Diphtheria is an infectious bacterial infection that mainly affects the nose and throat. Less commonly, it can affect the skin causing skin lesions. In some people, infection causes only a mild illness possibly due to incomplete vaccine courses or partial immunity. These people are known as carriers; they can spread the infection without being sick.

Diphtheria has a gradual onset. Symptoms include a mild fever, sore throat, difficulty swallowing, loss of appetite and hoarseness. A thick grey membrane that is firmly attached to the tonsils and back of the throat is characteristic of this disease. In severe cases the neck tissue may become swollen affecting swallowing and breathing. The effects of a diphtheria toxin produced by the bacteria may become apparent 2-6 weeks after infection, causing severe muscle weakness especially of the head and neck muscles. Inflammation of the heart muscle may cause heart failure.

How do you catch diphtheria?
Diphtheria is mostly spread through droplet infection from coughing and sneezing. It has also been reported after handling personal items soiled by an infected persons. Other modes of transmission include direct contact with skin lesions or infected secretions or consumption of unpasteurised dairy products.

Incubation period
Usually 2-5 days, but it can be up to 10 days.

Diagnosis
Swab samples taken from throat or skin lesions it identify the bacteria.

Prevention
Diphtheria is a vaccine preventable disease. Before routine immunisation was introduced in the 1940's diphtheria was a major cause of death for children worldwide. Nowadays, developed countries with good vaccination programmes rarely report outbreaks, however diphtheria remains a risk for unvaccinated travellers in less developed countries. Crowded environments, unsanitary conditions and prolonged close contact with infected people is usually required for spread. Travellers are recommended to ensure full immunisation with a diphtheria containing vaccine. An additional dose is recommended if the primary course was received more than 10 years ago.

Treatment
Initial isolation on hospital admission and treatment with an anti-toxin and antibiotics. Because of the serious nature of this illness, treatment is initiated before laboratory tests are confirmed.

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