



# NIGERIA

## NATIONAL HIV SURVEILLANCE REPORT

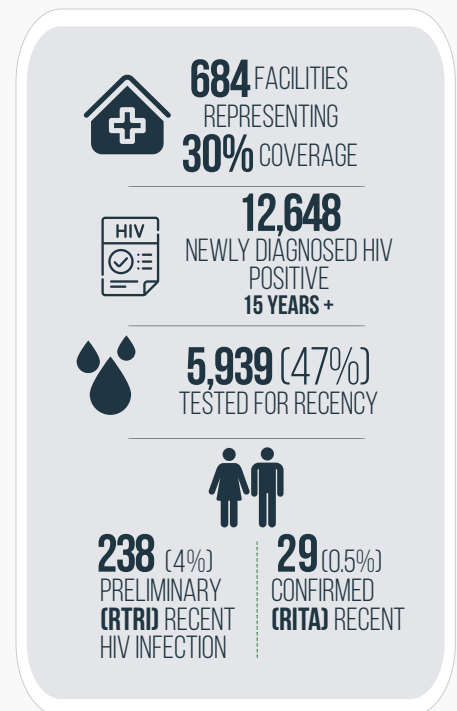
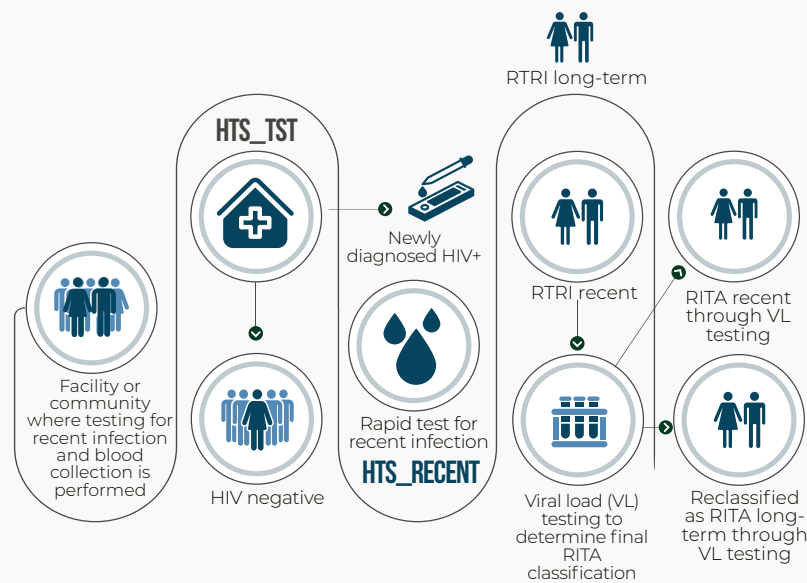
August 2022 Edition

Data is for August 2022 and was downloaded from the NDR on 18 September 2022

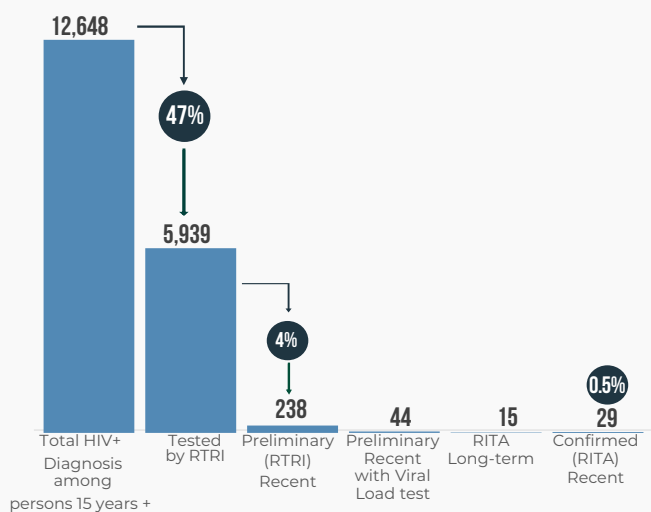
### OVERVIEW

HIV Surveillance is the ongoing systematic collection, analysis, interpretation, and use of data to improve health determinants and disseminate information regarding HIV/AIDS related events. In Nigeria, data is collected from client-centred monitoring throughout the cascade of clinical care to guide the national response and understand the trend of the epidemic. As Nigeria approaches epidemic control, three surveillance activities have been key in tracking the epidemic: HIV-1 Recent Infection Surveillance, Case-based Surveillance (CBS), and Mortality Surveillance (MS).

