DEMARTINO PUBLIC HOSPITAL

DMH

URGENT EPIDEMIOLOGICAL ALERT REPORT

Unprecedented Surge in Diphtheria Cases in Mogadishu, Somalia (2024–2025)

“Timely data saves lives.”

This report is an urgent call to national and global partners for coordinated action.

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Foreword

The resurgence of diphtheria in Mogadishu and its surrounding districts presents one of the most urgent and dangerous threats to public health in Somalia today.
What began as a series of isolated cases in 2024 has now escalated into a widespread and deadly outbreak, affecting hundreds of individuals—especially our most vulnerable: children, women, and those in underserved communities. The data compiled in this report is not just a collection of numbers; it is a reflection of suffering, delayed care, and missed opportunities to intervene earlier.

De Martino Public Hospital, as Somalia's primary national referral institution, has taken on the responsibility of documenting, analyzing, and presenting these findings to initiate a broader conversation—one that must lead to action.

This report is both a technical document and a moral call to duty. It highlights trends, exposes systemic vulnerabilities, and lays the foundation for multi-sectoral and international collaboration. I urge all national institutions, regional partners, and global health actors to recognize the gravity of this moment.

The situation is grave—but it is not hopeless. With the right resources, coordination, and urgency, we can contain this outbreak and prevent further devastation. Our healthcare workers are prepared. Our surveillance systems are alert. What we now need is unified leadership and rapid response.

On behalf of De Martino Public Hospital, I thank all those who continue to serve, sacrifice, and respond during this challenging time.
Let us act now—together.

Dr. Abdulrazaq Yusuf Ahmed
Director General of De Martino Public Hospital, Mogadishu, Somalia

Executive Summary

Between June 2024 and August 2025, De Martino Public Hospital observed an alarming rise in diphtheria cases across Mogadishu and neighboring districts. Annual confirmed cases surged from 49 in 2024 to 497 in 2025, with mortality rising from 13 to 42 deaths. This sharp and sustained increase poses a major public health emergency.

This report synthesizes case trends, demographic patterns, referral outcomes, and geographical distribution, based entirely on hospital-verified data and visualized through analytical charts.

1. Background

Diphtheria is a vaccine-preventable disease. However, resurgence in Somalia suggests gaps in immunization coverage, community awareness, and early detection mechanisms. De Martino Hospital, as a national referral center, began receiving sporadic cases in mid-2024, with exponential growth noted from April 2025 onward.

2. Annual Outcomes: Cases, Deaths, and Recoveries

Figure 1 presents a comparison of total reported diphtheria cases, discharges, and deaths in 2024 vs. 2025.

