



Diphtheria Situation Report

Epi Week 52: 22nd December – 28th December 2025

Key Points

Table 1: Summary of the current week (52), cumulative Epi week 52, current year and comparison with the previous year

Reporting Period	Suspected cases	Confirmed cases	Deaths (Confirmed cases)	Case Fatality Ratio (CFR)	States and LGAs affected (Confirmed cases)
Current week (Week 52)	57	57	0	0	State(s):2 LGA(s): 6
2025 Cumulative (Week 52)	20,032	15,273	872	5.7	State(s):25 LGA(s): 240
2024 Cumulative (Week 52)	17,276	10,714	484	4.5	State(s):19 LGA(s): 122

Highlights (key summary)

- A total of **57** suspected cases were reported from 2 states across 6 LGAs.
- Of the 57 suspected cases reported, **57 (100%) were confirmed cases** (0 lab confirmed; 0 epid linked; 57 clinically compatible), 0 (0%) were discarded, and 0 (0%) are pending classification.
- Zero (0) deaths (CFR: 0%) were recorded among the confirmed cases.

Cumulatively: Epi-Week 19 2022 - Epi-Week 52 2025

- A total of **61,570** suspected cases were reported from 37 states across 450 LGAs.
- **Kano** (31,171), **Yobe** (6,660), **Katsina** (5,714), **Bauchi** (5,304), **Borno** (7,038), **Kaduna** (1,876) & **Sokoto** (481) accounted for 94.6% of suspected cases reported.
- Of the 61,570 suspected cases reported, 40,142 (65.2%) were **confirmed cases** (612 lab confirmed; 987 epid linked; 38,543 clinically compatible), 16,994 (27.6%) were **discarded**, 4,434(7.2%) are **pending** classification
- The confirmed cases were distributed across 300 LGAs in 31 states.
- **Kano** (24,687), **Yobe** (3,153), **Bauchi**(4,051), **Katsina** (2,589), **Borno** (4,853), **Plateau** (137), **Sokoto** (146) & **Kaduna** (156) accounted for 99.1% of confirmed cases reported.
- The majority [**26,213 (65.3%)**] of the confirmed cases were among children aged 1 - 14 years.

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- Only **2,690 (6.7%)** out of the 40,142 confirmed cases were fully vaccinated with a diphtheria toxoid-containing vaccine.
- A total of **2,143 deaths (CFR: 5.3%)** were recorded among confirmed cases.