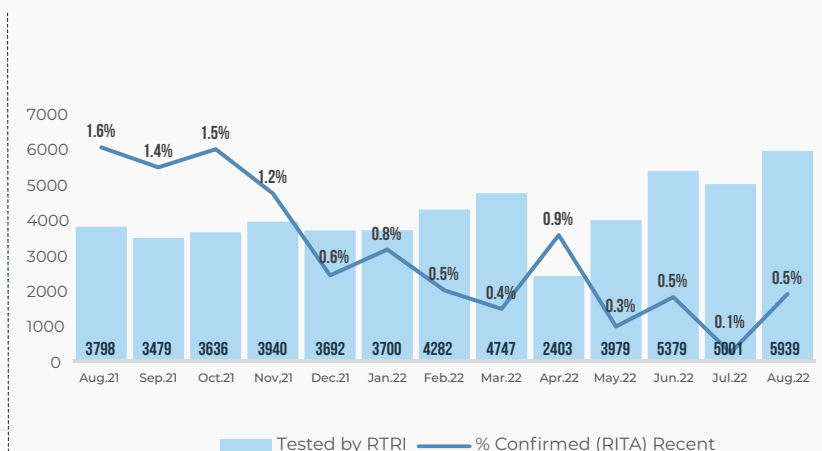
### HIV-1 RECENT INFECTION SURVEILLANCE



The chart below summarizes HIV-1 Recent Infection Surveillance in 684 activated facilities and it displays the number of clients with new HIV+ diagnosis, number of HIV+ clients who had RTRI, and number of RTRI recent clients who had viral load confirmation for RITA.

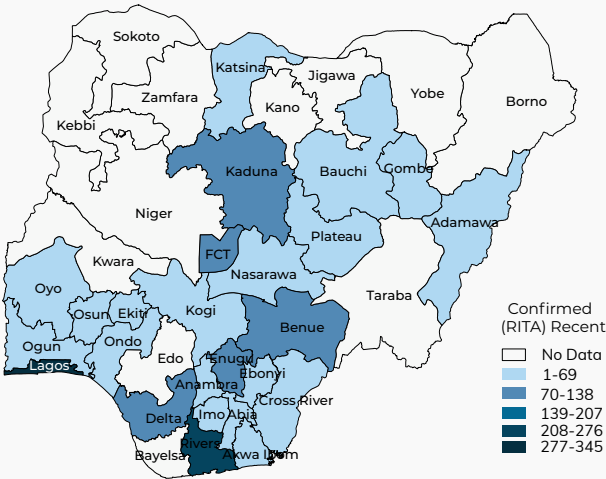


**Figure 1**  
HIV-1 Recent Infection Surveillance cascade in August 2022

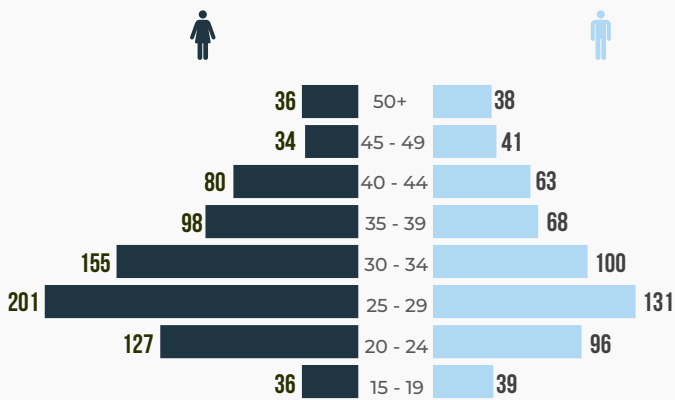


**Figure 2**  
Confirmed recent infection from August 2021 to August 2022

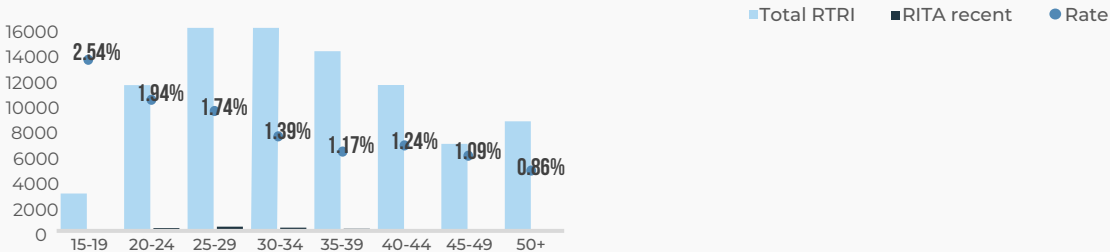
The map below is a geographical distribution of confirmed RITA recent infections from March 2020 to August 2022.



**Figure 3**  
Geographical distribution of confirmed (RITA) recent infections from March 2020 to August 2022



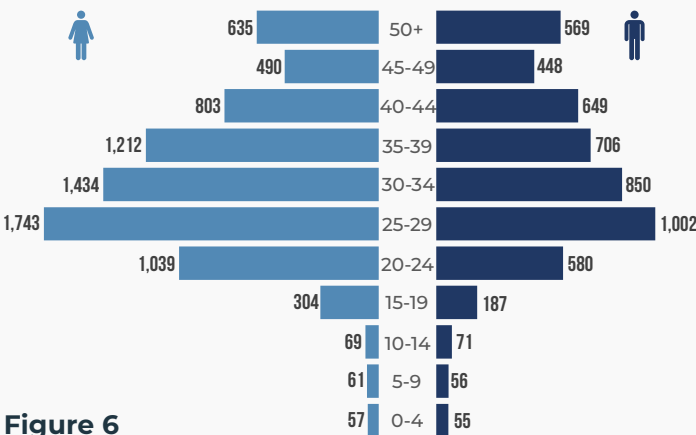
**Figure 4**  
Confirmed (RITA) recent infection by age and sex in Nigeria from March 2020 to August 2022



