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Event: Update on diphtheria caused by toxigenic *C. diphtheriae* in asylum seekers arriving to England

Notified by: Immunisation and Vaccine Preventable Diseases Division, UKHSA

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Incident Response Plan (IRP) Level Routine

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Distribution: Please see page 05 for information with regards to the distribution instructions for this Briefing Note.

Summary:

This is an update to BN 2025/027 July 2025.

We are responding to sporadic cases of diphtheria caused by toxigenic *C. diphtheriae* in the asylum-seeking population. This alert outlines the recommended course of action for case and contact management and is for onward circulation to front line clinicians, laboratory staff and those working with new arrivals.

Two cases of diphtheria, one laboratory confirmed with toxigenic *C. diphtheriae* and one clinically probable case, have been identified in the UK in August 2026. Both were newly arrived individuals to England & Wales via France. One case presented with cutaneous lesions and the other with respiratory symptoms consistent with classical respiratory diphtheria. Both were diagnosed promptly and were treated with antibiotics, with the latter case also requiring diphtheria anti-toxin.

In September, the Hauts-de-France Regional Health Agency reported a hospitalised case of respiratory diphtheria due to toxigenic *C. diphtheriae*, in northern France, in a person staying in a camp for people who had recently arrived in the countryⁱ. Outreach activities are being undertaken in the area to provide information on diphtheria and offer vaccination, and a notice has been circulated to regional healthcare professionals to raise awarenessⁱⁱ.

There is a risk of further sporadic imported cases of diphtheria amongst asylum seekers and it is important cases are diagnosed and treated early as they remain susceptible to severe infection. This should include an early assessment for diphtheria anti-toxin (DAT) treatment. 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. Due to the success of routine vaccination programmes in the UK the risk to the wider population, and to staff working in reception and accommodation centres, remains very low.

Background

An outbreak of diphtheria caused by toxigenic *C. diphtheriae* among asylum seekers arriving by small boat to England emerged in the summer of 2022, mirroring a similar increase across a number of European countries. This evolved quickly into a large multi-country outbreak primarily affecting migrants and asylum seekers.

Between 1st January 2022 and 31st December 2025, 87 confirmed cases and one probable case were reported in the UK, with one fatality. Most cases were identified in 2022 (n=73), with 13 cases in 2023, no cases in 2024 and 2 cases reported in 2025. A small number of isolates were resistant to macrolides, the antibiotic generally recommended for empirical treatment of cases.

Reported cases in this outbreak also dramatically declined across Europe by 2024, although sporadic cases and localised low-level transmission are still occurring in some EU countries, particularly in vulnerable populations, including those experiencing homelessness and in unvaccinated or under-vaccinated individualsⁱⁱⁱ. This is in contrast to the UK where no cases of toxigenic *C. diphtheriae* infections have been identified in the wider population unless directly linked to travel to a diphtheria endemic country.

Recommendations for all Healthcare providers (including NHS, Primary Care and HO commissioned healthcare staff in reception facilities and accommodation)

Immediate case management

- Early identification of cases; this requires early provision of health assessments for migrants to identify symptomatic individuals, allow early testing, treatment and isolation of suspected cases.
- Suspected cases of classic respiratory diphtheria and/or severe disease will require urgent referral to secondary care and assessment for DAT treatment with appropriate clinical supervision and oversight.
- Individuals may present with lesions typical of cutaneous diphtheria with raised edges and a blueish/grey eschar. However, in this population chronic wounds, burns and skin lesions are common and may be infected or co-infected with *C. diphtheriae*. Samples taken for local laboratory testing should indicate the patient is a migrant and additional testing for *C. diphtheriae* requested as appropriate.
- Empirical treatment for respiratory symptoms (including sore throats), and skin lesions which includes cover for diphtheria should be considered. Guidance on "[Skin lesions in newly arrived migrants: recognising and managing infections of public health importance](#)" is available.
- Clinicians are reminded that management should proceed based on the clinical assessment, even in the absence of laboratory confirmation, particularly in those who have previously received antibiotic prophylaxis. If local laboratory testing is negative for *C. diphtheriae*, and diphtheria remains

clinically likely, then further testing should be discussed with the local microbiologist and national reference laboratory and appropriate treatment continued.

- Early assignment of NHS number and clear documentation of vaccination status, with sharing of medical records on transfer to a new area.
- Notification to the local health protection team on suspicion of a case^{iv}, following [national guidelines](#)^{vi} to implement a multiagency, multi-disciplinary response.
- Immunisation catch-up should be offered to all migrants as soon as possible, ideally within 10 days of arrival, with registration with a GP^{vii}. 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](#).

Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE)

For patients presenting with suspected diphtheria, standard and transmission-based infection prevention and control precautions should be followed in line with the [National Infection Prevention and Control Manual for England](#) (see Appendix 11).

Recommendations for Border Force staff responsible for commissioning healthcare at Western Jet Foil and Manston Reception Centre, the clinical provider and Home Office staff working in all arrival, reception and accommodation settings

- Early identification of cases; this requires continued provision of basic health checks at port of entry and heightened vigilance to identify symptomatic individuals.
- Ensure contingency plans are in place to support the upscaling of the health response at short notice at the Manston Reception Centre 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.
- Encourage symptomatic individuals to seek medical advice within reception settings.
- Infection prevention and control precautions should be followed in line with the [National Infection Prevention and Control Manual for England](#) (see Appendix 11).
- Support migrants to store and take any prescribed medicines correctly. Alert medical services should any client's health deteriorate. Suspected cases of diphtheria will require urgent referral to secondary care and assessment for DAT treatment with appropriate clinical supervision and oversight.
- Following reporting of a suspected case of diphtheria, work with the relevant health protection team, to identify and locate close contacts and ensure they receive appropriate post exposure advice.
- 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.
- All staff working within migrant settings should ensure they are up to date with their immunisations as per the routine UK schedule. Staff are advised to

check their vaccination status with their GP or Occupational Health Provider and to catch-up on any missed vaccines: [Complete routine immunisation schedule - GOV.UK](#)

Recommendations for NHS laboratories

- Local laboratories to continue to have a low threshold for testing wound swabs in migrants for *C. diphtheriae* and *C. ulcerans*; to undertake antibiotic susceptibilities and to ensure antibiotic treatment and prophylaxis schedules consider macrolide resistance where there is treatment failure, as per supplementary guidance.
- All isolates should be sent to the UKHSA reference laboratory (RVPBRU) for toxigenicity testing.

Recommendations for Local Authority and Integrated Care Boards

- To have oversight of accommodation settings and ensure pathways are in place for adults and unaccompanied asylum seeking children to get medical advice in and out of hours.
- To support the Health Protection Team with contact tracing and outbreak management as required, including having contingency plans in place should mass antibiotics and/or vaccination be requested by an Incident Management Team.

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 where required, will be led by the local UKHSA Health Protection Team, or equivalent teams in Scotland, Wales or Northern Ireland, with testing, prophylaxis and vaccination arranged for close contacts.
- UKHSA will monitor the situation and facilitate the upscaling of a response via a multi-agency Incident Management Team should this be appropriate.

References

ⁱ [Identification of a case of diphtheria in Dunkirk | Hauts-de-France Regional Health Agency](#)

ⁱⁱ https://sante.gouv.fr/IMG/pdf/dgs-urgent_2026-11_cas_de_diphterie_dans_le_dunkerquois.pdf

ⁱⁱⁱ ECDC Communicable disease threats report Week 35, 22-28 August 2026 [2026-WCP-0047 Draft.docx](#)

^{iv} [Find your local health protection team in England - GOV.UK \(www.gov.uk\)](#)

^v [Public health control and management of diphtheria](#)

^{vi} [Diphtheria asylum seeker supplementary guidance](#)

^{vii} [Immunisation: migrant health guide - GOV.UK \(www.gov.uk\)](#)

Instructions for Cascade:

- UKHSA Private Office Groups who cascade onwards within Groups
- UKHSA Health Protection in Regions:
 - UKHSA Field Services
 - UKHSA Health Protection Teams including UKHSA Regional Deputy Directors
- UKHSA Lab Management Teams
- UKHSA Regional Communications
- Generic inbox for each of the Devolved Administrations
- Inboxes for each of the Crown Dependencies
- DHSC CMO
- **National NHSE EPRR** to cascade to: NHS Trust Chief Executives & Medical Directors; Independent Health Providers; NHS 111 and Out of Hours providers
- **National NHSE Public Health** to cascade to Primary Care; Urgent Care Centres; Integrated Care Boards; Primary Care Networks; Community Pharmacy
- **Senior Health Oversight Group** (national Home Office, DHSC, NHSE) to cascade to Border Force and HO commissioned health services
- **Devolved Administrations** to cascade to Medical Directors and other DA teams as appropriate to their local arrangements
- **Regional Deputy Directors** to cascade to Directors of Public Health
- **UKHSA microbiologists** to cascade to non-UKHSA labs (NHS labs and private)
- **UKHSA microbiologists** to cascade to NHS Trust infection leads