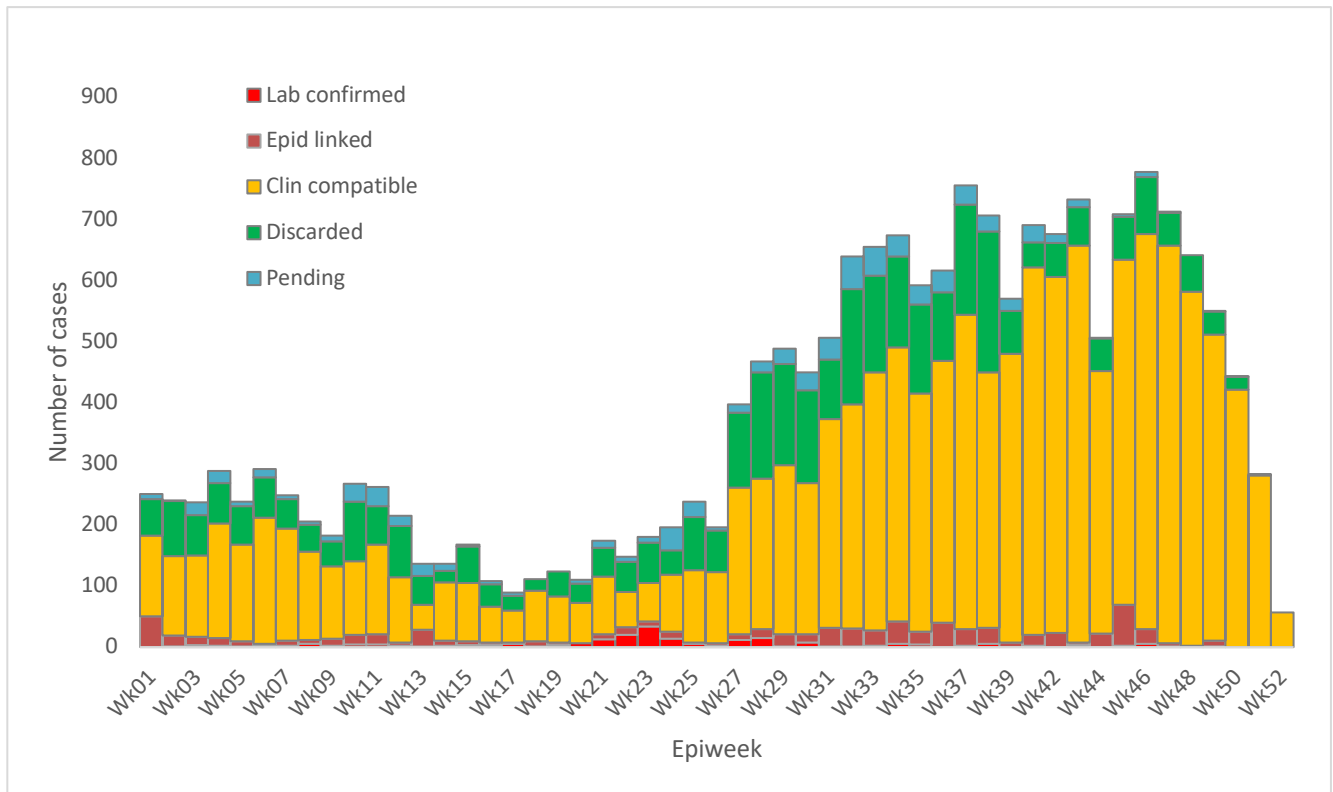


Figure 1. Epidemiological curve of final classification of cases in week 52

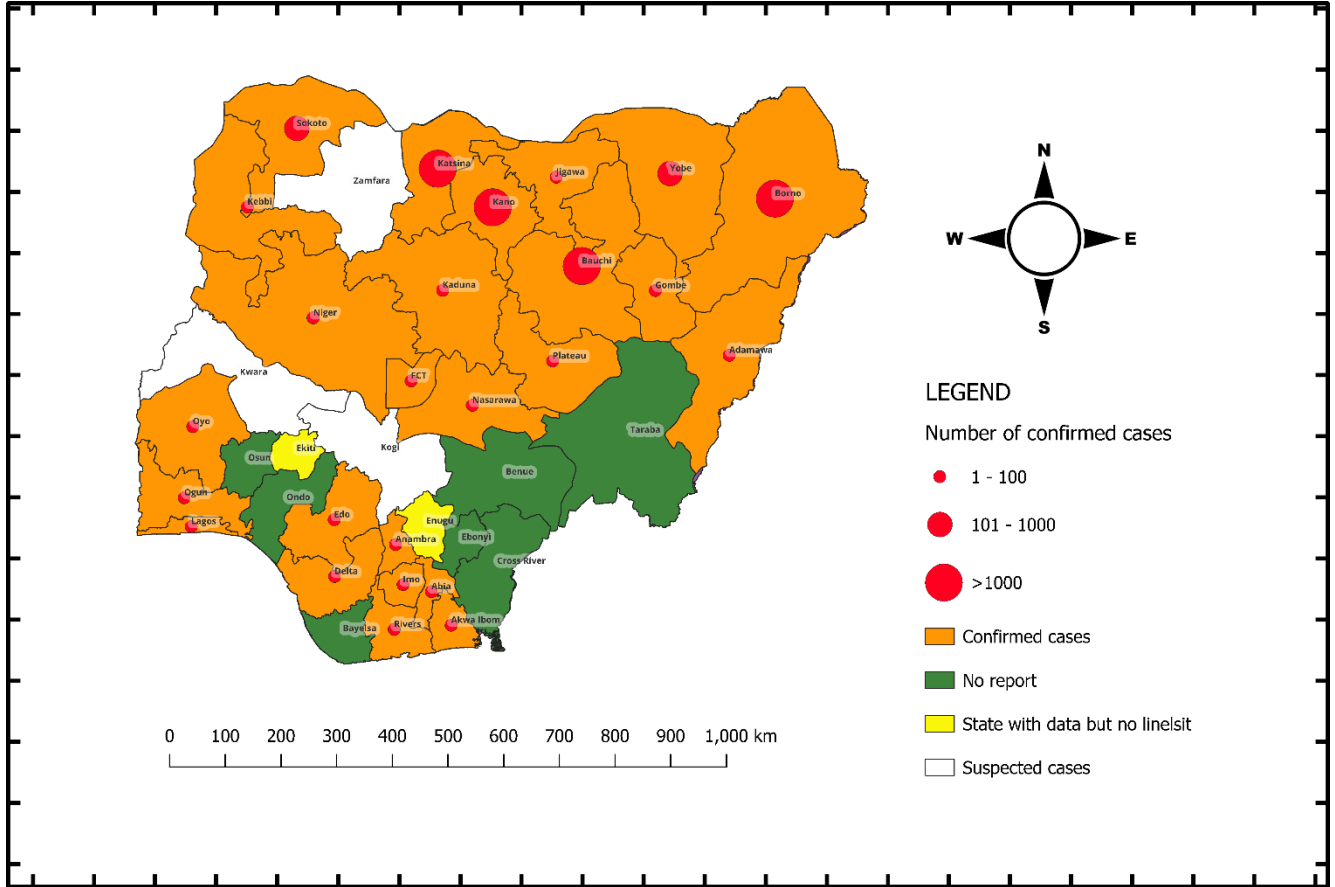


Figure 2. Map showing distribution of diphtheria confirmed cases in Nigeria, week 52

State	# Suspected Case	# Confirmed Case	% Confirmed Case	# Deaths among Confirmed Cases	CFR among Confirmed Cases (%)
Kano	31171	24687	79%	1246	5%
Yobe	6660	3153	47%	129	4%
Katsina	5714	2589	45%	184	7%
Borno	7038	4853	69%	232	5%
Bauchi	5304	4051	76%	206	5%
Kaduna	1876	156	8%	21	14%
Jigawa	539	86	16%	18	21%
Sokoto	481	146	30%	27	19%
Gombe	369	22	6%	1	5%
Lagos	306	27	9%	11	41%
Zamfara	288	21	7%	0	0%
Imo	200	71	36%	3	4%
Plateau	215	137	64%	28	21%
FCT	202	31	15%	7	23%
Oyo	217	4	2%	2	50%
Adamawa	118	33	28%	11	33%
Nasarawa	114	6	5%	2	33%
Taraba	90	2	2%	0	0%
Kebbi	97	5	5%	0	0%
Kogi	76	0	0%	0	0%
Ekiti	36	1	3%	1	100%
Edo	70	15	21%	4	27%
Niger	137	3	2%	1	33%
Abia	29	3	10%	1	33%
Anambra	32	14	44%	0	0%
Osun	16	3	19%	1	33%
Bayelsa	15	0	0%	0	0%
Ogun	65	8	12%	2	25%
Rivers	14	3	21%	2	67%
Enugu	12	1	8%	0	0%
Akwai Ibom	10	4	40%	0	0%
Delta	49	6	12%	3	50%
Ondo	2	0	0%	0	0%
Benue	1	0	0%	0	0%
Cross river	1	1	100%	0	0%
Ebonyi	1	0	0%	0	0%
Kwara	5	0	0%	0	0%

