WEEKLY DIPHTHERIA SITUATION REPORT

As of 5th September 2024 (Epi-Week 35, 2024)

HIGHLIGHTS

In Epi-Week 35, 2024

- A total of **20** suspected cases were reported from 2 states across 9 LGAs.
- From the 20 suspected cases reported, **12 (100.0%) were confirmed cases** *(0 lab confirmed; 0 epid linked; 12 clinically compatible)*, **0 (0.0%) were discarded**, **0 (0.0%) are pending classification** & **8 (0.0%) were unknown**.
- The confirmed cases were distributed across 4 LGAs in 2 states.
- A total of **1 death (CFR: 8.3%)** was recorded among the confirmed cases.

Cumulatively: Epi-Week 19, 2022 - Epi-Week 35, 2024

- A total of **36,151** suspected cases were reported from 37 states across 338 LGAs.
- **Kano** (22,457), **Katsina** (3,586), **Yobe** (3,114), **Bauchi** (2,490), **Borno** (2,173), **Kaduna** (734) & **Jigawa** (364) accounted for 96.4 of the suspected cases reported.
- Of the 36,151 suspected cases reported, 21,938 (60.7%) were **confirmed cases** (385 *lab confirmed*; 220 *epid linked*; 21,333 *clinically compatible*), 7,681 (21.4%) were **discarded**, 2589 (7.3%) are **pending** classification & 2,816 (7.7%) were **unknown**.
- The confirmed cases were distributed across 176 LGAs in 26 states.
- **Kano** (16,495), **Bauchi** (1,875), **Yobe** (1,328), **Katsina** (1,059), **Borno** (970) & **Jigawa** (53), **Plateau** (31) & **Kaduna** (44) accounted for 99.5 of confirmed cases reported.
- Majority [**13,778 (63.2%)**] of the confirmed cases were among children aged 1 - 14 years.
- Only **4,936 (22.6%)** out of the 21,333 confirmed cases were fully vaccinated with a diphtheria toxoid-containing vaccine.
- A total of **1,103 deaths ((CFR: 5.0%))** were recorded among confirmed cases.

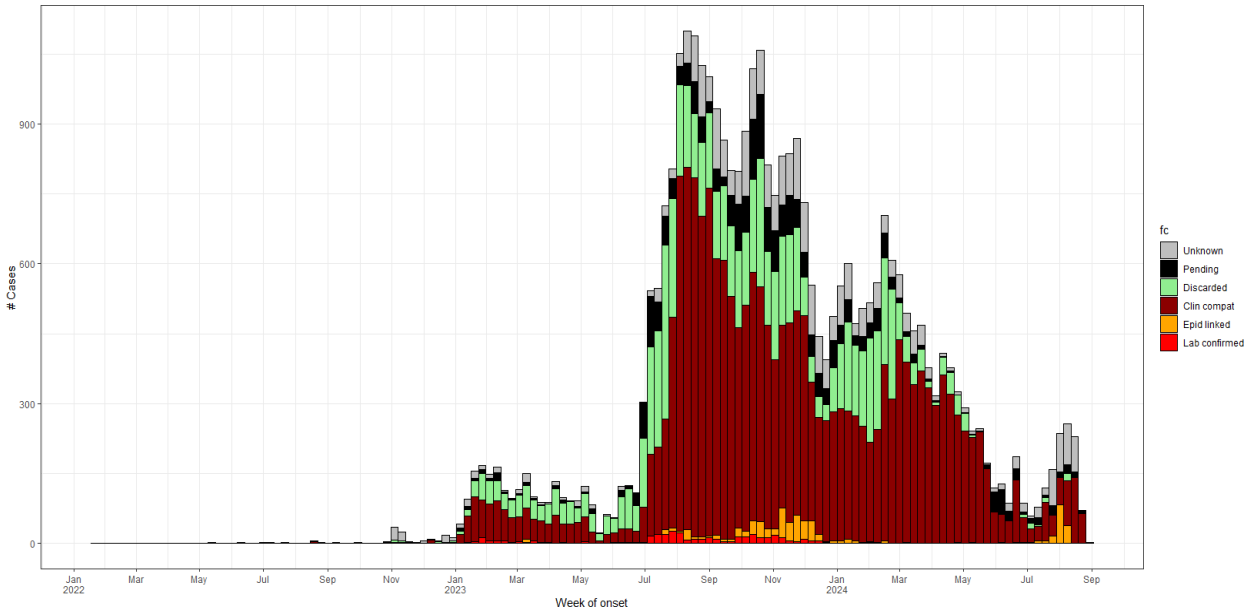


Figure 1: Epi-curve of confirmed diphtheria cases in Nigeria, epi-week 19 2022 - epi-week 35 2024

