WEEKLY DIPHTHERIA SITUATION REPORT

As of 3rd May 2025 (Epi-week 18, 2025)

HIGHLIGHTS

In Epi-Week 18, 2025

- A total of **3** suspected cases were reported from 1 state across 2 LGAs.
- Of the 3 suspected cases reported, **0 (0.0%) were confirmed cases** *(0 lab confirmed; 0 epi-linked; 0 clinically compatible)*, **0 (0.0%) were discarded**, **0 (0.0%) were pending classification** & **0 (0.0%) were unknown**.
- There were no confirmed cases reported for epi-week 18
- No **deaths (CFR: 0.0%)** were recorded among the confirmed cases.

Cumulatively: Epi-Week 19, 2022 - Epi-Week 18, 2025

- A total of **43,743** suspected cases were reported from 37 states across 360 LGAs.
- **Kano** (24,415), **Yobe** (5,330), **Katsina** (4,355), **Bauchi** (3,066), **Borno** (3,064), **Kaduna** (840) & **Jigawa** (364) accounted for 96% of the suspected cases reported.
- Of the 43,743 suspected cases reported, 26,499 (60.6%) were **confirmed cases** (423 *lab confirmed*; 255 *epi-linked*; 25,821 *clinically compatible*), 7,819 (17.9%) were **discarded**, 3,683 (8.4%) were **pending** classification & 5,744 (13.1%) were **unknown**.
- The confirmed cases were distributed across 194 LGAs in 27 states.
- **Kano** (18,284), **Bauchi** (2,334), **Yobe** (2,411), **Katsina** (1,610), **Borno** (1,166) & **Jigawa** (53), **Plateau** (119) & **Kaduna** (62) accounted for 99.1 of confirmed cases reported.
- Majority [**16,687 (63.8%)**] of the confirmed cases were among children aged 1 - 14 years.
- Only **4,999 (19.1%)** out of the 26,499 confirmed cases were fully vaccinated with a diphtheria toxoid-containing vaccine.
- A total of **1376 deaths (CFR: 5.2%)** were recorded among confirmed cases.