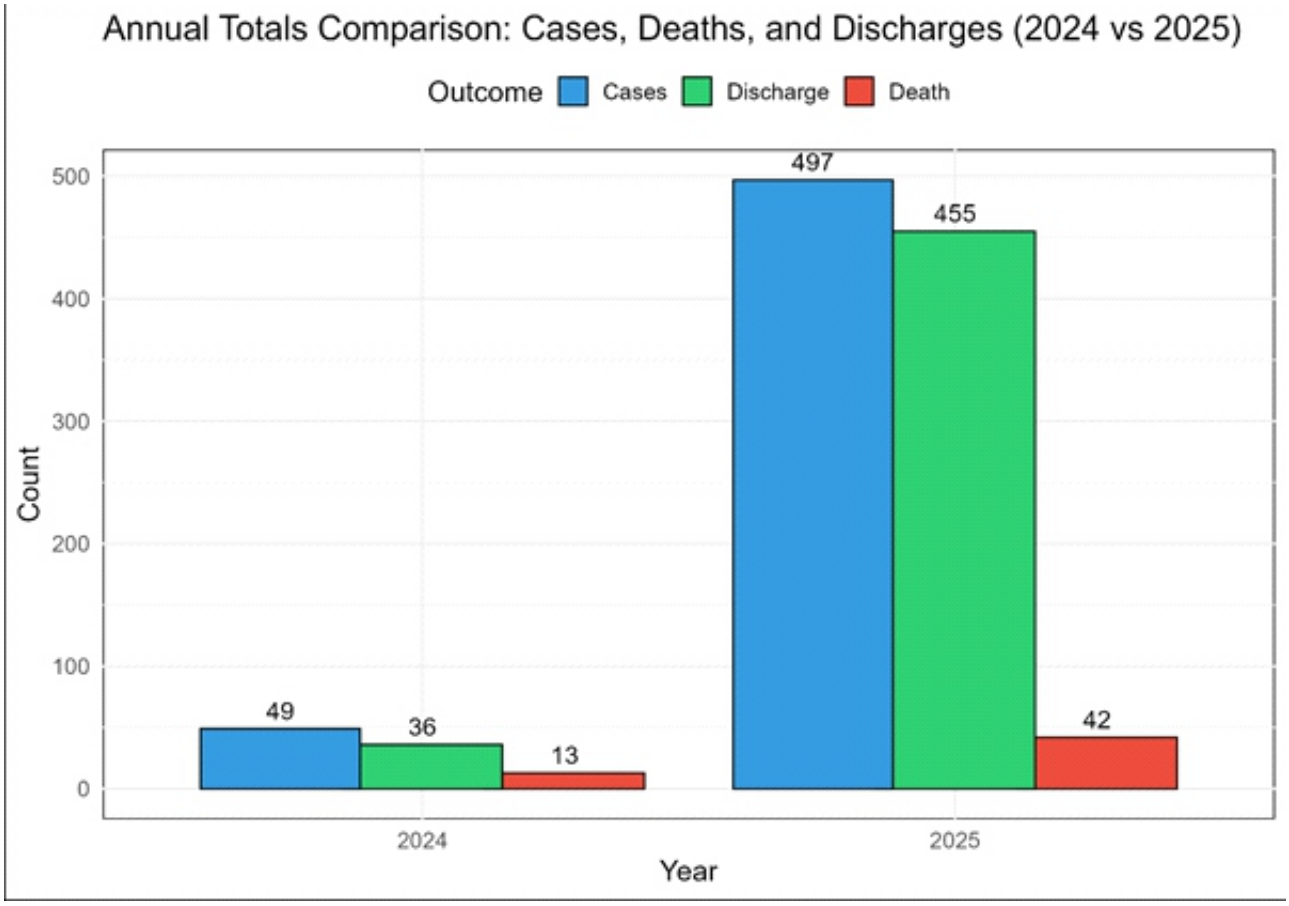

Figure 1. Annual comparison of total diphtheria cases, recoveries, and deaths (2024 vs. 2025)

Cases increased tenfold in 2025. Despite a higher discharge rate, mortality also tripled, indicating a heavier disease burden and need for better outbreak management.

3. Escalation of Cases: Inter-Year Comparison

Figure 2 visualizes the magnitude of growth in confirmed diphtheria cases between 2024 and 2025.