Figure 2: Epi-curve of confirmed diphtheria cases in high burden States, epi-week 19 2022 - epi-week 35 2024

Table 1: Distribution of diphtheria cases and deaths in Nigeria, epi-week 19 2022 - epi-week 35 2024

State	# Suspected Case	# Confirmed Case	% Confirmed Case	# Deaths among Confirmed Cases	CFR among Confirmed Cases (%)
Kano	22,457	16,495	73%	730	4%
Bauchi	2,490	1,978	79%	91	5%
Yobe	3,114	1,328	43%	83	6%
Borno	2,173	970	45%	50	5%
Katsina	3,586	1059	27%	100	9%
Jigawa	364	53	15%	7	13%
Kaduna	734	44	6%	11	25%
Plateau	66	31	47%	15	48%
Zamfara	219	21	10%	0	0%
FCT	146	15	10%	7	47%
Gombe	182	7	4%	1	14%
Lagos	37	6	16%	5	83%
Adamawa	65	5	8%	4	80%
Sokoto	41	4	10%	0	0%
Edo	5	3	60%	0	0%
Nasarawa	104	3	3%	1	33%
Nassarawa	75	3	4%	1	33%
Osun	16	3	19%	1	33%
Abia	25	2	8%	0	0%
Kebbi	59	2	3%	0	0%
Niger	11	2	18%	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	
Oyo	14	0	0%	0	
Rivers	2	0	0%	0	