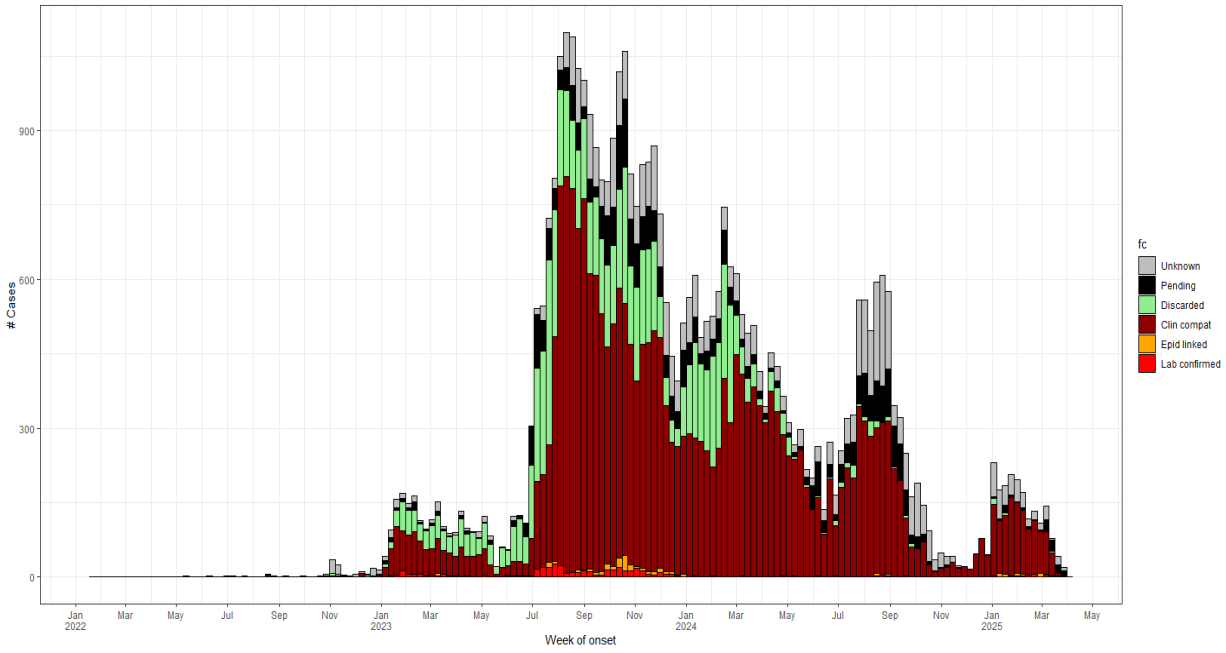


Figure 1: Epi-curve of confirmed diphtheria cases in Nigeria, epi-week 19 2022 - epi-week 18 2025

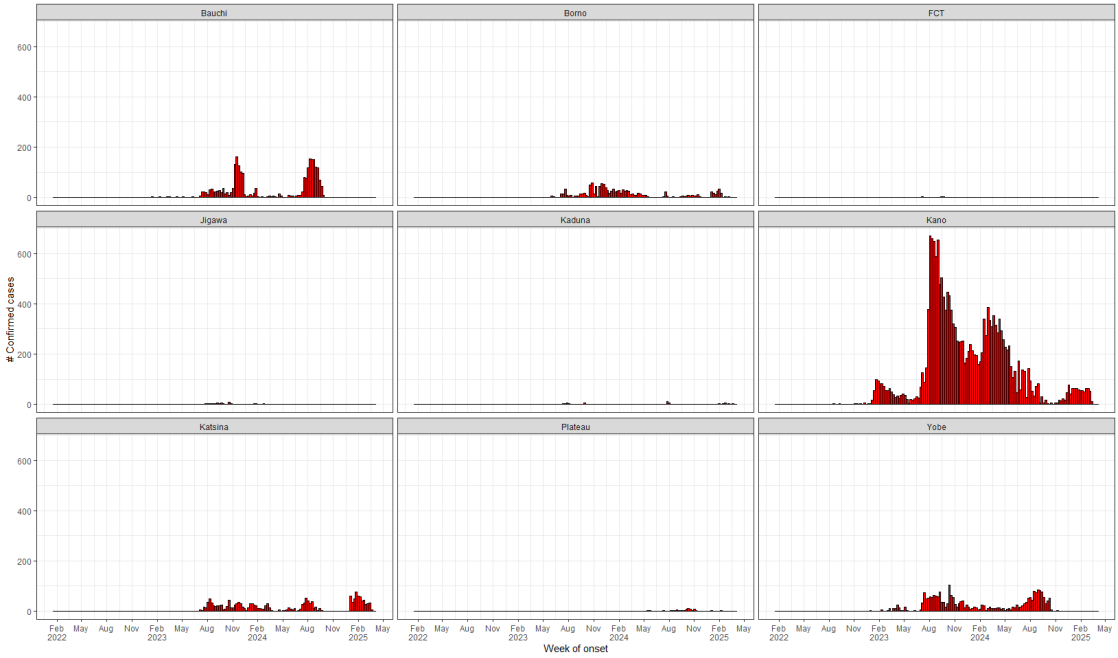


Figure 2: Epi-curve of confirmed diphtheria cases in high burden States, epi-week 19 2022 - epi-week 18 2025

Table 1: Distribution of diphtheria cases and deaths in Nigeria, epi-week 19 2022 - epi-week 18 2025

