World Health Organization

WHO EMERGENCY APPEAL

DIPHTHERIA OUTBREAK - NIGERIA

AUGUST – DECEMBER 2023

CURRENT SITUATION AND IMPACT ON HEALTH SECTOR

A four-year-old child from the epicentre of the Diphtheria outbreak in Kano recieving treatment for Respiratory Diphtheria complicated by respiratory insufficiency secondary to airway obstruction. Photo credit: WHO

As of 21 September, the diphtheria outbreak has resulted in:

453 DEATHS RECORDED AMONG ALL CONFIRMED CASES
(Case Fatality Rate/ CFR: 6.3%)

11587 SUSPECTED CASES HAVE BEEN REPORTED AND 7 202 CONFIRMED CASES

99 LOCAL GOVERNMENT AREAS (LGAS) AFFECTED ACROSS 18 STATES

Event has been categorized as **Grade 2 Emergency**, requiring moderate 3 level coordinated support to the Government Response.

Diphtheria outbreaks often reflect population immunity gaps as well as in the broader health systems, posing risks to global health security. In Nigeria, despite vaccination efforts, persistent gaps stem from conflicts, underinvestment in primary healthcare, and the recent impact of the COVID-19 pandemic as well as the prevalence of other epidemic-prone diseases (Meningitis, Measles, Lassa Fever, Yellow Fever, Cholera), resulting in a countrywide coverage below 60%.

The diphtheria outbreak has also compounded the protracted humanitarian crisis in the Northeast Nigeria. The rainy season is likely to cause flooding in a number of states in Nigeria, thereby exacerbating the ongoing diphtheria outbreak.

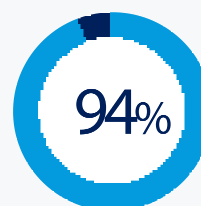
WHO PRIORITIES

- Halt transmission of diphtheria infection and prevent new outbreaks.
- Minimize morbidity and mortality due to diphtheria.
- Facilitate effective national health sector coordination of the response.

TARGETS

- Case fatality rate reduced to 5%
- 102 Hotspot LGAs supported to contain and halt transmission
- Reduction of Test turnaround Time (TAT) to under 7 days
- Laboratory capacity increased in 6 states

Trends observed from the epi data include[1]:



Six states, notably Kano (8 675), Yobe (1 341), Katsina (454), Bauchi (260), Borno (234) and Kaduna (156), collectively represent 96% of suspected cases.

73.6% *of confirmed cases involve 1 to 14-year-old children*

(5 299 / 7 202 cases)

66% *were in individuals who were not fully vaccinated against diphtheria*

(4 739 cases)

[1] *As of 21 Sept 2023*

Funding needs (US$)

16.8M

to procure life-saving diphtheria antitoxin (DAT), activate reactive vaccination, strengthen case management, surveillance, laboratory, RCCE and coordination capacities.

A Health and care worker was vaccinating a five-year-old male child at Tudun-Fulani Primary Healthcare Centre (PHC) situated at Tudun–Fulani community in Ungogo LGA, the epicentre of Diphtheria outbreak in Kano State, Nigeria. Photo credit: WHO

AT A GLANCE

7 202

Number of confirmed cases

453

Number of deaths in confirmed cases

5 299

Number of confirmed cases aged 1-14 years (73.6%)

18

Number of affected states

99

Number of affected LGAs

140m people

Population at risk

57%

Penta 3 coverage (MICS-2021)

US $16 830 000

WHO's total funding requirements

WHO RESPONSE PRIORITIES

In line with the WHO Core Commitments in an emergency and in support of the Government of Nigeria, WHO has activated its Emergency Response Procedures and released US$1.3 million from its life saving contingency fund for emergencies (CFE). The funds are being used to support the Government to slow the transmission of diphtheria, and to initiate the procurement of most needed diphtheria antitoxin (DAT) and effective antibiotics, as well as support responders based on identified needs.

Response Priority 1: Surveillance

- Deployment of Rapid Response Teams (RRTs) to Kano, Yobe, Kaduna, Katsina, Bauchi and AVoHC-SURGE responders to Federal Capital Territory to boost the response.
- Simultaneous roll out of contact tracing across 5 priority states[2] and active case searching.
- Harmonisation of surveillance and laboratory data from across all affected states.
- Quality assurance on surveillance data from affected states.
- Provision of on-site surveillance support to affected states.

Response Priority 2: Laboratory

- Activation of a second laboratory in Kano (Infectious Disease Laboratory) and one in Yobe (Potiskum Specialist Hospital) States.
- Provision of technical support for sample collection, Antibiotic Sensibility Testing (AST), transport and management in most affected states.
- Provision of reagents and consumables to the National Reference Laboratory (NRL) and state laboratories.