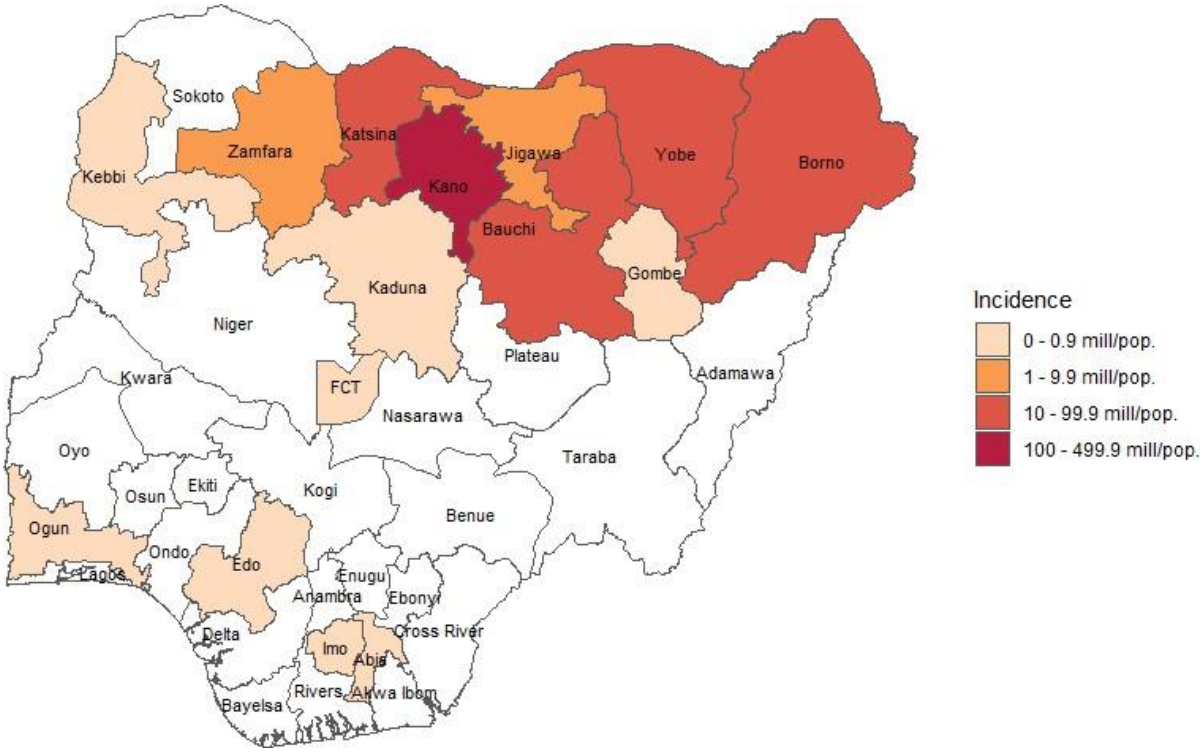


Figure 3: Incidence (per million population) of confirmed diphtheria cases in Nigeria by State, epi-week 19 2022 - epi-week 35 2024

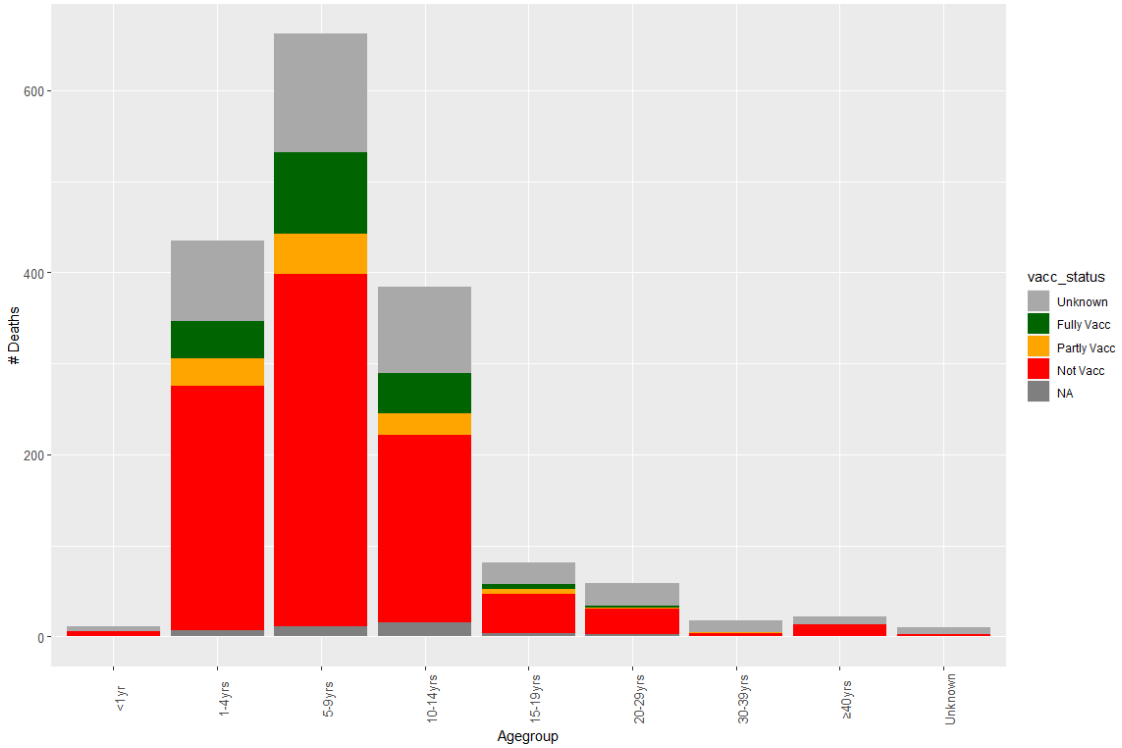
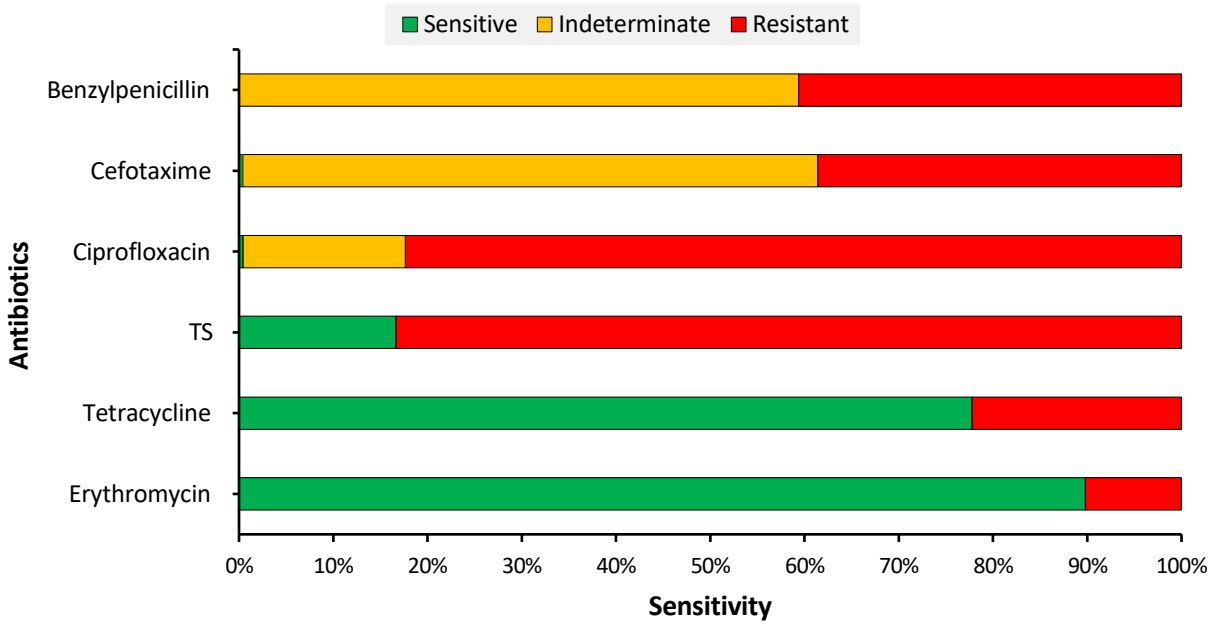


