

Public Health Clinical alert

30 April 2026

Diphtheria

Key information

- There is a large outbreak of diphtheria in northern and central Australia.
- No cases have been reported in the ACT, to date.
- Consider diphtheria in patients presenting with a clinically compatible illness, particularly those with recent travel or contact with people from affected areas.
- Urgently notify ACT Public Health of any suspected diphtheria cases on **(02) 5124 9213**.
- Ensure that the clinical history of suspected diphtheria is provided with any microbiology requests to support appropriate diagnostic testing.
- Ensure that all patients, particularly individuals travelling to affected areas, are up to date with diphtheria vaccination and offer vaccination in line with the [Australian Immunisation Handbook](#).

Background

- Diphtheria is a rare but serious bacterial infection that can cause respiratory or cutaneous disease.
- Transmission is person-to-person via respiratory droplets, or by direct contact with lesions.

Current situation

- As of 20 April, 92 cases of toxigenic diphtheria have been notified in Australia in 2026, representing a marked increase in case notifications compared to previous years. Of these, 74% have been cutaneous infections and 26% respiratory infections.
- Cases have been reported in the Northern Territory (57), Western Australia (32), Queensland (2), and South Australia (1).
- Most cases have been in Aboriginal and/or Torres Strait Islander people (91%), and in remote or regional areas (98%), including throughout the Northern Territory, the Kimberley, Pilbara, Goldfields, and the far north-west of South Australia.

Signs and symptoms of diphtheria

- Respiratory diphtheria initially presents as a sore throat, fever, and cervical lymphadenopathy. It may progress to severe disease characterised by an adherent grey

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pseudomembrane on the tonsils, pharynx, larynx, and/or nose. Neck oedema ('bull neck') and difficulty breathing may occur. Respiratory diphtheria is a medical emergency.

- Cutaneous diphtheria presents as a non-healing sore or shallow ulcer with well-demarcated edges. It can cause infection of pre-existing skin lesions. Cutaneous infection increases the risk of respiratory disease.

Information for healthcare providers

Notify

- If you suspect diphtheria, immediately notify ACT Public Health by phone on (02) 5124 9213.

Case management

- Use standard, contact, and droplet precautions when caring for patients and taking swabs.
- For suspected respiratory disease, take a throat swab suitable for bacterial culture. For suspected cutaneous disease, swab the ulcer and the throat. Clearly label specimens with the collection site (e.g., throat or lesion site). Take swabs **before starting antibiotics**.
- State on the request form "**urgent – culture for suspected diphtheria**" to support appropriate diagnostic testing.
- Seek urgent Infectious Diseases Physician advice for all diphtheria cases. Early antibiotics and diphtheria antitoxin (DAT) can prevent severe complications from toxin-mediated disease

Vaccination

- Healthcare providers are recommended to proactively check the vaccination history for all patients, particularly individuals travelling to affected areas, and offer appropriate vaccinations for those who are not up to date.
- Diphtheria is a vaccine preventable disease. Vaccination primarily protects an individual against severe, toxin-mediated disease rather than preventing infection or transmission.
- Children are recommended to receive 5 doses of a diphtheria-toxoid vaccine at 2, 4, 6 and 18 months, and 4 years of age. Adolescents are recommended a dose at 11-13 years of age. These doses are funded through the NIP.
- A diphtheria-toxoid vaccine booster is recommended at 50 years of age and again from 65 years of age if their last dose was more than 10 years ago.

Resources

[Diphtheria | The Australian Immunisation Handbook](#)

Issued 30/04/2026 by:

Dr Miranda Thompson, A/g Deputy Chief Health Officer
Health and Community Services Directorate (HCSD)