

Issued: 16 June 2026
Issued to: Medical practitioners

Diphtheria outbreak in the Northern Territory

Situation

- The Centre for Disease Control is continuing to manage an active outbreak of diphtheria in the Northern Territory (NT), with control measures including vaccination, health education and contact tracing.
- As of 16 June 2026, 63 cases of respiratory diphtheria have been notified since 23 March 2026 and 158 cases of cutaneous diphtheria notified since May 2025.
- **Newly updated interim guidelines to support clinicians diagnosing and managing suspected and confirmed cases of diphtheria in the community have now been published. Detailed protocols can be accessed via the NT Health CDC Webpage. See [Diphtheria | NT Health](#)**
- Free vaccine boosters are available and recommended for eligible NT residents. See [Diphtheria | NT.GOV.AU](#)
- Respiratory and cutaneous diphtheria are vaccine-preventable diseases caused by toxigenic strains of *Corynebacterium diphtheriae*. Vaccination remains the most effective measure to protect individuals against severe diphtheria and to reduce disease transmission.

Actions

1. Vaccination

- Vaccination gives protection against severe disease by the production of neutralising antibodies against the diphtheria toxin. Ensuring high vaccination coverage remains the most important public health measure to control this outbreak.
- The NT Immunisation schedule for diphtheria vaccination has been revised and published with the following recommendations:
 - All Aboriginal and/or Torres Strait Islander people and frontline workers are strongly recommended to have a booster if more than 5 years have passed since their last diphtheria containing vaccine.
 - All other NT residents are recommended to have a booster if more than 10 years have passed since their last diphtheria containing vaccine.

- Ensure infants, children, adolescents and pregnant women are up to date with their routine National Immunisation Program (NIP) schedules. See [Immunisation program | NT Health](#)

2. Testing and treatment

- Updated interim guidance for clinical management of diphtheria for primary care has now been published and can be found on the NT CDC webpage [here](#).
- If respiratory diphtheria is suspected and clinical warning signs for severe diphtheria are present, urgently consult an infectious diseases physician or paediatrician (RDH 08 8922 8888, ASH 08 8951 7777) and arrange transfer to hospital. For suspected respiratory diphtheria (without signs of severe disease), undertake testing and commence oral azithromycin as per interim guidance [here](#).
- If only cutaneous diphtheria is suspected or diagnosed, cover wounds/skin lesions and implement contact precautions until wounds improve and/or completion of appropriate antibiotics.
- To test for diphtheria, collect a bacterial culture swab (typically blue top with gel) and a dry swab (typically red top) from the throat and any ulcers or purulent skin lesions, if present. Clearly label each specimen with the collection site (e.g. throat or site of skin lesion) and include relevant clinical details and any known contact with confirmed or suspected cases on the request form.
- Ensure standard and droplet precautions are followed when taking swabs for testing, including the use of a surgical mask, glasses, gloves and gowns.
- Azithromycin is the preferred treatment for both suspected and confirmed cases of diphtheria due to increasing penicillin resistance. Further information is available on the updated Primary Care Guidelines [here](#).

3. Symptoms and transmission

- Diphtheria bacteria can live in the mouth, nose, or throat, or on unhealing skin lesions of people with the infection. Diphtheria can spread through respiratory droplets, which may be generated through coughing or sneezing, or through close contact with skin lesions.
- Symptoms of respiratory diphtheria can include a sore throat, fever, pharyngeal exudate and an adherent grey pseudomembrane that can cover the tonsils and mucosa of the pharynx, larynx, and nose. Enlarged anterior cervical lymph nodes and oedema of the surrounding soft tissue can cause a characteristic 'bull-neck' appearance. If left untreated, respiratory diphtheria can be life-threatening.
- Symptoms of cutaneous diphtheria can present as chronic, non-healing sores or shallow ulcers and can progress to being covered by a grey membrane.

Contact & advice

Contact the **Surveillance and Response Unit** at NT CDC on **08 8922 8044** for additional guidance.

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