



UK Health Security Agency

The European Centre for Disease Control (ECDC) has recently published an update on cases of toxigenic *C. diphtheriae* in Europe^{i,ii}. Case numbers continued at low levels in 2024, with 56 cases identified (Germany (31); Czechia (8); Belgium (6); Latvia (4); Norway (4), Netherlands (3), Spain (1). 13 cases have been identified so far in 2025 (to July 2025); Germany (7, including one death); Belgium (2); Austria (1); Czechia (1), Latvia (1), Netherlands (1).

One of the prominent strains during the 2022 outbreak in AS, *C. diphtheriae* ST574, has persisted in Germany. There are two subclusters of infection, primarily affecting non-migrant population groups across 5 German statesⁱⁱⁱ. These subclusters suggest there is low level autochthonous transmission predominately in the homeless population and to a very small extent in the wider community in some large cities in Germany^{iv}. The epidemiology suggests an increase in respiratory presentations and some preliminary evidence indicates ST574 isolates are resistant to cotrimoxazole (trimethoprim, sulfamethoxazole).

There is further evidence of some degree of *C. diphtheriae* ST574 circulation in at least 6 European countries with cases involving populations more vulnerable to infectionⁱⁱ. Three cases of toxigenic *C. diphtheriae* ST574 have been reported in Basel, Switzerland in 2023^v. These included a case of cutaneous *C. diphtheriae* in a homeless gentleman and two cases in elderly individuals, one with a fatal respiratory infection and the other a chronically infected wound. Two cases of *C. diphtheriae* ST574 have also been reported from Poland in 2024 (including one fatal respiratory case) (7). Both were older individuals from the same town in Poland but with no known epidemiological link to each other or homeless or migrant populations. No cases of toxigenic *C. diphtheriae* have been reported within the wider population in England without travel to a diphtheria endemic country.

It is likely there will continue to be sporadic imported cases of diphtheria in the asylum seeking population arriving to England and it is important cases are diagnosed and treated early as they remain susceptible to severe infection. The provision of health assessments, testing, antibiotic treatment and early catch-up with immunisations for new arrivals all remain key to limiting transmission, as the potential for outbreaks within communal accommodation settings remains.

The UKHSA has recommended contingency plans remain in place to ensure prophylaxis with both antibiotics and vaccination could be stood up at short notice in reception centres, should the need arise.

All newly arriving migrants (including the AS population and unaccompanied asylum seeking children (UASC)) should be offered routine vaccine catch-up, including a diphtheria containing vaccine, once registered in primary care and within the minimum possible timescale. Guidance is available for [vaccine catch-up of individuals with uncertain or incomplete immunisation status](#) and in the migrant health guide^{vi}.

Recommendations for NHS, Border Force and Home Office

The following should continue and are aimed at supporting early identification, prevention of cases and to reduce transmission risk:

- Early identification of cases; this requires continued provision of the basic health check at port of entry to identify symptomatic individuals, allow early testing, treatment and isolation of suspected cases.



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- Empirical treatment for respiratory symptoms (including sore throats), and skin lesions which includes cover for diphtheria. Guidance on "[Skin lesions in newly arrived migrants: recognising and managing infections of public health importance](#)" is available.
- Suspected cases will require assessment for diphtheria anti-toxin (DAT) treatment with appropriate clinical supervision and oversight.
- Immunisation catch-up should be offered as soon as possible, ideally within 10 days, with registration with a GP. The number of visits should be kept to a minimum, with the aim of protecting the individual in the shortest time possible, based on the [guidance for individuals with uncertain or incomplete immunisation status](#).
- Early assignment of NHS number and clear documentation of vaccination status, with sharing of medical records on transfer to new area.
- Notification to the local health protection team on suspicion of a case^{vii}, following [national guidelines](#)^{viii} to implement a multiagency, multi-disciplinary response, which is particularly important for cases with macrolide resistant infection.
- Ensure contingency plans are in place to support the upscaling of the health response at short notice, in initial reception/accommodation settings, should this be recommended by a multi-agency Incident Management Team. This should include arrangements for the provision of mass prophylaxis with antibiotics and vaccination. The re-introduction of population level control measures would be informed by an increased incidence of toxigenic diphtheria in the AS population in the UK or Europe; the capacity of accommodation settings and isolation facilities, and any reported significant challenges arising with effective and timely case isolation, treatment and contact tracing.

Recommendations for NHS laboratories

- Local laboratories to continue to have a low threshold for testing wound swabs for *C. diphtheriae*; to undertake 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 Infectious Diseases specialist or alternative in community as required.

Recommendations for UKHSA

- HPTs should continue to support NHS colleagues with the public health aspects of case management, as per national diphtheria guidance.
- Contact tracing will be required, led by the local UKHSA Health Protection Team, (or Public Health Wales/Public Health Scotland/Public Health Agency (NI)), with testing, prophylaxis and vaccination arranged for close contacts.
- Health equity colleagues remain engaged with strategic partners to provide health protection advice and guidance for new and existing accommodation sites and improvements in access to healthcare for people in asylum seeker accommodation settings including data collection and sharing to support health interventions.

ⁱ European Centre for Disease Prevention and Control (ECDC) Communicable Disease Weekly Threat Report Week 18, 26 April [2025_2025-WCP-0022 Draft.docx](#)

ⁱⁱ [Diphtheria caused by *Corynebacterium diphtheriae* ST574 in the EU/EEA, 2025](#)



ⁱⁱⁱ J Haller, A Berger, A Dangel et al. Diphtheria Outbreak among Persons Experiencing Homelessness, 2023, Linked to 2022 Diphtheria Outbreak, Frankfurt am Main, Germany. *Emerging Infectious Diseases* Vol 31(3), March 2025 DOI: 10.3201/eid3103.241217

^{iv} A Berger, A Zasada, A Dangel et al. A case of fatal respiratory diphtheria imported from Poland to Germany: possible link to an undetected imported diphtheria cluster in Poland? *Infection* (2025). <https://doi.org/10.1007/s15010-025-02522-y>

^v P Urwyler, D Goldenberger, K Grosheintz et al. Toxigenic *Corynebacterium diphtheriae* Infections in Low-Risk Patients, Switzerland, 2023. *Emerging Infectious Diseases* Vol 31(1), January 2025 DOI: 10.3201/eid3101.241138

^{vi} [Immunisation: migrant health guide - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/immunisation-migrant-health-guide)

^{vii} [Find your local health protection team in England - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/find-your-local-health-protection-team-in-england)

^{viii} [Public health control and management of diphtheria](https://www.gov.uk/guidance/public-health-control-and-management-of-diphtheria)

^{ix} [Diphtheria asylum seeker supplementary guidance](https://www.gov.uk/guidance/diphtheria-asylum-seeker-supplementary-guidance)