

Be alert for diphtheria



SAFETY INFORMATION 003/26

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Content reviewed by:	Health Protection NSW Aboriginal Health and Medical Research Council
Distributed to:	Chief Executives; Directors of Clinical Governance; Director, Regulation and Compliance Unit
KEY MESSAGE:	There is a large outbreak of diphtheria among Aboriginal people in NT, WA, Qld and SA. While there have been no cases in NSW in 2026 to date, clinicians should have an increased level of suspicion for diphtheria.
ACTION REQUIRED BY:	Clinicians
REQUIRED ACTION:	<ul style="list-style-type: none"> • Be alert for diphtheria in all patients presenting with clinically compatible illness, particularly Aboriginal patients and those who have visited Aboriginal communities in the NT, WA, Qld or SA. • Discuss cases with an infectious diseases physician about antibiotics and the need for diphtheria antitoxin (DAT). • Report all suspected cases of diphtheria to the local public health unit.
We recommend you also inform:	Directors, managers and staff of: Emergency Departments, Public Health Units and NSW Ambulance All other relevant staff, committees and departments.
Website:	https://www.health.nsw.gov.au/sabs/Pages/default.aspx http://internal.health.nsw.gov.au/quality/sabs/index.html
Review date:	July 2026

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Situation

- There is a large outbreak of diphtheria in northern and central Australia, with 84 cases this year as of 15 April 2026.
- Case numbers for 2026 are higher than all previous years since the commencement of national notification in 1991. There have been no cases in NSW this year to 22 April 2026.
- 91% of cases are among Aboriginal and Torres Strait Islander people.

Background

- Toxigenic diphtheria can be life-threatening by causing airway obstruction, myocarditis and neuritis.
- Cutaneous diphtheria presents as a shallow ulcer, with a dirty grey membrane.
- Respiratory diphtheria presents as a sore throat, with cervical lymphadenopathy and low-grade fever. A white exudate appears in the throat, then an adherent grey pseudomembrane, causing airway obstruction.
- In the current outbreak, 78% of cases are skin infections, and 18% are respiratory infections.
- Diphtheria is vaccine-preventable with diphtheria-toxoid vaccine; dTpa, DTPA and dT vaccines – see the [Australian Immunisation Handbook](#) for recommendations.
- Vaccination primarily protects a person from severe, toxin-mediated disease rather than preventing infection or onward transmission. Some cases in the current outbreak have been previously vaccinated young people.

Assessment

There is a risk that the current outbreak spreads to NSW.

Recommendations for NSW health facilities

- Be alert for diphtheria in all patients presenting with clinically compatible illness, particularly Aboriginal patients and those who have visited Aboriginal communities in the NT, WA, Qld or SA.
- For suspected respiratory disease, take a throat swab. For suspected cutaneous cases, swab the ulcer and the throat. These should be collected using Amies transport medium, and the request form should state 'culture for suspected diphtheria'.
- For suspected cases, standard, contact and droplet precautions should be applied initially. Refer to the [control guideline](#) for ongoing transmission-based precaution advice.
- Aboriginal people presenting with a sore throat should also be given empiric antibiotic treatment for group A *Streptococcus*, due to the risk of acute rheumatic fever and rheumatic heart disease. Follow the [Royal Children's Hospital clinical practice guideline](#) (sore throat).
- Discuss cases with an infectious diseases physician about antibiotics and the need for diphtheria antitoxin (DAT). If required, DAT is accessed via the NSW Specialist Service for High Consequence Infectious Diseases on 1800 4243 00.
- Report all suspected cases of diphtheria to your local public health unit on 1300 066 055.

Further information

NSW Health fact sheet: diphtheria health.nsw.gov.au/Infectious/diphtheria/

[Australian Immunisation Handbook](#)