

Table 5. Pneumococcal vaccination coverage and prevention initiatives in Nigeria

Source/programme	Target population	Indicator	Year/period	Nigerian finding	Interpretation
WHO/UNICEF WUENIC	Eligible infants	PCV3 coverage	2015–2023	36%, 49%, 53%, 59%, 64%, then 60% from 2020–2023	National PCV3 estimates; demonstrates incomplete schedule completion
WHO/UNICEF WUENIC	Eligible infants	PCV3	2023	60%	Approximately three-fifths received the third PCV dose according to WUENIC estimate
NPHCDA Big Catch-Up	Children 24–59 months	PCV catch-up	Programme period	89% of targeted children reached	Programme-specific catch-up performance; not equivalent to routine PCV3 coverage
Nigeria National Programme on Immunization	Infants	Routine PCV schedule	Post-introduction	PCV10 introduced nationally following phased introduction	Establishes programme context
WHO immunization surveillance	National	PCV3 monitoring	Current	WHO/UNICEF data continue to be updated	Supports continued monitoring of national coverage

Interpretation (Table 1): Available Nigerian evidence demonstrates substantial pneumococcal carriage and documented invasive and pneumococcal pneumonia disease across different age groups and settings. However, the evidence base is geographically heterogeneous and predominantly derived from hospital-based or localized population studies. Consequently, available studies should not be interpreted as providing a nationally representative estimate of pneumococcal disease incidence or mortality.

Note (Table 4): Resistance estimates are not directly comparable across studies because of differences in study population, specimen type, clinical setting, study period, antimicrobial susceptibility-testing methodology, interpretive standards, and definitions of resistance or non-susceptibility. The Lo et al. estimates are based on genomic prediction rather than conventional phenotypic susceptibility testing, whereas the Delta State study did not provide categorical β -lactam susceptibility results because MIC testing was not performed.