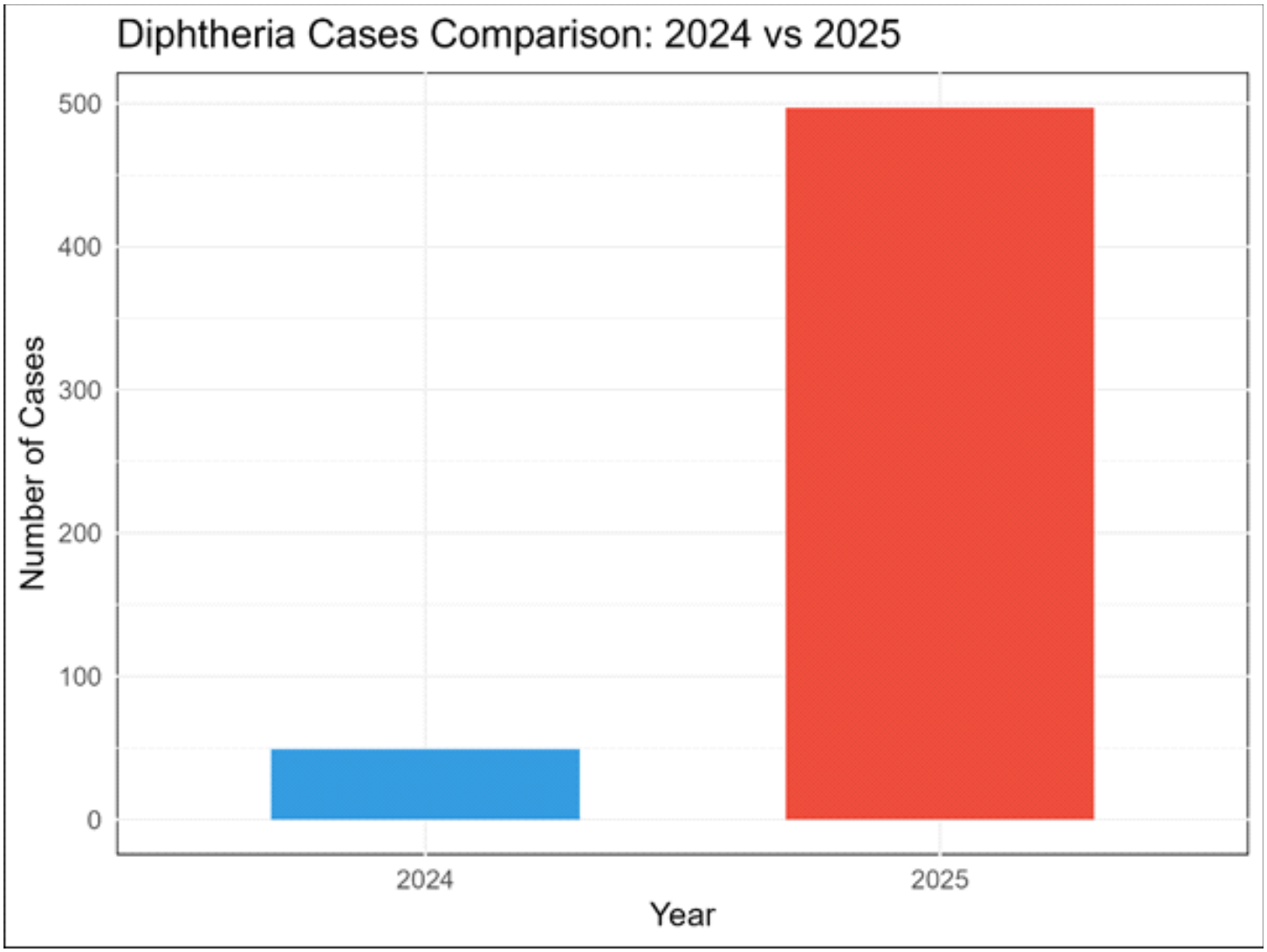

Figure 2. Inter-year comparison of confirmed diphtheria cases.

This stark visual shows a 914% increase in case count year-over-year.

4. Monthly Trend and Peak Periods

Figures 3 and 4 depict the monthly distribution of cases across the entire observation period and specifically within 2025.

