UK Health Security Agency

Skin lesions in newly arrived migrants

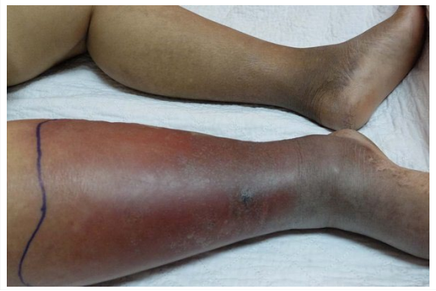
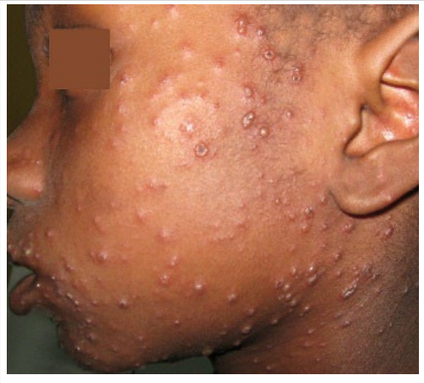
Recognising and managing infections of public health importance

Review date: January 2026

Table 1. Identification, clinical features and required actions for common pathogens causing skin lesions of public health importance

Note: Photos are illustrative and not intended to capture all presentations.

IPC advice for health care settings can be found at National infection prevention and control.

Presentation	Key features	Practice points	Mode of transmission	Contact health protection team?	Infection prevention and control (IPC)	Additional investigations	Links
Cellulitis	Cellulitis makes skin painful, hot and swollen. The area usually looks red, but this may be less obvious on brown or black skin. Skin may also be blistered. 	MRSA can co-exist with methicillin-susceptible *Staphylococcus aureus* (MSSA) There can be co-infection of skin lesions with GAS and MSSA or MRSA. Any invasive GAS should be managed in hospital setting.	Contact or droplet	If in doubt, contact the HPT. iGAS is always notifiable	• gloves • apron	Wound swab Contact local specialist if not responding to first line antibiotics or showing signs of systemic infection.	Group A Streptococcus: Information and guidance on group A streptococcal infections.
Chickenpox	 There may be a prodromal illness, followed by crops of vesicles on the face and scalp, which spread to the trunk and eventually the limbs. The blisters are often intensely itchy. At any time there will be vesicles at different stages of formation.	Secondary bacterial infection is a common complication.	Droplet or airborne	Yes, chickenpox has been a notifiable disease since April 2025.	• FFP3 • gloves • apron	Clinical diagnosis – however, swab confirmation may help in this setting where there are higher numbers of susceptible individuals	Chickenpox: public health management and guidance