State	# Suspected Case	# Confirmed Case	% Confirmed Case	# Deaths among Confirmed C	CFR among Confirmed
Kano	24,415	18,284	75%	860	5%
Yobe	5,330	2,411	45%	109	5%
Bauchi	3,066	2,334	76%	104	4%
Katsina	4,355	1,610	37%	132	8%
Borno	3,064	1,166	38%	69	6%
Plateau	192	119	62%	29	24%
Kaduna	840	62	7%	13	21%
Jigawa	364	53	15%	7	13%
Sokoto	200	31	16%	5	16%
Zamfara	219	21	10%	0	0%
FCT	146	15	10%	7	47%
Lagos	131	13	10%	9	69%
Gombe	216	7	3%	1	14%
Edo	20	6	30%	2	33%
Adamawa	65	5	8%	4	80%
Nasarawa	104	3	3%	1	33%
Osun	16	3	19%	1	33%
Abia	25	2	8%	0	0%
Kebbi	70	2	3%	0	0%
Niger	11	2	18%	0	0%
Oyo	74	2	3%	0	0%
Taraba	90	2	2%	0	0%
Cross River	1	1	100%	0	0%
Ekiti	36	1	3%	1	100%
Enugu	12	1	8%	0	0%
Imo	10	1	10%	0	0%
Ogun	6	1	17%	0	0%
Akwa Ibom	1	0	0%	0	
Anambra	1	0	0%	0	
Bayelsa	15	0	0%	0	
Benue	1	0	0%	0	
Delta	2	0	0%	0	
Ebonyi	1	0	0%	0	
Kogi	40	0	0%	0	
Kwara	1	0	0%	0	
Ondo	2	0	0%	0	
Rivers	2	0	0%	0	