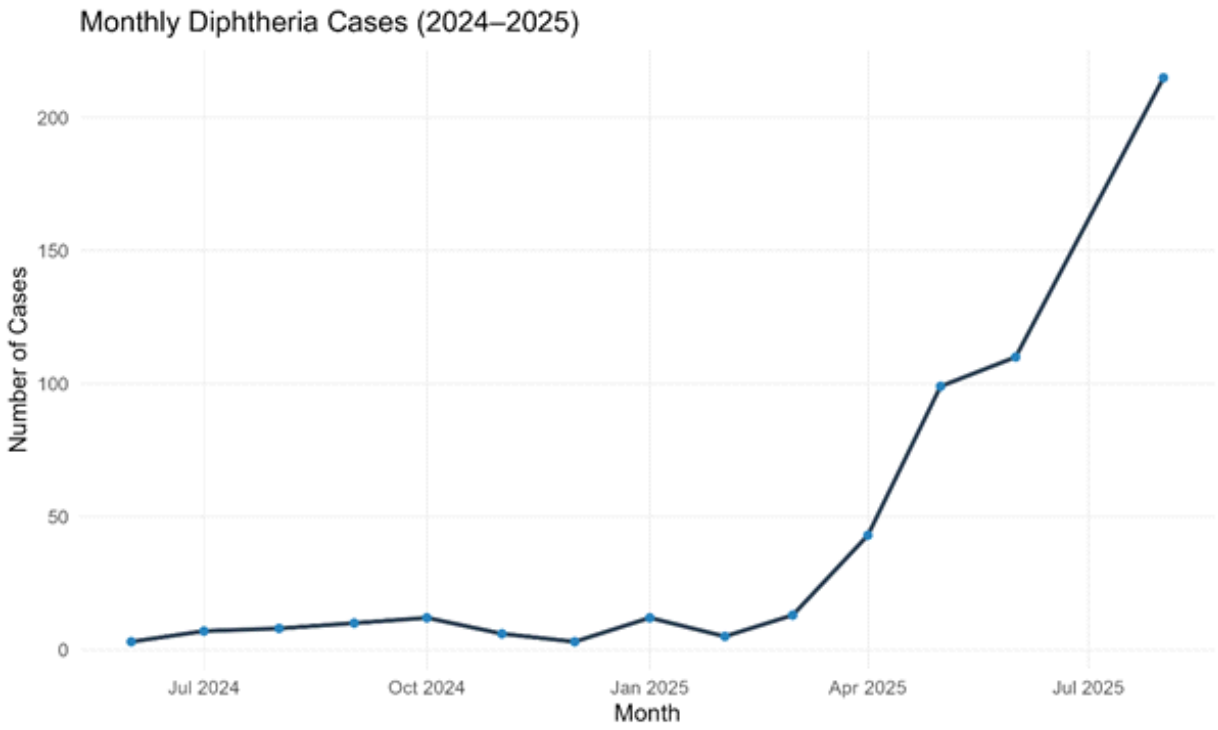

Figure 3. Monthly trend of diphtheria cases (July 2024 – July 2025).

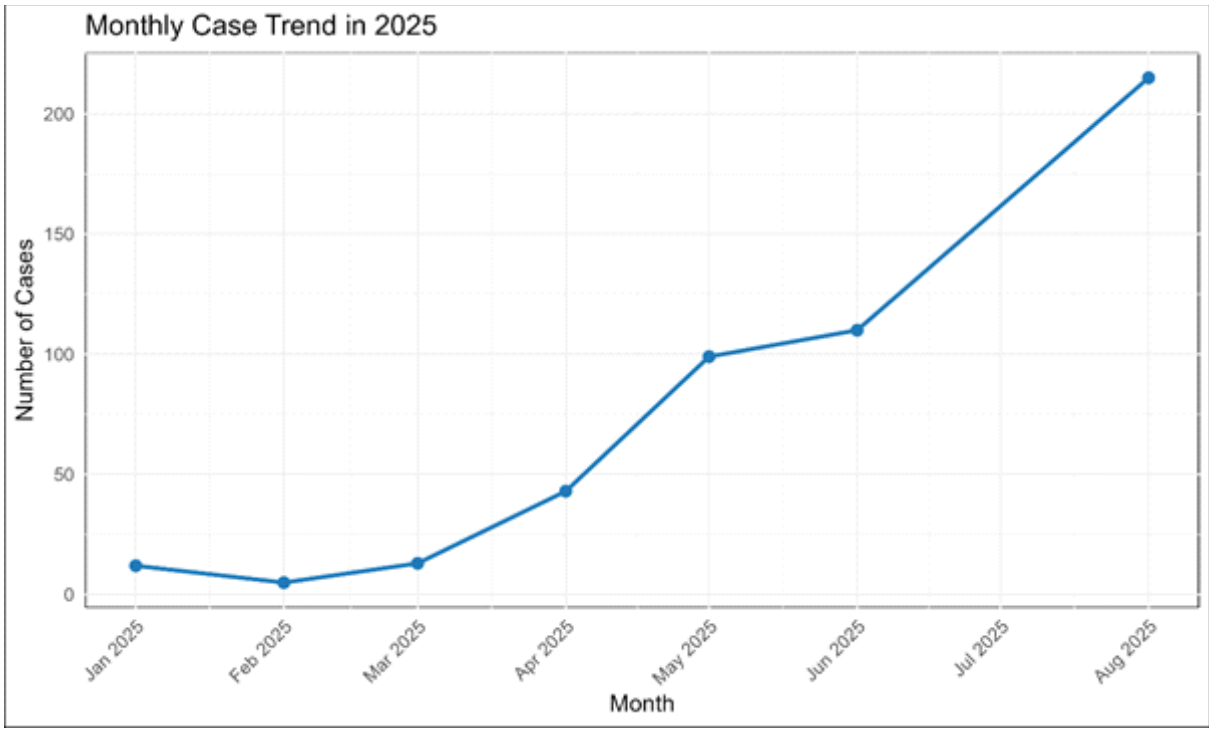

Figure 4. Monthly diphtheria case trend in 2025.

A sharp increase begins in April 2025, peaking at over 215 cases in August 2025. Early months saw fewer than 20 monthly cases.

