



# Worth Noting: About Diphtheria

multilingual information



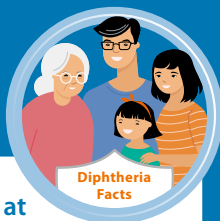
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Also available as an online guide at  
[www.diphtherie-mehrsprachig.de](http://www.diphtherie-mehrsprachig.de)



## Why this information?

Diphtheria exists around the globe. In times past, many thousands of people died during outbreaks of this infectious disease, especially children. Because most children in Europe are vaccinated, cases of diphtheria have decreased greatly since the 1960s. For a long time, there have only been individual cases in Germany.

However, diphtheria is still common in many other countries today, for example in the eastern Mediterranean, in Asia, Africa, and South America.

It is generally true that, if the proportion of those who are vaccinated decreases, this dangerous illness quickly starts spreading again.

Lately, more cases of diphtheria have been recorded again in Europe, too. It is therefore important to know about this almost forgotten disease and the available vaccination.



## What is diphtheria?

Diphtheria is caused by bacteria. The bacteria secrete a poison (cell toxin) that causes the cells of body tissues to die back. Diphtheria bacteria can affect the respiratory tract or the skin. Diphtheria is an infectious disease. This means that it is contagious. It can have serious consequences and, if untreated, be fatal even today.



## How can you become infected with diphtheria bacteria?

Respiratory diphtheria is mainly transmitted via the air. Breathing out creates tiny droplets of moisture on which the bacteria can float through the air. When people are in close contact, they can ingest the bacteria, for example by breathing in or kissing (aerosol transmission). The diphtheria bacterium can also survive on objects (e.g. door handles and water taps), and be transmitted to another person from there.

Even persons who are not ill themselves can transmit diphtheria bacteria and infect others this way. Vaccinated persons can still transmit diphtheria bacteria because the vaccination works against the cell toxin, not against the bacteria themselves.

In skin diphtheria (cutaneous diphtheria), the bacteria enter the body via an existing skin lesion (e.g. a cut), often on the arms or the legs.



## How does the illness show up?

Those who are vaccinated against diphtheria rarely become ill, or only slightly, when they come into contact with diphtheria bacteria. However, in people without sufficient vaccination immunity, the toxin will attack body tissues and destroy them.

### Respiratory diphtheria

If the toxin produced by diphtheria bacteria enters the bloodstream, it can damage internal organs. This can have severe consequences. They include: pneumonia with shortness of breath, heart muscle inflammation, nerve damage, paralysis, and coma. General signs (symptoms) of respiratory illness may appear within two to five, sometimes up to 10 days after infection. These include: weakness, sore throat and hoarseness, fever, difficulties breathing and swallowing, as well as swollen lymph nodes on the neck.

Symptoms typical for diphtheria include:

- Barking (croup-like) cough
- An initially whitish, later brownish-grey coating covering the throat (pseudomembrane)
- Sickly-sweet and putrid smelling breath
- Loss of voice
- Very swollen neck

If you have typical diphtheria symptoms, you need medical assistance immediately. It is best if you call your general practitioner to make an appointment. Inform the medical practice when you call that you may have diphtheria symptoms. This way, those providing assistance can protect themselves and others. You should also contact your general practitioner if you had close contact to an infected person. Please inform the practice about this before your medical appointment.

You can find advice and assistance with contacting a general practice at [www.116117.de](http://www.116117.de). Information is available there in a range of languages.

If you live in a shared accommodation facility, immediately inform management, as well as health or social services at the facility if available.  
Immediately begin to avoid all contact with others.

## Skin diphtheria

Skin diphtheria can appear after small injuries (e.g. scratches or insect bites). The skin swells and reddens, and a slimy coating appears. It often appears as if a piece of skin had been punched out.

Seek medical assistance if you experience symptoms typical of skin diphtheria. Inform the personnel when you first contact them that you may have diphtheria symptoms.



## How is diphtheria treated?

If diphtheria is suspected, the infection must be confirmed through tests conducted in a laboratory. However, medical treatment starts immediately to stop the illness from progressing. Patients must be isolated so that the infection cannot spread further. Restrictions may also apply to persons who were in close contact with patients.

Diphtheria outbreaks must be detected and contained quickly. For this reason, it is a notifiable disease. Health workers and accommodation facility managers are obliged to notify all cases to the public health authority (Gesundheitsamt).

The diphtheria bacteria must be eliminated completely so that they are not transmitted to other people. To this end, patients receive antibacterial medication (antibiotics), in most cases over a period of two weeks. Moreover, in cases of respiratory diphtheria, bacterial toxin that has already entered the body must be neutralised with an antidote. In cases of skin diphtheria, giving the antidote is usually only required when the skin lesion has reached a certain size.



## How is transmission avoided?

Patients and their contacts must follow rules in order not to infect other people. These rules include self isolation at home in cases of respiratory diphtheria, and special measures related to hygiene. Until the infection has healed completely, those affected are unsullay not permitted to live or work in shared accommodation facilities, and are temporarily provided with alternative accommodation. People with respiratory diphtheria are usually treated in hospital. If there has been a risk of transmission, contacts receive preventive treatment (post-exposure prophylaxis) using antibiotics. If required, they also receive a booster or catch-up vaccination dose to complete immunisation. Swabs are also taken to detect the pathogen. It is therefore important to answer all questions asked by health care professionals.



## Vaccination: the best protection from diphtheria

An effective vaccine is available against diphtheria. The diphtheria vaccine is contained in a combined vaccine, and is recommended for children and adults by the Standing Committee on Vaccination (Ständige Impfkommision, STIKO) at the Robert-Koch-Institute.

Basic immunisation is recommended at ages 2, 4, and 11 months.

Booster vaccinations are given at ages 5–6, and 9–16 years. For adults, the STIKO recommends booster doses every 10 years. In case of risk contacts, booster doses should be given every 5 years.



Some children and adults did not receive their basic immunisation and/or booster doses. In these cases, immunisation can be completed at any age.

Statutory health insurance covers the cost of these vaccinations as part of the 'U' and 'J' preventive health checks scheduled between birth and adolescence. You can obtain these scheduled health checks and vaccinations at specialist medical practices for child and youth health, or from your general practitioner. Diphtheria vaccination is also free of charge for adult members of statutory health insurance funds. The costs are also covered if you receive health services under the Asylum Seeker Benefits Act (Asylbewerberleistungsgesetz).

You can find advice and assistance with contacting a general practice at [www.116117.de](http://www.116117.de). Information is available there in a range of languages.

If you are unsure whether your or your child's vaccinations are up to date, please discuss this with your doctor.

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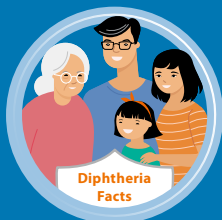


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Online: [www.diphtherie-mehrsprachig.de](http://www.diphtherie-mehrsprachig.de)

By email: [bayern@mimi.eu](mailto:bayern@mimi.eu)

Or by writing to:

MiMi-Zentrum für Integration in Bayern

Zenettiplatz 1

80337 München

Phone: 089 52035959



[www.diphtherie-mehrsprachig.de](http://www.diphtherie-mehrsprachig.de)

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