



ALERT FOR CLINICIANS

Outbreak of diphtheria in regional WA

KEY POINTS

- 35 confirmed cases of toxigenic diphtheria have been notified in regional WA since the outbreak began in late December 2025, mostly among Aboriginal people; this includes one severe respiratory infection, 11 mild respiratory (pharyngeal) infections and 23 cutaneous infections.
- Most cases have occurred in the Kimberley region, with additional cases now in the Pilbara and Goldfields.
- Due to high vaccination coverage, the risk of severe disease to the wider WA community remains low.
- Respiratory diphtheria has been extremely rare in WA; these are the first cases notified in over 50 years.
- Clinicians should consider diphtheria in patients from the Kimberley, Pilbara or Goldfields regions who present with clinically suspicious skin sores, infected wounds, or upper respiratory illness.
- Urgently **notify suspected** or **confirmed** diphtheria cases to your local [Public Health Unit](#) by phone (or call **1800 434 122** if after hours); do not wait for laboratory confirmation before notifying.

Signs and symptoms

- Diphtheria is caused by toxigenic strains of *Corynebacterium diphtheriae* (and sometimes *C. ulcerans*):
 1. **Cutaneous diphtheria** usually presents on exposed limbs as secondary infection of skin lesions or wounds, or as primary punched-out ulcers with well demarcated edges and a grey necrotic slough. It is rarely associated with systemic toxicity but plays an important role in transmission through contact with wounds or contaminated fomites, which may lead to respiratory disease in contacts
 2. **Respiratory diphtheria** typically presents with fever and sore throat, ranging from mild pharyngeal disease to severe disease with patches of discoloured pharyngeal exudate that may form an obstructive and life-threatening pseudomembrane and/or clinical warning signs of systemic toxicity.
- Bacterial exotoxin may also lead to complications such as myocarditis and neuropathy.

Case management

- See the [WA diphtheria outbreak case and contact management interim guidance](#) for detailed information.
- Collect swabs from clinically suspicious skin/wound lesions **and/or** a combined swab of nasopharynx and throat for bacterial MC&S **before starting antibiotics**; specify **culture for diphtheria** on the request form.
- Macrolides (e.g. 7 days of oral azithromycin) are recommended for empiric treatment of suspected **cutaneous or mild respiratory diphtheria** due to increasing penicillin resistance, unless contraindicated.
- Treatment for **severe respiratory diphtheria** must be **urgently** discussed with an infectious diseases physician and/or clinical microbiologist; early antibiotics and [antitoxin](#) can prevent complications and death.
- Contact tracing is required for all confirmed cases, with contact management (e.g. testing, antibiotic prophylaxis and vaccination) to be coordinated by [Public Health](#) in liaison with local clinical services.

Infection prevention and control

- Manage suspected or confirmed **cutaneous** cases by covering wounds with an occlusive waterproof dressing and contact precautions until wounds improve **and** completion of 72 hrs of appropriate antibiotics; use droplet precautions until initial nasopharyngeal/throat swabs are negative **or** after 72 hrs of antibiotics.
- Manage suspected or confirmed **respiratory** cases with contact and droplet precautions until two negative nasopharyngeal/throat swabs taken at least 24 hrs apart and more than 24 hrs after cessation of antibiotics.

Vaccination

- Multiple diphtheria-containing vaccines and booster doses are needed to produce and sustain immunity.
- Vaccination mainly protects against severe toxin-mediated disease rather than colonisation or transmission.
- Ensure children, adolescents and adults are up-to-date with appropriate DTPa, ADT or dTpa [vaccination](#).
- Unvaccinated or incompletely vaccinated cases should commence a primary or catch-up course of diphtheria vaccination as per the [Australian Immunisation Handbook](#) recommendations.

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