5. Gender Distribution

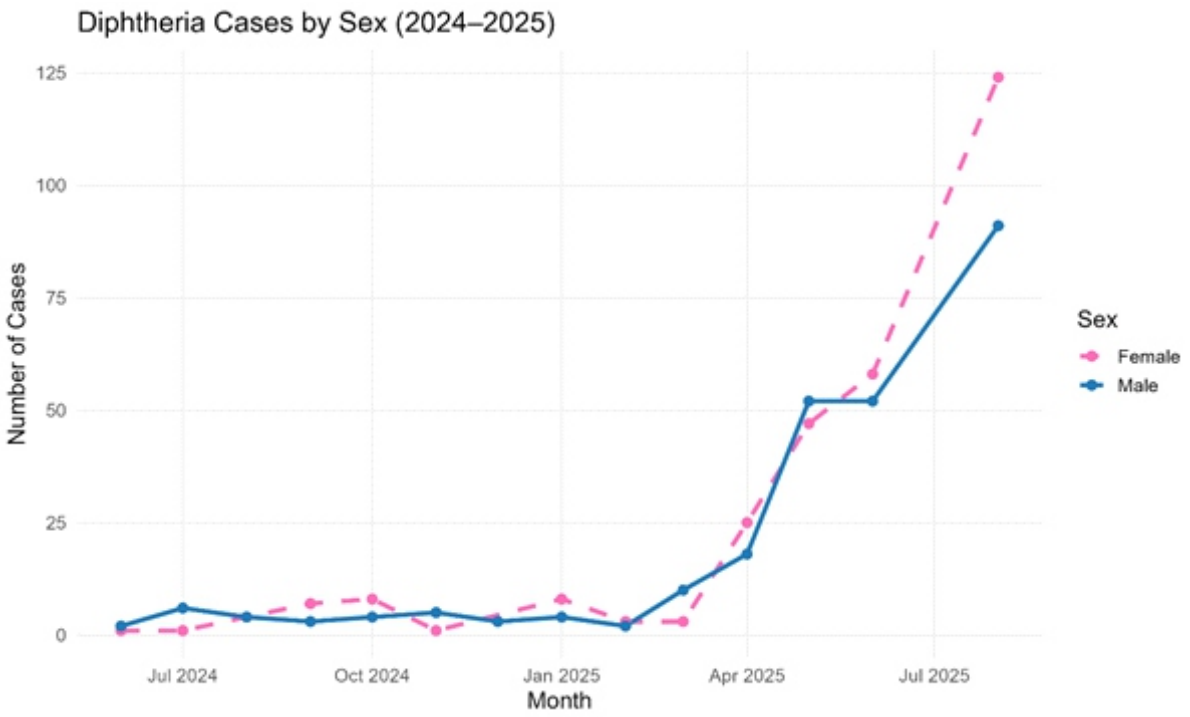

Figure 5. Sex-disaggregated trend of diphtheria cases (2024–2025).

A clear divergence appears mid-2025, with female cases surpassing male cases. This raises questions about differential exposure or care-seeking behaviour.

6. Geographical Spread and Hotspots

Figure 6 displays the district-level breakdown of cases and their outcomes.

