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PERSISTENT DIPHTHERIA OUTBREAK IN NIGERIA – A VACCINE-PREVENTABLE TRAGEDY

The Paediatric Association of Nigeria (PAN) expresses deep concern over the protracted and worsening diphtheria outbreak in Nigeria, which began in 2022. What should be a historical disease has become a national emergency.

As of **18 January 2026**, the Nigeria Centre for Disease Control and Prevention (NCDC) reported **61,930 suspected cases, 40,460 (65.3%) confirmed cases and 2,151 deaths**, with a case fatality rate of 5.3%.

Kano, Bauchi, Katsina, Yobe, Borno, Kaduna, Jigawa and Plateau States account for 99.1% of confirmed cases. Children aged 1–14 years constitute 64.8% of confirmed cases, while **85.7% were unvaccinated**.

This is unacceptable. **Diphtheria is vaccine-preventable through three doses of Pentavalent (PENTA) vaccine in infancy and appropriate booster doses.** Diphtheria is a bacterial infection spread mainly through respiratory droplets and close contact. It can cause fever, sore throat, difficulty swallowing and breathing, a thick grey-white membrane in the throat and neck swelling, and may result in myocarditis, kidney failure, paralysis and death.

PAN CALLS FOR URGENT ACTION!

1. FEDERAL AND STATE GOVERNMENTS

- Declaration of the outbreak as a **child health emergency** and strengthening of national and state responses.
- Availability of **PENTA vaccines for children ≤5 years and Td vaccines for those >5 years** at public and private health facilities.
- Intensified identification and vaccination of **zero-dose and under-immunized children**, with large-scale catch-up campaigns in high-burden states.
- Inclusion of **diphtheria-containing booster doses** in the routine immunization schedule.
- Strengthened laboratory capacity, surveillance, case management, contact tracing and infection prevention and control.
- Adequate supplies of **Diphtheria Antitoxin (DAT)** and appropriate antibiotics in health facilities.
- Funding of isolation facilities and ensuring **free treatment for diphtheria** to remove financial barriers.
- Stronger community sensitization through traditional and social media, schools, and traditional and religious leaders.

2. PAEDIATRICIANS AND HEALTH WORKERS

- Maintain a high index of suspicion, promptly triage and isolate suspected cases, and provide appropriate treatment and chemoprophylaxis for contacts.
- Report all suspected cases to the appropriate authorities.
- Check the immunization status of every child and provide age-appropriate vaccination.
- Educate communities and counter misinformation.
- Ensure healthcare workers receive **Td vaccination** for their own protection.

3. PARENTS, GUARDIANS, SCHOOLS AND COMMUNITY LEADERS

- Diphtheria is **preventable and treatable when detected early**. Vaccination is safe, free and lifesaving.
- Ensure children receive all routine immunizations, including **PENTA at 6, 10 and 14 weeks**.
- Respond positively to vaccination campaigns during the outbreak.
- **Any child with sore throat, difficulty breathing, neck swelling or whitish patches in the throat should be taken to the nearest hospital immediately.**
- Avoid self-medication with over-the-counter antibiotics or traditional medicines.
- Keep sick children away from school, practise hand and cough hygiene, use masks in crowded settings and maintain good ventilation.

Diphtheria is stopped by VACCINE!

PAN remains committed to supporting the Federal Ministry of Health, NCDC, NPHCDA and partners to end preventable deaths.

No Nigerian child should die from a disease we can prevent.

Long live PAN!

Long live the Nigerian Child!



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