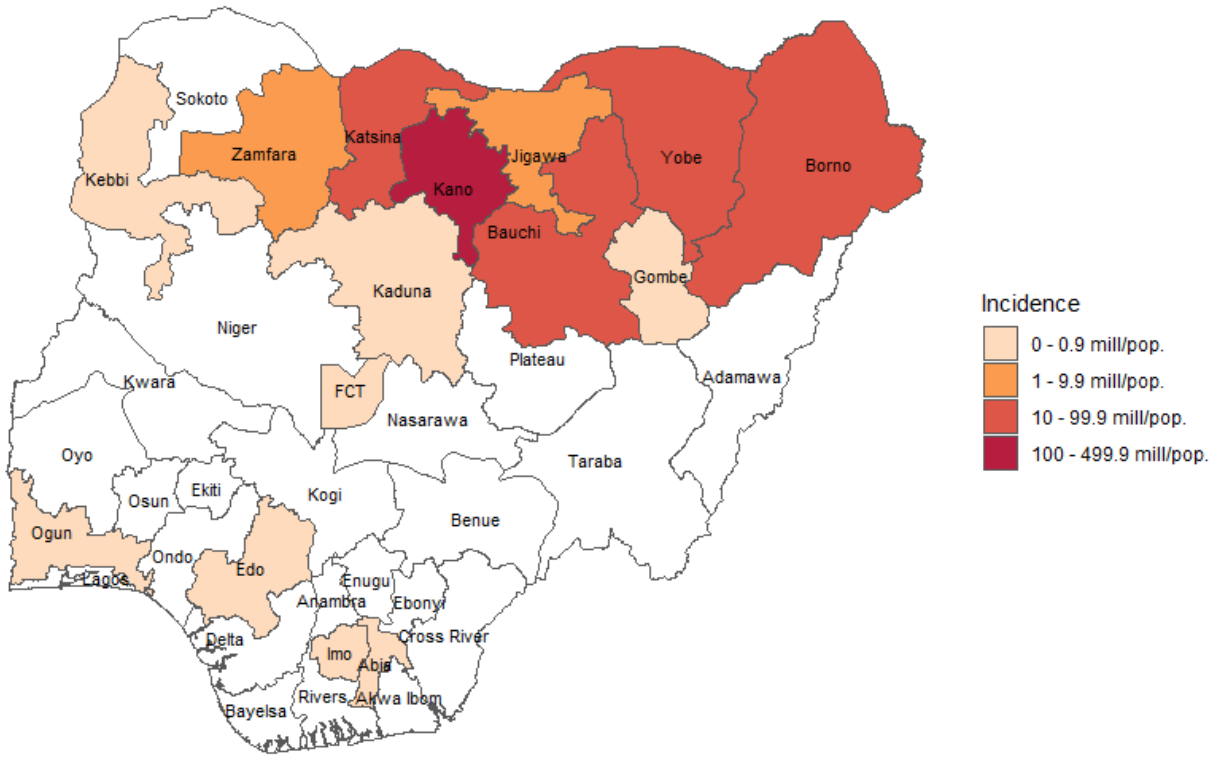


Figure 3: Incidence (per million population) of confirmed diphtheria cases in Nigeria by State, epi-week 19 2022 - epi-week 18 2025

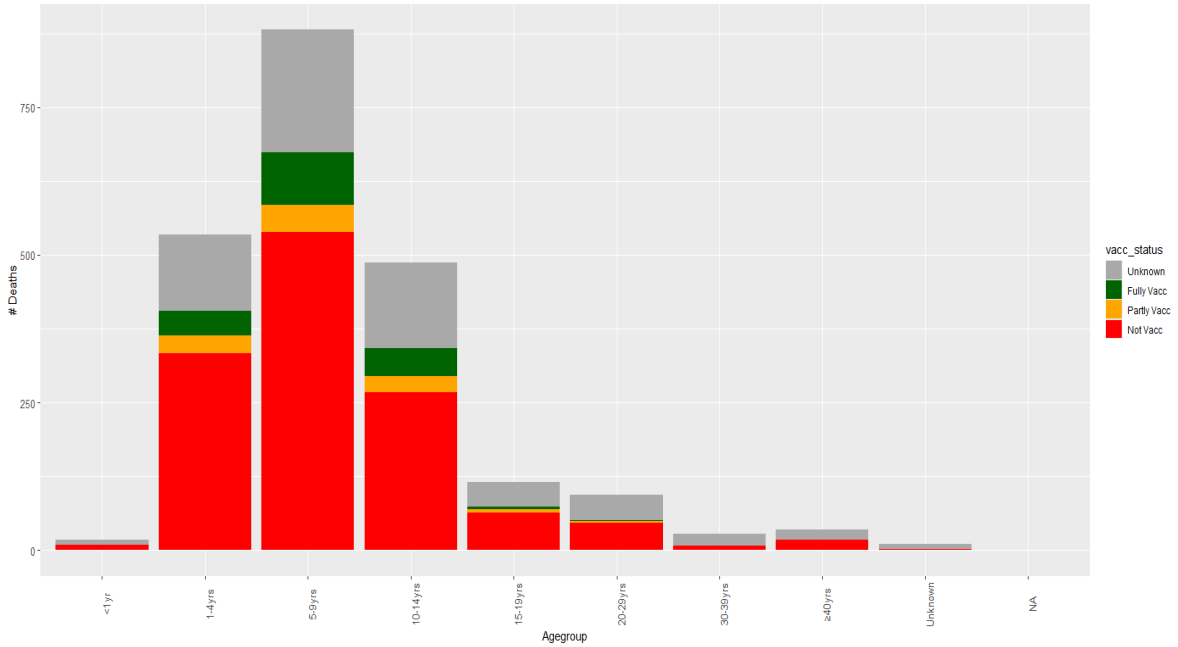
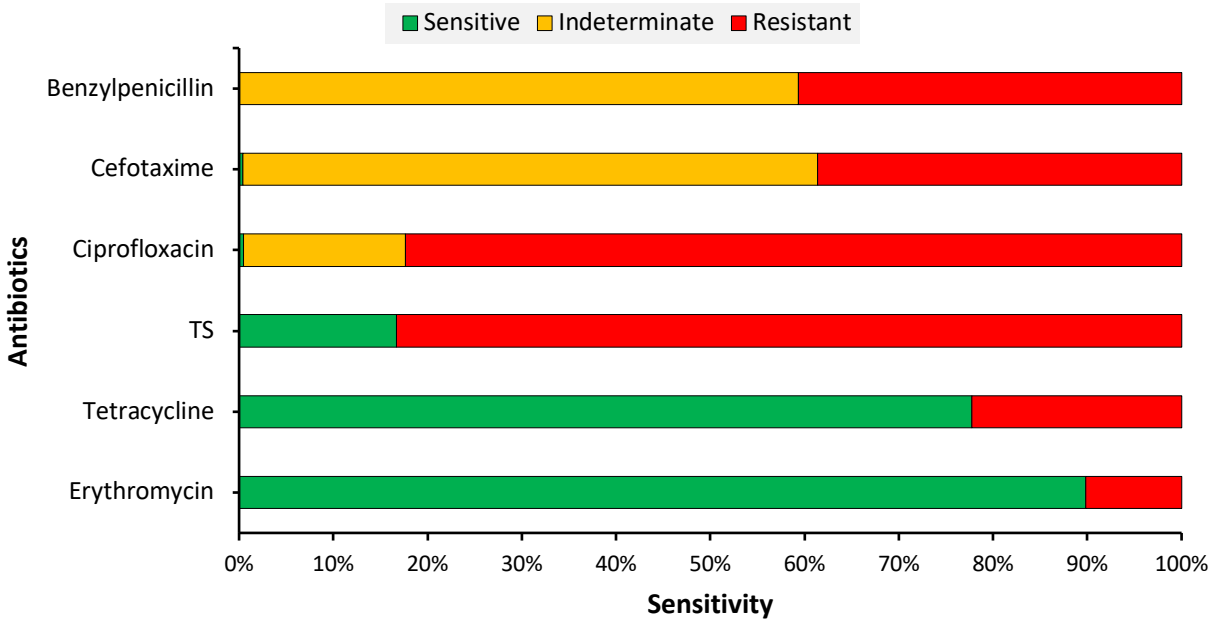