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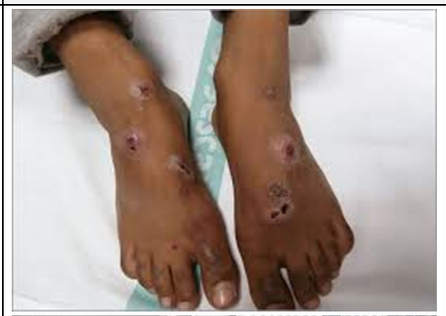
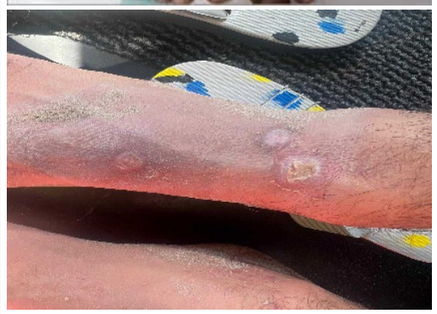
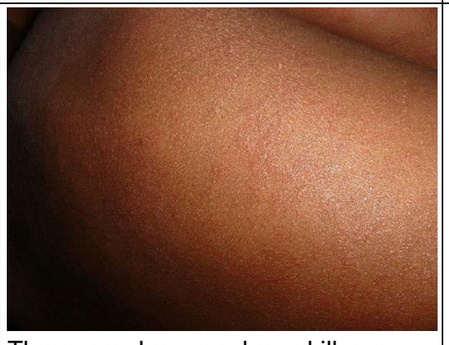
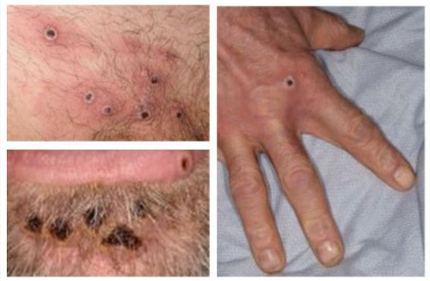
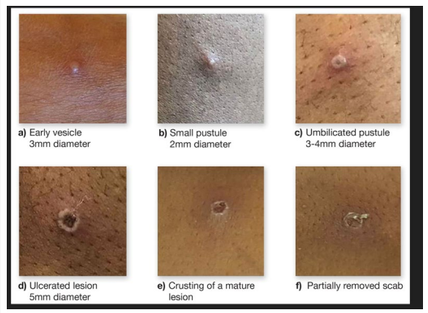
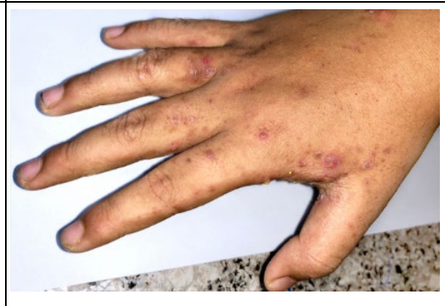
Diphtheria	  Small vesicles that quickly form small, clearly demarcated and sometimes multiple ulcers. May be difficult to distinguish from impetigo.	Individuals may have both respiratory and cutaneous symptoms. Transfer people with suspected respiratory diphtheria to a hospital setting where additional IPC precautions will be required.	Pharyngeal – contact or droplet. Cutaneous - contact	Yes – urgent	• fluid repellent surgical mask (FRSM) • gloves • apron • eye protection while taking nose or throat swabs or when providing wound management if there is a splash risk	Take nose and throat swabs in cases of cutaneous diphtheria to exclude respiratory carriage of toxigenic strains	Diphtheria: public health control and management in England
Measles	 There may be a prodromal illness. After several days, a rash appears with large, flat blotches usually on the face and upper neck. It can spread, eventually reaching the hands and feet and lasts 5 to 6 days before fading.	Measles is commonly confused with other infections that can lead to a rash Consider travel history and contact with other potential cases	Droplet or airborne Measles is spread through coughing and sneezing, close personal contact, or direct contact with infected nasal or throat secretions.	Yes – urgent	• FFP3 • gloves • apron • eye protection if taking oral swab Confirmed or suspected cases of measles should wear a FRSM if this can be tolerated.	Clinical diagnosis – however, confirmation by oral fluid samples may help in this setting where there are higher numbers of susceptible individuals	Measles: guidance, data and analysis Managing measles in asylum seeker accommodation settings

Presentation	Key features	Practice points	Mode of transmission	Contact health protection team?	Infection prevention and control (IPC)	Additional investigations	Links
Mpox	  There may be a prodromal illness. The rash (typically vesicular or ulcer or nodule) develops, often beginning on the face or genital area before spreading to other parts of the body, including the soles of the feet and palms of the hands	Consider travel history and migratory routes. Information on countries affected by mpox is available. See guidance on when to suspect a case of mpox for further guidance.	Contact or droplet Mpox is spread through direct contact with skin lesions or scabs, contact with bodily fluids such as saliva, snot or mucus, or contact with clothing or linens (such as bedding or towels) used by someone with mpox.	Yes	• gloves • FRSM (this should be replaced with an FFP3 respirator and eye protection if the case presents with a lower respiratory tract infection with a cough or changes on their chest x-ray indicating lower respiratory tract infection) • apron (the use of a long-sleeved single-use disposable gown should be considered where there is extensive manual handling or unavoidable skin-to-skin contact is anticipated) • eye protection if there is a risk of splash or droplet exposure of the face and eyes (for example when taking throat swabs)	Suspected cases must be discussed with local infection clinicians	Mpox background information
Scabies	 Intensely itching rash associated with burrows, nodules, and redness. The degree of redness may vary in different skin tones.	Secondary bacterial infection is a common complication - burrows may be hidden by secondary bacterial infection.	Contact - transmission normally only occurs with prolonged direct contact with an affected person. However, scabies can be spread indirectly via the sharing of clothing, towels, or bedding.	Yes – although the organism is not usually notifiable, due to outbreak potential in asylum seeker accommodation settings please notify local HPT.	• gloves • apron	Skin swab if suspect secondary bacterial infection.	Guidance on the management of scabies cases and outbreaks in long-term care facilities and other closed settings

About the UK Health Security Agency

UK Health Security Agency (UKHSA) prevents, prepares for and responds to infectious diseases, and environmental hazards, to keep all our communities safe, save lives and protect livelihoods. We provide scientific and operational leadership, working with local, national and international partners to protect the public's health and build the nation's health security capability.

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