

DG's REMARK AT THE DIPHTHERIA TASKFORCE PRESS BRIEFING

- On behalf of the diphtheria emergency task force team, I warmly welcome all of you, the gentlemen of the press to this inaugural press brief to give an update on the situation of the diphtheria outbreak and response in the country.
- Since the confirmation of the re-emergence of diphtheria in Nigeria in December 2022, the Federal Ministry of Health through the Nigeria Centre for Disease Control and Prevention (NCDC) and National Primary Health Care Development Agency (NPHCDA) and partners has continued to work with the Ministry of Health of affected states to respond to diphtheria outbreaks across different states in the country.
- Evidently, the NCDC and NPHCDA working with the states' ministry of health had responded with some reactive vaccination, case identification, laboratory confirmation, case management as well as risk communication and community engagement which led to a reduction in cases before the recent escalation from May/June.
- Given the recent rising cases of diphtheria in Nigeria, the Coordinating Minister for Health and Social Welfare set up this task force on the 14th of September to coordinate and optimise response efforts, as well as ensure optimal collaboration among relevant health stakeholders in the fight against diphtheria.
- Last week the national diphtheria taskforce deployed National Rapid Response Teams (NRRT) to Kano, Yobe, Katsina, Bauchi, Borno, Kaduna, Jigawa and Zamfara to support the outbreak response in the State across all pillars.
- I also want to use this opportunity to thank our partners at the World Bank, WHO, UNICEF, MSF, GAVI, and BA-Nigeria, amongst others for their continued support of the national response.
- I will give key updates on activities, developments, and milestones in the surveillance, case management, logistics, risk communication and community engagement pillar of the response.

SURVEILLANCE

- As of today, the 3rd of October 2023, there have been **13,204** reported suspected cases out of which 8,406 were confirmed cases from **114** Local Government Areas in **19** States including the FCT.
- **Breakdown by states**
Kano - 7,188 (86%), Yobe - 775, Katsina - 232, Borno - 118, Jigawa -23, Bauchi -20, Kaduna - 17, Lagos - 8, FCT - 6, Gombe - 5, Osun - 3, Sokoto - 3, Niger - 2, Cross River - 1, Enugu - 1, Imo - 1, Nasarawa - 1, Zamfara - 1, Kebbi -1
- Of the 8,406 confirmed cases, 6,202 (73.7%) were aged 1-14 years.
Infants: <1%, 1-4 years: 14.4%, 5-9 years: 32.2%, 10-14 years: 27.1%, Adults ≥ 20 years: 15%
- Our records have shown that most of the confirmed cases of Diphtheria in the country were unvaccinated against Diphtheria. Of the 8,406 confirmed cases, 5,371 (64%) are either unvaccinated or partially vaccinated, 966 (11%) with unknown vaccination status while 2,069 (25%) are fully vaccinated against diphtheria.
- The recently deployed NRRT is offering on-site surveillance and response support to affected States in areas of active case search in communities and health facilities.
- Security challenges are however limiting accessibility of some teams to some locations in affected LGAs across States

LABORATORY

- Through the laboratory network, we continue to conduct preliminary and confirmatory testing at sub-national and national levels respectively.
- Currently, we have 14 laboratories in the Diphtheria Laboratory Network with capacity to support diphtheria testing. Optimisation of five additional laboratories at the subnational is currently ongoing.
- We have conducted training for laboratory personnel at the sub-national level on laboratory diagnostic processes, quality assurance, biosafety and biosecurity procedures, and data management.
- With the support of our partners including UKHSA, WHO and MSF we have been able to conduct refresher training for the deployed National Rapid Response Team laboratory personnel.

- Currently, there is an ongoing installation of laboratory equipment (biosafety cabinets, autoclaves, and incubators) in Kaduna, Katsina and Bauchi states to aid the optimisation of labs in the states.
- There is also continuous provision of technical support to public health laboratory scientists across States
- We are currently finalising the development of the National Diphtheria Laboratory Guidelines.

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

- We continue to develop and disseminate public health advisories on diphtheria.
- With the support of the World Bank, Breakthrough Action Nigeria and other partners we have been able to design, validate and distribute diphtheria social behavioural change (SBC) materials to all states.
- We are currently airing diphtheria jingles and PSA on Radio Nigeria's 7 a.m. and 4 p.m. national network news.
- We continue to engage with state officials on the adaptation of diphtheria SBC materials (e-posters, flyers and jingles) to their local languages.
- We embark on regular media engagement such as this to proactively inform the public on raising awareness and addressing misconceptions on the diphtheria outbreak.
- School heads on diphtheria prevention and control measures in communities have been engaged in Kano state.
- Through the state governments, the primary & secondary school authorities, community and religious leaders in high-burden states have been engaged on diphtheria prevention and control measures.
- We continue to conduct social listening on social media channels to address misinformation and disinformation on diphtheria.

CASE MANAGEMENT

- We have developed and disseminated Standard Operating Procedures for Diphtheria Antitoxin (DAT) use in health facilities and treatment centres.
- With support from partners and in collaboration with the State Ministry of Health, we have established Diphtheria Treatment Centres/Wards in affected States.
- For the first time in any outbreak, the government has made DAT and now IV erythromycin available using its resources through the REDISSE funding and also supported by partners including WHO and MSF. These have resulted in a significant reduction in case fatality rate from about 40% during the earlier part of the outbreak when access to DAT was highly limited to about 6% now.
- We are also happy to announce that Katsina Federal Teaching Hospital has agreed to waive bed fees for diphtheria patients admitted into their care.
- However, in some states where we have issues of inadequate bed spaces for patients, we continue to work with our colleagues in the states to set up emergency wards for the treatment of patients.
- We continue to support states with the procurement, preposition and distribution of laboratory consumables and reagents to subnational laboratories.
- We continue to facilitate the collection and transportation of samples through third-party logistics services to the national reference lab.

Advice to the Public

- Signs and symptoms of Diphtheria include fever, runny nose, sore throat, cough, and red eyes. In severe cases, the bacteria produce an exotoxin that causes a thick grey or white patch (pseudo-membrane) on the tonsils and/or at the back of the throat. This can block the airway making it hard to breathe or swallow and causing a barking cough. The neck may swell in part due to enlarged lymph nodes and may frequently confer a bull-neck appearance.
- We, therefore, encourage the public or individuals with signs and symptoms suggestive of diphtheria to promptly present to a healthcare facility or designated diphtheria treatment centres. Healthcare workers are required to maintain a high index of suspicion and notify their LGA and/or State Disease Surveillance Officer (DSNO) their State Ministry of Health

helpline, or the NCDC through our toll-free line (6232) should they suspect Diphtheria in any patient.

- The most effective protection against Diphtheria is vaccination with the Pentavalent or TD vaccine. The Federal Government of Nigeria provides free, safe and effective vaccines at all Primary Healthcare Centers nationwide.
- We invite the public to take advantage of the ongoing vaccination occurring in all states.
- Parents and caregivers, in the states where the vaccination campaign is ongoing, are kindly advised to take their children aged 0 – 14 years to the nearest Government health facility to get vaccinated. **Vaccination saves lives!!!!**
- Last but not least I would personally like to plead with the public to avoid sharing unverified information from unknown sources, and only share verified information from the official government channels.
- **THANK YOU.**