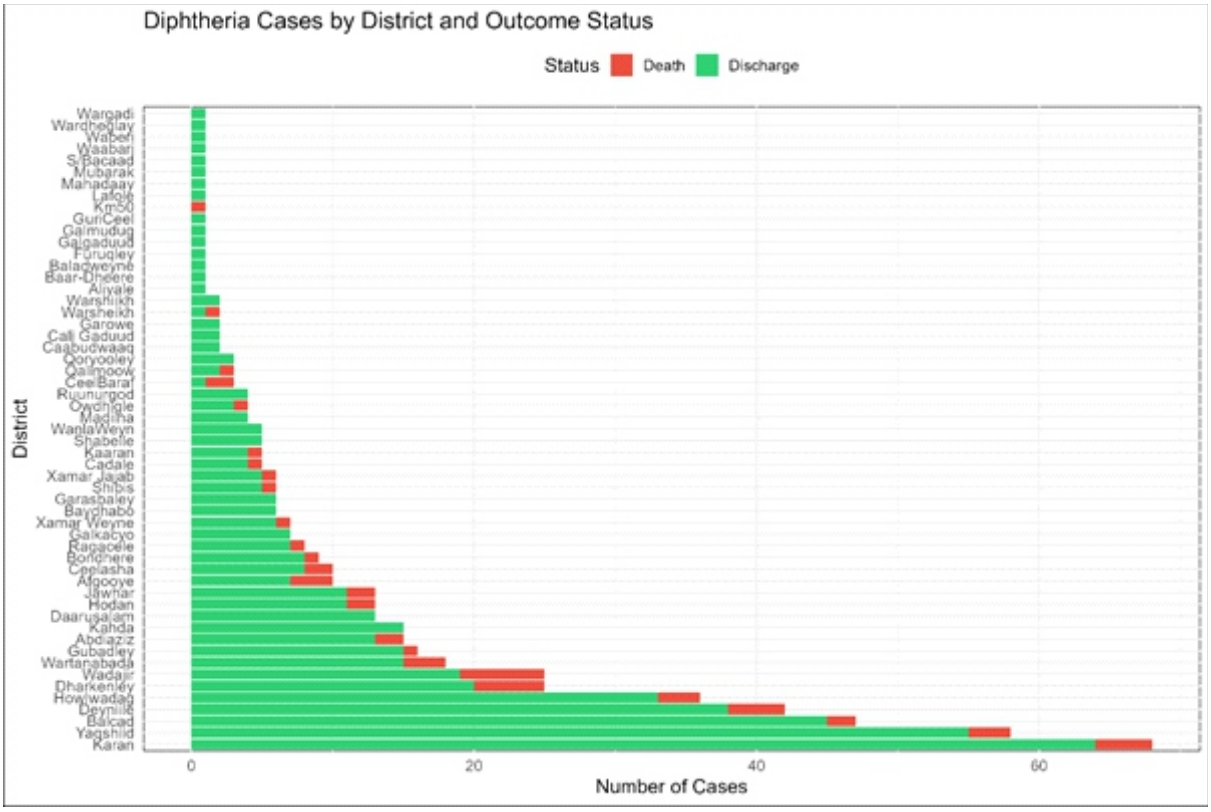

Figure 6. Diphtheria case distribution by district and outcome (death/discharge).

Over 40 districts report cases. Most deaths occurred in high-burden urban zones. Figures 7 further visualize the top 10 districts with the highest case counts in both 2024 and 2025.

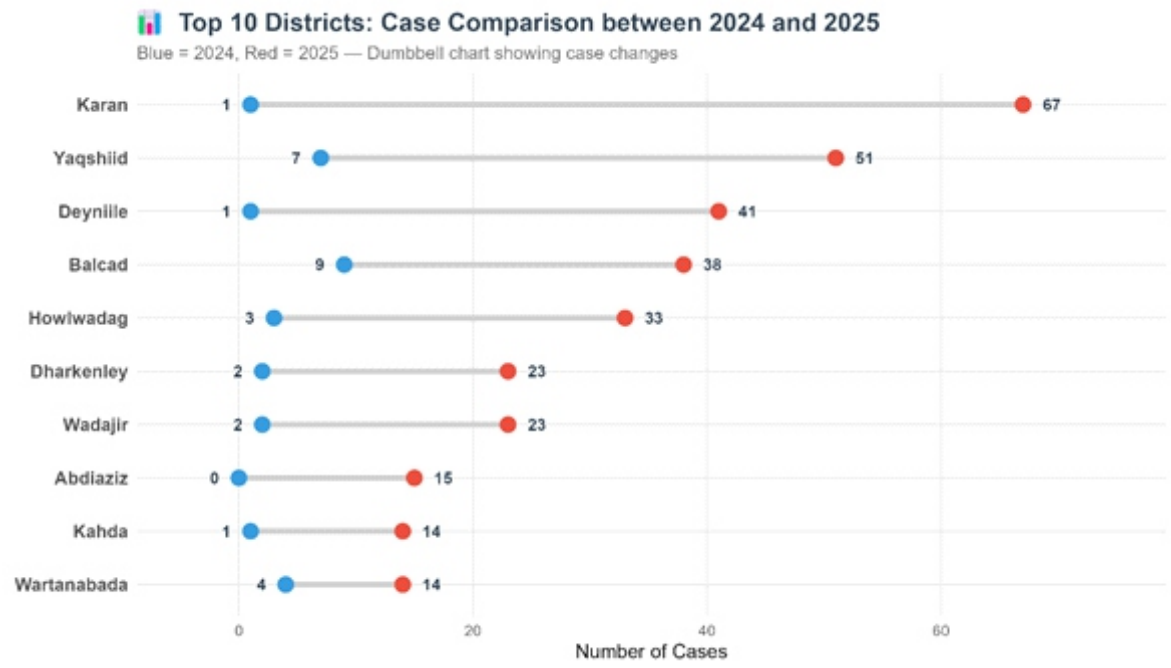

Figure 7. Top 10 districts showing case count difference between 2024 (blue) and 2025 (red).

