screened). An assessment in late 2022 of seventy asylum seekers presenting with skin lesions in a reception facility identified 70% individuals colonised or infected with *Staphylococcus aureus* (40% MRSA), 50% with group A Streptococcus, and 25% with *C. diphtheriae*, with frequent co-infection.

The ECDC Communicable Disease Threats Report (as of 10th October) details 92 confirmed cases of diphtheria across Europe in 2023, again lower than reported during 2022 and also noting this does not distinguish between asylum seeker and community cases. Most of these have been reported from Germany (57), followed by the Netherlands (13), Belgium (6), Czechia (6), Latvia (3), Slovenia (3), Norway (1), Slovakia (1), Spain (1) and Sweden (1). Of these cases, 12 presented with respiratory disease, 78 with cutaneous wounds/lesions and 2 with both respiratory and cutaneous wounds/lesions. Two of these cases died. An unusually broad predicted resistance of *C. diphtheriae* isolates to common oral and parenteral antibiotics has also been reported.

Since July 2023 enhanced surveillance has been undertaken within a subgroup of accommodation settings for AS to monitor prevalence of toxigenic diphtheria, in asymptomatic or mildly symptomatic individuals on arrival, as the demographics of the arriving population changed and to inform future recommendations. Almost four hundred individuals participated with positive samples in 1% of UASC and 0.4% of young adults screened. However, extrapolation to estimates of prevalence should be undertaken with caution in view of the low number of individuals screened to date.

Evaluation of control measures

Population based control measures have been in place since mid-November 2022, with mass antibiotic prophylaxis (with azithromycin) and vaccination recommended within 10 days of arrival for those who have transited through an initial reception centre. The delivery and uptake of these interventions has been evaluated although available data have quite substantial limitations.

Delivery of antibiotic prophylaxis and vaccination in the most recent reporting period increased at the Manston Reception Facility such that more interventions were delivered in that setting than in the NHS regions combined, based on these data. Delivery in accommodation settings for UASC was concentrated in the South East NHS region, in line with the location of these settings, and most vaccines administered. Along with data from the previous period and qualitative feedback, the broad assessment is that delivery has become more established in the Manston Reception Facility and in some UASC accommodation settings.

Wider context

Aspects of the wider context have been key to the development and continuation of the recommendations on mass prophylaxis, including concerns regarding overcrowding at reception centres, timely access to healthcare, and the health and wellbeing of recent arrivals. Home Office data suggests arrival numbers have been lower in 2023 compared to 2022. As a result, there has been less pressure on accommodation pathways, which are also more



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established, and no concerns have been raised about overcrowding in initial reception centres. However, accommodation across the country remains multi-occupancy and often large scale.

The basic health check for people arriving by small boat is more established and clinicians have an increased awareness of the signs and symptoms of diphtheria. This has meant in recent months the majority of cases of diphtheria have been identified through this on arrival and appropriate testing, treatment, and isolation have been instigated. However, there remain a number of ongoing challenges to implementation of control measures across the wider system including resourcing health assessment and interventions, data quality and information sharing.

Recommendation

The level of risk of diphtheria for AS following this migrant journey is lower than previously estimated in 2022 but remains significant and greater than that for the wider UK population. This reduction is likely due to a combination of factors including reduced numbers of new arrivals, a reduction in infection in the AS population in Europe, a reduction in overcrowding in accommodation pathways and ongoing establishment of more robust health assessment, testing and early treatment of symptomatic individuals.

It is not possible to quantify the contribution of mass prophylaxis to diphtheria control since November 2022 but with the emergence of an increasing proportion of macrolide resistant cases and limited alternative antibiotic options available, this population level control strategy is not the preferred option in the long-term. The following updated recommendations are therefore made with immediate effect, based on a reversion to individual level control measures:

- Early identification of cases; this requires continued provision of the basic health check on arrival to identify symptomatic individuals, allow early testing, treatment, and isolation of suspected cases
- Empirical treatment for respiratory symptoms (including sore throats), and skin lesions which includes cover for diphtheria
- Early offer of diphtheria vaccination; this requires continued delivery at reception to protect all new arrivals against severe infection. This is recommended in the reception facility for adults and families and in UASC hotel/accommodation settings as has been established. It is recommended that this provision is further strengthened to improve coverage.