Figure 4: Age distribution and vaccination status of deaths among confirmed diphtheria cases in Nigeria, epi-week 19 2022 - epi-week 18 2025



**TS: Trimethroprim-sulfamethaxole*

Figure 5: Drug sensitivity results of toxigenic Corynebacterium diphtheriae isolated in Nigeria, epi-week 19 2022 – epi-week 18 2025 (n = 226)

RESPONSE ACTIVITIES

- **COORDINATION**
  - Provide technical and off-site support to states on case identification, reporting, and response, especially to non-reporting and low-burden states.
  - Data harmonization with laboratory and case management pillars.
  - Weekly EOC meeting.
- **SURVEILLANCE**
  - Provide technical and off-site support to states on case identification, reporting, and response, especially to non-reporting and low-burden states.
  - Data harmonization with laboratory and case management pillars.
- **LABORATORY**
  - Preliminary and confirmatory testing at the sub-national and national levels, respectively.
  - Direct PCR on clinical samples. Analysis of sequenced *Corynebacterium diphtheriae* isolates.
  - Distribution of reagents and commodities for diphtheria testing.
- **CASE MANAGEMENT/IPC**
  - Leverage the C-19RM trainings to build the capacity of healthcare workers on diphtheria and other vaccine-preventable diseases.
  - Leverage the ECHO platform to engage healthcare workers on IPC and case management.
  - Distribution of DAT and I.V Azithromycin to states and healthcare facilities.
- **RCCE**
  - Continues engagement with key influencers (Religious and Traditional) in affected states and the community. This is done by leveraging on National traditional and religious leaders' platform.
- **VACCINATION**
  - Routine immunization services across all public health facilities.
  - Reactive vaccination in high-burden states.

CHALLENGES

- Delay in reporting from states.

NEXT STEPS

- Continue case management data harmonization and follow-up with states.
- Continue data collection by case managers across DTCs.
- Off-site/on-site support, collaboration, and supervision of state diphtheria RCCE activities.
- Continue whole-genomic sequencing (WGS) for confirmed isolates.
- Capacity building on laboratory diagnosis of diphtheria using PCR directly on clinical samples.
- Support testing sites with reagents and consumables.