Karan, Yaqshiid, and Deyniile top the list. Karan alone jumped from 1 case to 67.

7. Outcome by Month

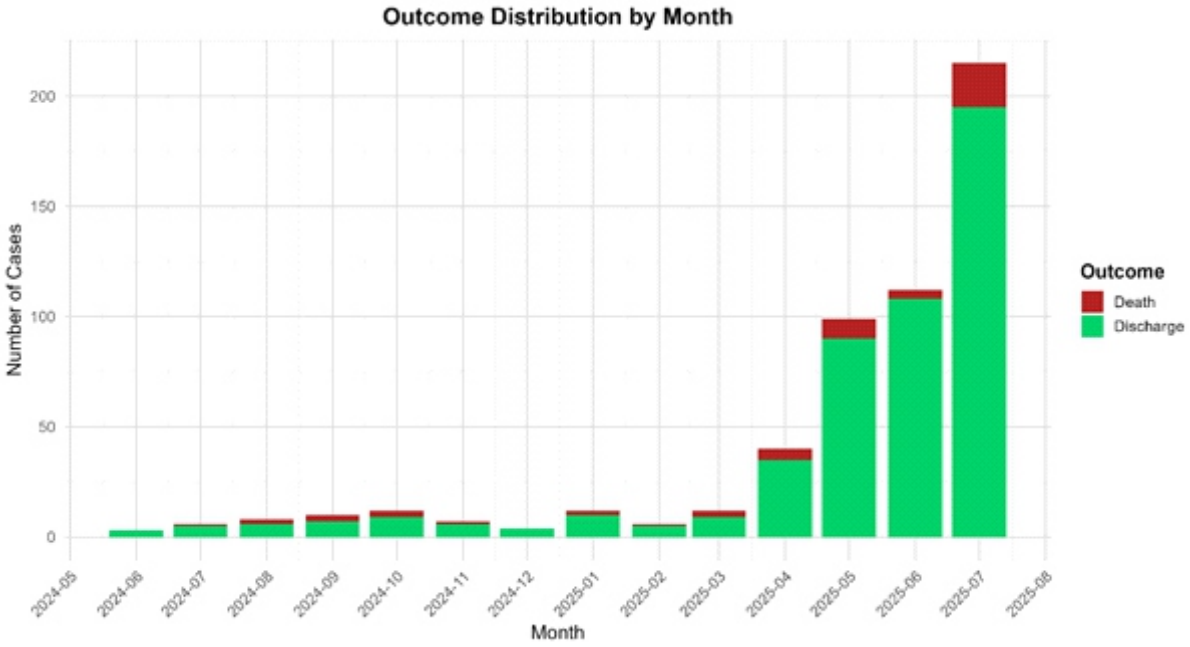

Figure 9. Monthly outcome distribution: deaths and discharges.

Deaths and recoveries both increased, but outcomes remain disproportionately tied to referral quality and timing.