It is also imperative that work continues to ensure processes are in place to systematically record vaccination doses, with the information accessible to health partners.

- On arrival into initial accommodation (contingency hotel or large site), to ensure all asylum seekers are registered with a GP and have timely access to a baseline medical assessment (as set out in the [Migrant Health Guide](#)). This should include a review of all immunisations, as soon as possible, to allow timely catch-up to the UK schedule.
- On identification of a case, to follow national guidelines and implement a multiagency, multi-disciplinary response, which is particularly important for cases with macrolide resistant infection
- Suspected cases will require assessment for DAT treatment with appropriate clinical supervision and oversight (as per Supplementary guidance section 1.5.1 [Supplementary guidance for cases and outbreaks in asylum seeker accommodation settings](#))



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- Contact tracing will be required with testing, prophylaxis and vaccination arranged for close contacts
- Local laboratories to monitor antibiotic susceptibilities and to ensure antibiotic treatment and prophylaxis schedules are amended for suspected macrolide resistance as per supplementary guidance. Linezolid treatment to be supervised by ID/ or alternative in community as required.

The epidemiology of diphtheria and issues arising with individual case and contact management will remain under evaluation and these recommendations will be reviewed as necessary into Spring/Summer 2024. A full list of guidance documents is given below with all accompanying resources updated by the end of the week.

Implications and Recommendations for UKHSA Regions

UKHSA Regions should update their resources in line with this amended guidance. **HPTs are requested to add the context Diphtheria 2022/23 to all cases and situations on HPZone, noting the context Diphtheria 2024 should be used from 1st January 2024.**

UKHSA Vaccine Preventable Disease (VPD) leads to work with regional stakeholders to ensure systems and protocols are in place for dealing with incidents and outbreaks, including complex contact tracing.

UKHSA VPD leads and Regions should work with stakeholders, including Screening & Immunisation leads and Integrated Care Boards (ICB) to support the process for a systematic offer of diphtheria containing vaccination for all newly arriving migrants (where regionally applicable), GP registration and subsequent catch-up with all immunisations.

Further advice can be sought from the UKHSA Colindale duty doctor in and out of hours (020 8200 4400) if DAT is being considered, following a local clinical assessment. Additional resources are available on GOV.UK webpages including [general information](#) and [clinical guidance on the use of diphtheria anti-toxin \(DAT\)](#) and a [training slide set for clinicians and HPTs](#).

Implications for UKHSA sites and services

Local NHS laboratories may continue to receive increased requests for diphtheria testing and should be aware that regional labs can accept referrals where necessary to facilitate this increase. Local NHS laboratories should monitor antibiotic susceptibilities and refer macrolide resistant isolates to the UKHSA Respiratory and Vaccine Preventable Bacteria Reference Unit (RVPBRU).

Public Health regional labs should expect to receive clearance samples from confirmed cases.

Implications and recommendations for local authorities

LA colleagues should work with HPTs and other stakeholders including the NHS and ICBs to enable appropriate messaging and training for those responsible for the health of asylum seekers and migrants in their local area.

Sources of information

1. [Migrants detected crossing the English Channel in small boats - GOV.UK \(www.gov.uk\)](#)
2. [Communicable disease threats report, 8-14 October 2023, week 41 \(europa.eu\)](#)
3. [Supplementary guidance for cases and outbreaks in asylum seeker accommodation settings](#)
4. [Diphtheria anti-toxin \(DAT\): information for healthcare professionals](#)
5. [Diphtheria anti-toxin: clinical guidance](#)



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6. [Diphtheria training slide sets for clinical management and laboratory testing](#)
7. [National Surveillance form for toxigenic cases in asylum seekers](#)
8. [Migrant health guide](#)
9. [Diphtheria Resources \(posters, leaflets, factsheets\)](#)
10. [Regions Directorate - Asylum Seeker & Migrant Health Resources - All Documents \(sharepoint.com\)](#)

ⁱ O'Boyle S, Barton HE, D'Aeth JC et al. National public health response to an outbreak of toxigenic *Corynebacterium diphtheriae* among asylum seekers in England, 2022: a descriptive epidemiological study. *Lancet Public Health* 2023, Oct;8(10):e766-e775