Response Priority 3: Risk Communication and Community Engagement (RCCE)

- Mapping and outreach to subnational stakeholders for harmonization and amplification of messaging.
- Carry out community house to house awareness activities.
- Development and dissemination of communication materials and airing of audio and video jingles with consideration to cultural, language and gender specific messaging.
- Engagement of traditional and community leaders at Local Government area level.

Response Priority 4: Case Management

- Within 10 days, procured the first batch of 1 200 DAT requested by the Government. Procurement and distribution of 10 050 vials of lifesaving treatment - diphtheria antitoxin (DAT) and 15 000 injectable (IV) erythromicin.
- Provision of case management and IPC consumables to states and isolation centres with technical support provided through dissemination of case management protocol and training modules. IPC consumables donated by the German Government for COVID-19 partially repurposed to the diphtheria response.
- Rapid deployment of case management personnel as part of Rapid Response Teams (RRTs) to the most affected states.
- On-the-job capacity building for case management on DAT administration and Infection Prevention and Control (IPC).
- Technical support to the development of case management and IPC national guidelines for diphtheria.

Response Priority 5: Coordination and Information Management

- Activate and run the Incident Management System (IMS) structure at WCO and Northeast as central coordination platform in WHO in support of the Government.
- Support the Government in the coordination of the meetings of the national diphtheria Emergency Operations Centre (EOC).
- Development and dissemination of the monthly situation reports (sitreps).
- Assist states in creating, implementing, and monitoring incident action plans (IAP).
- Support the development of national IAP.
- All affected states have received printed copies of the Case investigation Forms (CIFs) and response and data tools that have been printed and distributed.

Response Priority 6: Reactive vaccination

- Technical and financial assistance to conduct two rounds of diphtheria outbreak reactive vaccination targeting children 0 – 4years with Pentavalent vaccine and 4 – 14years with Td vaccine. The vaccination were conducted for 5 days in high risk LGAs in Kano state (8 LGAs with coverage of 24% with Penta and 47% Td on the average for the two rounds in the state) and one round in Kaduna (5LGAs with Penta 52% and Td 50%), Katsina (9 LGAs with Penta 73% and Td 62% coverages), Bauchi (5LGAs with Penta 53% and Td 65% coverages) and Yobe (5 LGAs with Penta 72% and Td 91%). The LQAS results showed that there were significant gaps in all states with Yobe scoring the lowest of 40% and highest score of 78% in Katsina.
- Support has been provided to conduct macroplanning requirements for the conduct of phase 2 rounds of reactive vaccination in 102 hotspot LGAs in 14 states requiring 12 million and 34 million doses Pentavalent and Td vaccines to cover 16million children 0 – 14 years. Data collection tools, dashboards, and training packages have been developed and being prepositioned for implementation pending receipt of adequate vaccines.

[2] *Kano, Yobe, Katsina, Borno, Bauchi and Kaduna*

MAINSTREAMING PROTECTION FROM SEXUAL EXPLOITATION, ABUSE AND HARASSMENT IN EMERGENCY OPERATION

Within 10 days of grading, WHO conducted Rapid Risk Assessment and Developed Risk Mitigation Action Plan, and reported in WHO Event Management System. Preventing and Responding to Sexual Exploitation, Abuse and Harassment (PRSEAH) Coordinator has been deployed to Yobe in the North East from where she is coordinating WHO's PRSEAH interventions in collaboration with PRSEAH focal points in affected states.

WHO understands that while sexual exploitation, abuse, and harassment (SEAH) may occur everywhere, the risk is highest in humanitarian and health emergency settings due to increased vulnerability and surge in the number of humanitarian workers. SEAH adversely impacts the dignity and well-being of our workers and communities. More so, it is a serious impediment to our mission, programmes, reputation, and values. As such, ensuring prevention of and response to SEAH is an indispensable element for WHO and will be mainstreamed throughout the response interventions as well as partner coordination in support of the Ministry of Health (MoH) and relevant stakeholders.

FUNDING NEEDS (US$)

Response Priorities	Cost (US$)
Surveillance	2 874 000
Laboratory	130 000
Risk Communication and Community Engagement	500 000
Case management+IPC	650 000
Reactive vaccination	11 900 000
Coordination	576 000
Cross cutting (PRSEAH+M&E+visibility)	200 000
Total Funding Requirements	**16 830 000**

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A display of vaccination cards by siblings just after having been vaccinated against Diphtheria, in April 2023. Photo credit: Dr. Basheer Lawan Muhammad, ZME Officer

Cover photo: Second phase of reactive vaccination campaign against diphtheria at Tudon Fulani Primary Health Care facility - Ungogo LGA in Kano State - epicenter of the outbreak (photographyer: Dr Basheer Lawan Muhammad - Zonal M&E officer on 14th April 2023