8. Referral Pathways and Mortality

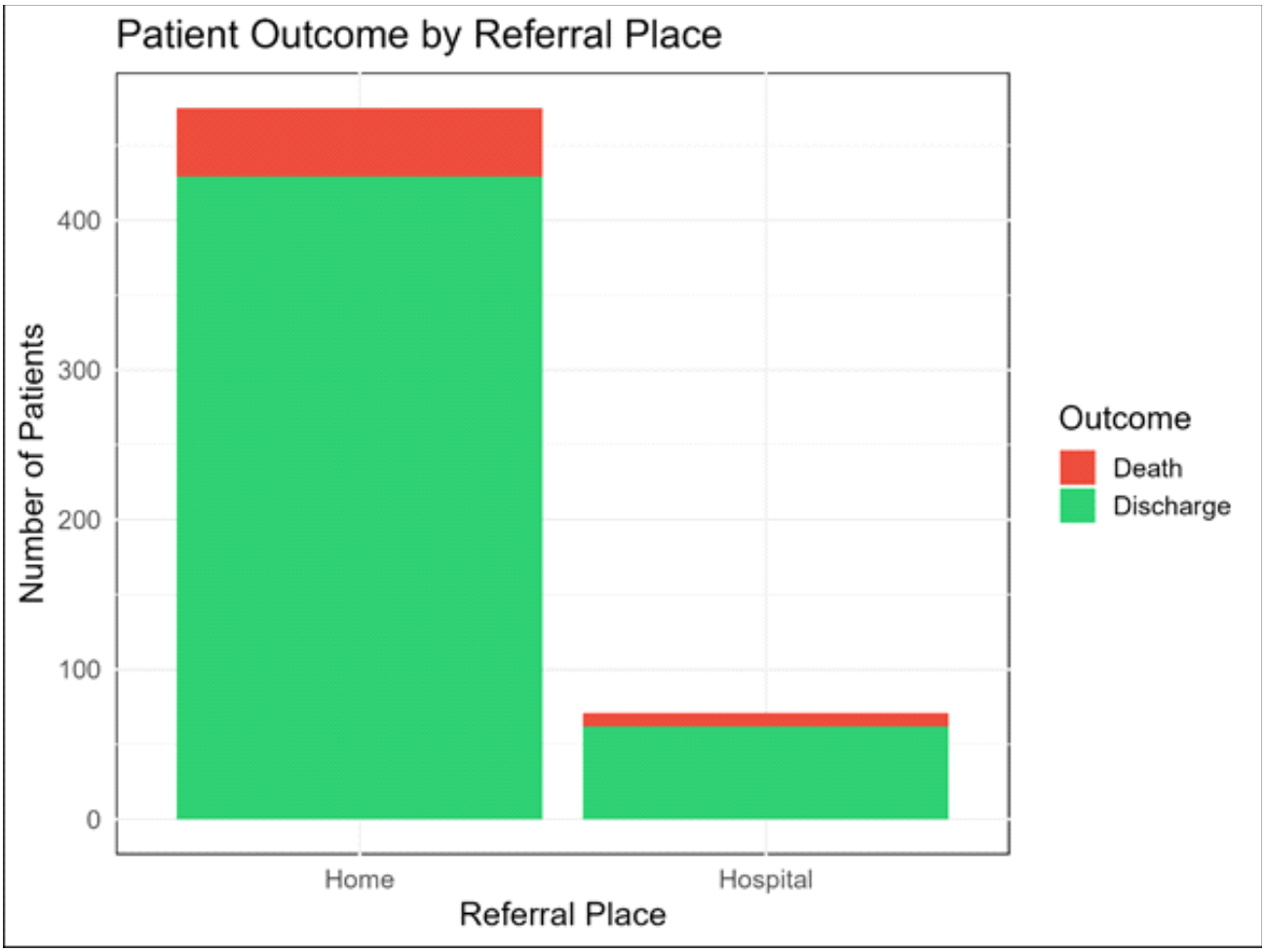

Figure 10. Patient outcome distribution by referral origin (home vs hospital).

Patients referred from home had significantly higher mortality. This stresses the importance of early detection and hospital-based intervention.

9. Urgent Recommendations

For Government and Public Health Authorities:

- Declare a diphtheria outbreak and activate emergency response.
- Strengthen vaccine outreach in urban districts with highest spikes.
- Allocate antitoxins and antibiotics in bulk to referral hospitals.

For International Partners (WHO, MSF, UNICEF, IRC):

- Deploy technical experts for outbreak containment.
- Support community education and active case-finding.
- Provide logistical support for contact tracing and cold chain management.

For Community Leaders and Citizens:

- Urge individuals with throat swelling or difficulty breathing to seek immediate care.
- Promote early hospital visits rather than home-based treatment.

10. Conclusion

The data presented reflect a critical moment in Somalia's public health landscape. Failure to act decisively may result in widespread fatalities and strain on the healthcare system. National and international collaboration is essential to avert a full-blown epidemic.

Final Remarks & Official Acknowledgment

This report reflects De Martino Public Hospital's commitment to evidence-based surveillance, transparency, and proactive public health response. We extend our sincere appreciation to all frontline health workers, data officers, and clinicians who contributed to the rapid identification, reporting, and care of diphtheria patients.

We reiterate that the sharp increase in diphtheria cases, deaths, and geographic spread demands urgent national and international collaboration. Delay in action could result in preventable loss of life and strain on Somalia's fragile health system.

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This report is intended for public health communication and response purposes. Data accuracy reflects clinical reports and epidemiological surveillance as of August 2025. This document is not for commercial distribution.