Table 2. Distribution of diphtheria cases and deaths in Nigeria, 2022-2025

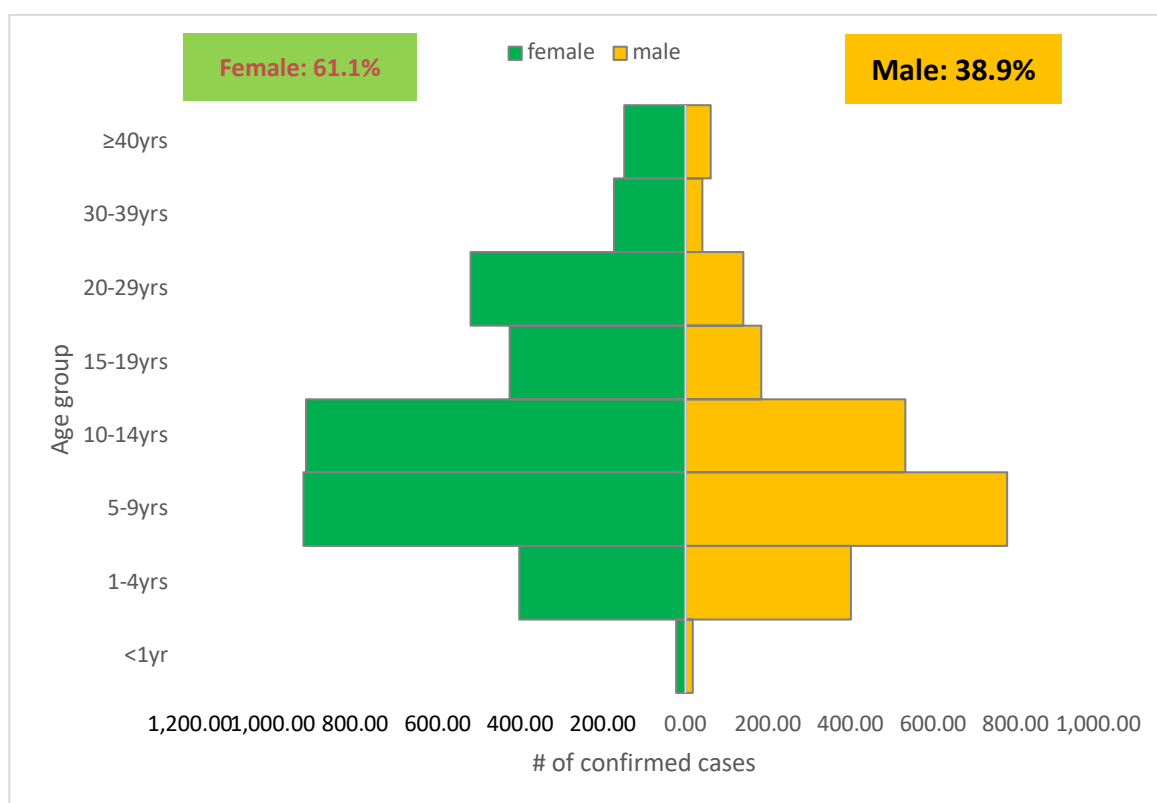


Figure 3. Age and sex distribution pyramid showing the number of confirmed diphtheria cases for 2025

