



DIPHTHERIA

WHAT IS DIPHTHERIA?

Diphtheria, caused by the *Corynebacterium diphtheriae* bacterium, is a potentially serious illness involving the upper respiratory tract and spread by coughing and sneezing or by direct contact with wounds or items soiled by infected persons. There are different infecting strains, some (toxin-producing) cause more severe illness affecting nerves and the heart.

The symptoms usually start with a mild fever, sore throat, problems swallowing, generally feeling unwell (malaise) and a loss of appetite. After about 2-3 days a firm, fleshy, grey and sticky coating develops in the throat; it will bleed if an attempt is made to remove it. If left untreated more serious problems occur including suffocation, heart & kidney damage and severe nerve damage.

WHERE IS IT FOUND?

Diphtheria is found in all regions of the globe. Early last century in Australia, more deaths were caused by diphtheria than any other infectious disease but, with the introduction of suitable vaccines, it virtually disappeared. However imported cases still occur, usually from less developed countries.

RISK TO TRAVELLERS

The risk to travellers is generally low. Australian children are vaccinated against diphtheria as part of the standard immunisation schedule and the last dose is given at 11-15 years of age. In adults, a booster to the childhood series is recommended every 10 years if at risk, in combination with tetanus.

WHAT IS DIPHTHERIA VACCINATION?

The diphtheria vaccination consists of the following:

- **Adults:** Diphtheria toxoid given in combination with Tetanus or Tetanus/Pertussis (ADT, Adacel /Boostrix) or Tetanus/ Pertussis/ Polio (Adacel Polio/ Boostrix IPV).
- **Children under 10 years:** Diphtheria toxoid given in combination with Tetanus and others. (Infanrix Hexa, Infanrix IPV, Pediacel, Quadracel, Tripacel).

Contraindications: Should not be administered to individuals who have previously experienced a serious reaction to this vaccine or those who are known to be hypersensitive to any of the vaccine components.

SCHEDULE

Primary series is given from 6-8 weeks of age. 3 doses are administered at least 4 weeks apart, with boosters at 4 and 11-17 years of age.

A single booster of tetanus/diphtheria-containing vaccine (preferably also with pertussis) is given at 50 years of age. However boosters are administered every 10 years for travellers who are going to countries where health services are difficult to access, or every 5 years for those travellers who are partaking in adventurous activities such as mountaineering, bike riding, rock climbing or caving in areas remote from good medical care.

Read more in the [Australian Immunisation Handbook](#).

LEVEL OF PROTECTION

Over 95%

POSSIBLE SIDE EFFECTS

Pain, redness or swelling at injection site as well as transient fever, headache and malaise.

In young babies, decreased appetite, fever and crying. In children who had DTP a (tetanus, diphtheria, whooping cough) as their primary vaccination, boosting with the same vaccine produced extensive limb swelling in 2% of recipients.

In adults, approximately 0.5–1 in 100,000 doses can result in brachial neuritis with arm weakness or numbness from nerve inflammation.

As with all vaccines, there is a small risk of allergic reactions - they occur in 1 per 1 million doses

**More information on Diphtheria is available during your pre-travel consultation with Travelvax.
Call 1300 360 164 for the location of the clinic nearest to you.**