Figure 4: Age distribution and vaccination status of deaths among confirmed diphtheria cases in Nigeria, epi-week 19 2022 - epi-week 35 2024



**TS: Trimethoprim-sulfamethoxazole*

Figure 5: Drug sensitivity results of toxigenic Corynebacterium diphtheriae isolated in Nigeria, epi-week 19 2022 – epi-week 35 2024 (n = 226)

RESPONSE ACTIVITIES

- **COORDINATION**
  - Provides technical and offsite support to states on IMS for priority diseases.
  - Harmonization of response efforts by partners.
  - RRT deployment to Katsina State.
- **SURVEILLANCE**
  - Provides technical and offsite support to states on case identification, reporting, and response, especially non-reporting and low-burden states.
  - Data harmonization with laboratory and case management pillars.
- **LABORATORY**
  - Preliminary and confirmatory testing at sub-national and national level, respectively.
  - Analysis of sequenced *Corynebacterium diphtheriae* isolates.
  - Discussions on validation of PCR on clinical samples.
- **CASE MANAGEMENT/IPC**
  - Prepositioning of DAT across states and facilities.
  - Data harmonization with states and other pillars.
  - Remote technical support to states and treatment centres.
  - Southwest regional IPC training for healthcare workers under the Global Fund C19RM support.
- **RCCE**
  - Continues engagement with key influencers (Religious and Traditional) in affected states and communities. This is done by leveraging national traditional and religious leaders' platforms.
- **VACCINATION**
  - Reactive vaccination in 3-high burden LGAs in Katsina state.
  - Finalize plans to conduct reactive vaccination in other high-burden states using routine immunization logistics.

Next Steps:

1. Conduct a national diphtheria Intra Action Review (IAR).

2. Maintain consistent case management data and follow up with states.

3. Continue data collection by case managers across DTCs.

4. Provide offsite and onsite support, collaboration, and supervision of state diphtheria RCCE activities.

5. Sustain engagement of social media channels with comics and interview videos of survivors.

6. Continue whole genomic sequencing (WGS) for confirmed isolates.

7. Optimize protocol for PCR on clinical samples and metagenomics.

8. Expand the network by assessing more laboratories for scaling up.

9. Conduct capacity building on laboratory diagnosis of diphtheria using PCR directly on clinical samples.