Unvaccinated	51.7%
Partially vaccinated	1.8%
Fully vaccinated	6.7%
Unknown	39.8%

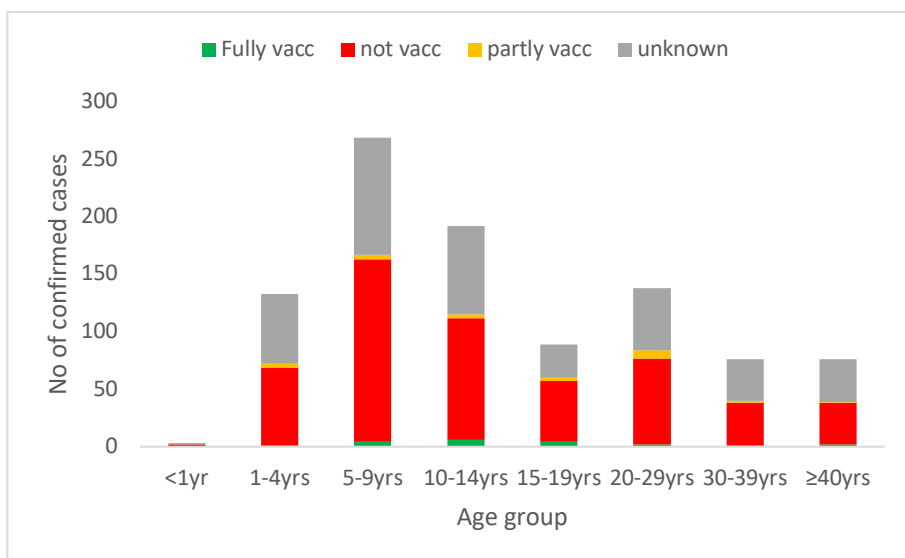


Figure 4. Vaccination status among the age group of confirmed cases for 2025

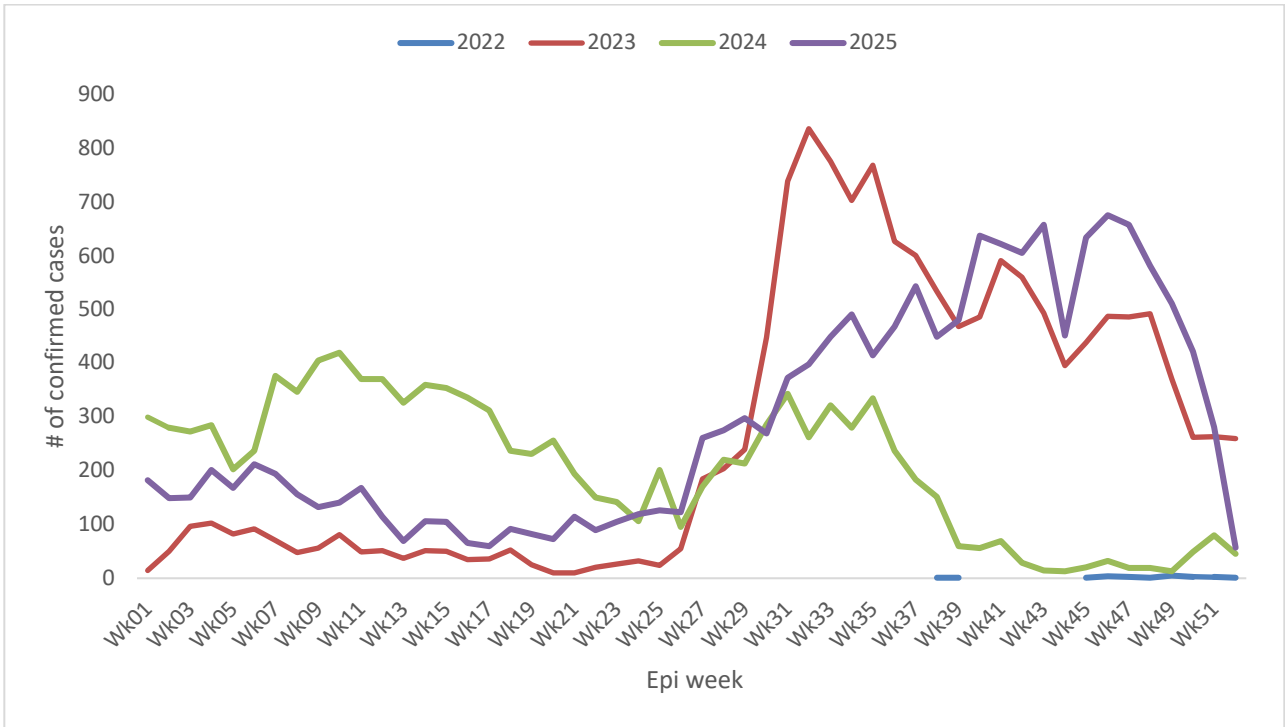


Figure 5 : Trend of confirmed cases by epidemiological week,2022-2025, Nigeria

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Pillar	Activities	Next steps
Coordination	<ul style="list-style-type: none"> Coordinate weekly National Diphtheria EOC meetings Development of weekly sitrep Follow up with state to resolve coordination challenges Root Cause Analysis in selected high-burden states Coordination meeting with the 5 high-burden states and partners 	<ul style="list-style-type: none"> Approval of Diphtheria IAP Continuous weekly EOC meetings
Surveillance	<ul style="list-style-type: none"> Follow up with states for updates and technical support Data harmonization and analysis for development of sitrep 	<ul style="list-style-type: none"> Continuous phone calls to states for updates and technical support Continuous data harmonization
Laboratory	<ul style="list-style-type: none"> Preliminary and confirmatory testing at sub-national and national level, respectively Follow up with states for updates and technical support Testing diphtheria clinical samples and isolates 	<ul style="list-style-type: none"> AST for confirmed isolates Scale up by assessing more laboratories for network expansion Capacity building on laboratory diagnosis of Diphtheria Support testing sites with reagents and consumables
Case Management	<ul style="list-style-type: none"> Treatment Centre engagement Data harmonization with states, surveillance and Lab pillar Weekly pillar Engagement 	<ul style="list-style-type: none"> Continue engagement with states for remote technical support and weekly data sharing Continue harmonization of Data with states, surveillance and lab pillar. Advocate for partners to support mitigate gaps in states with challenges
RCCE	<ul style="list-style-type: none"> Social Media Engagement (WhatsApp, X, FB, Stakeholders channel) Stakeholders Engagement meeting Offsite and onsite support to states and partners in states Routine Infodemic monitoring at the national and subnational 	<ul style="list-style-type: none"> Review meeting with 10 high burden states + Niger State RCCE Readiness capacity assessment in 10 high burden states Review and update of RCCE diphtheria strategy Offsite support to reporting and non-reporting states (SBC materials dissemination) Continues social media leveraging to improve awareness
Logistics	<ul style="list-style-type: none"> Distribution of case management consumables Track utilisation of DAT and Erythromycin 	<ul style="list-style-type: none"> Obtaining clearance from customs and NAFDAC for DAT
Immunization	<ul style="list-style-type: none"> Conduct Reactive vaccination Conduct routine Immunization 	<ul style="list-style-type: none"> Conduct reactive vaccination in affected states

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Research	<ul style="list-style-type: none">• Conduct manuscript development workshops	<ul style="list-style-type: none">• Implement the diphtheria research agenda
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Challenges

- Delay / no reporting of data from states across the Surveillance, laboratory, and case management pillars
- Shortage of DAT and IV erythromycin
- Shortage of Case managers to support the treatment of diphtheria in the treatment centers (TCs)
- Limited supply of consumables and reagents (Diphtheria selective medium and PCR reagents)

Recommendations

- Continuous follow-up with the state for prompt data sharing
- Regular supply of DAT, IV erythromycin and lab consumables and reagents before stock out by NCDC
- Support Task Shifting Task Sharing policy implementation to close HR gap
- Capacity building on diphtheria for case managers for newly reporting states
- Strengthening the capacity of the state, LGA, and community health promotion officers
- Robust and sustained airing of audio and video jingles

Notes on this report

Information for this disease was case-based data retrieved from the National Diphtheria EOC.

Data Source

This data was obtained from ;

- Diphtheria National Linelist shared by the state
- SORMAS
- IDSR

Key definition(s) of terminologies

Case definitions

Suspected cases: A case of an upper respiratory tractinfection characterized by laryngitis, pharyngitis, or tonsillitis and adherent membranes of the tonsils, pharynx, and nose

A Diphtheria Case is said to be a confirmed case if it meets the following criteria:

- **A Laboratory-confirmed case:** is defined as a person who has *Corynebacterium* spp. isolated by culture and is positive for toxin production, regardless of symptoms.
- **An Epidemiologically Linked case:** is defined as a person who meets the definition of a suspected case and had close contact with a laboratory-confirmed case within ten days of his/her symptom onset. A trained disease surveillance and notification officer does this classification. Note: This linkage can be to an epidemiologically linked case in a region where an outbreak is confirmed.
- **Clinically compatible case:** This refers to a case of diphtheria that meets the criteria for a suspected case but does not have a confirmatory laboratory test result or a known epidemiological link to a laboratory-confirmed case.
- **A discarded case:** is a suspected case that meets either of these criteria:
 - Nontoxigenic *Corynebacterium* (negative Elek test)
 - OR
 - Negative PCR for the diphtheria toxin (tox) gene.

Calculations for CFR

CFR (%) = (Number of confirmed / Number of deaths due to the diphtheria) × 100

The case fatality rate (CFR) for this disease is reported for confirmed cases only.

Key Indicators

PILLAR	ATTRIBUTE	INDICATOR	TARGET	VALUE
Surveillance	Adequacy of Investigation	Percentage of all suspected diphtheria cases that have an adequate investigation (CIF and sample collected)	≥80%	80%
	Timeliness of Investigation	Percentage of all suspected diphtheria cases that have an adequate investigation initiated within 48hrs of notification	≥80%	65%
Laboratry	Total Positivity Rate	Total number of laboratories Confirmed samples as numerator by Total number of samples tested	≥80%	46%
	Turn Around Time	Number of results released within the stipulated Time as Numerator (5 days for preliminary culture test and 10 days for confirmatory tests) by Total number of specimens received in a month as Denominator	≥80%	90%
Case Management/IPC	CFR %	Number of deaths from diphtheria confirmed cases/Total number of confirmed diphtheria cases* 100	<5%	5.4%
	Proportion discharged patients linked to the immunization	Number of diphtheria cases managed and linked to the immunization and child welfare clinic at a particular time/Total number of diphtheria cases managed at a particular time* 100	≥80%	100%
	Healthcare worker infection rate	Number of confirmed or probable diphtheria cases among HCWs exposed during patient care or specimen handling within a specified period/Total number of HCWs at risk of exposure during the same period* 100	<1%	0%

QUICK REFERENCE

National Diphtheria Guideline: https://ncdc.gov.ng/themes/common/docs/protocols/358_1738765953.pdf

National Technical Guideline for Intergrated Disease Surveillance and Response: https://ncdc.gov.ng/themes/common/docs/protocols/242_1601639437.pdf

Nigeria Centre for Disease Control and Prevention: www.ncdc.gov.ng

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