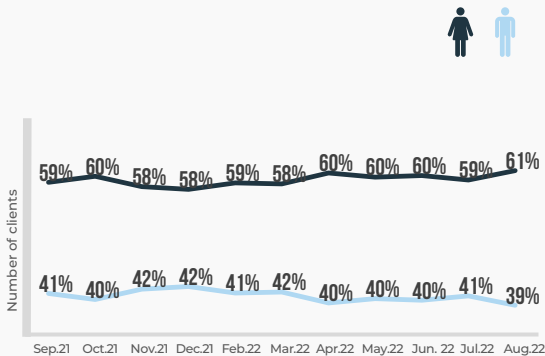
**Figure 5**  
Proportion of Confirmed recent infections disaggregated by age as of August 2022

## CASE-BASED SURVEILLANCE

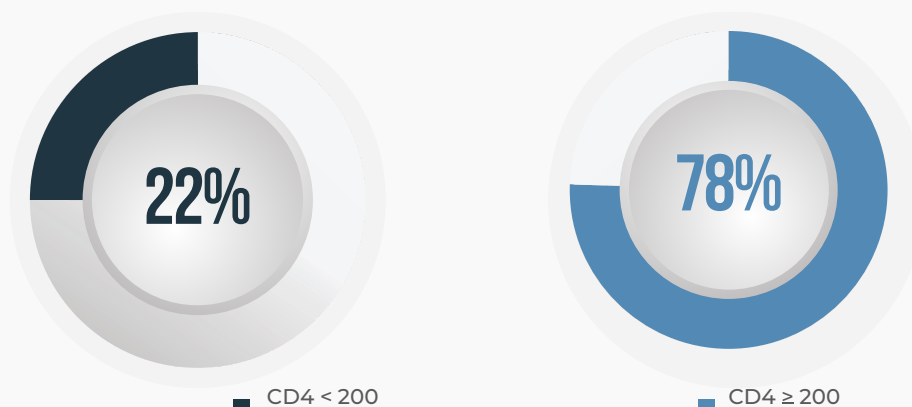
Case-based Surveillance systematically and continuously collects data on demographic and health events (sentinel events) about clients with HIV infection from diagnosis and routine clinical care to final outcomes. This data is used to characterize the HIV epidemic and guide program improvement.



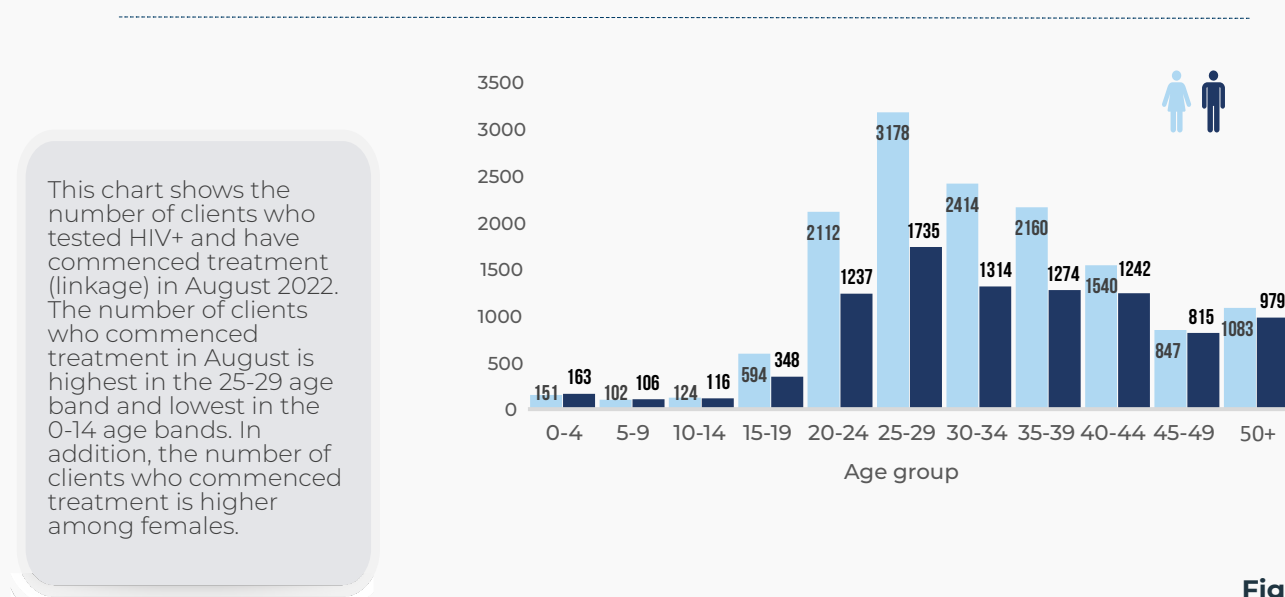
**Figure 6**  
Distribution of newly diagnosed HIV+ by age and sex in August 2022



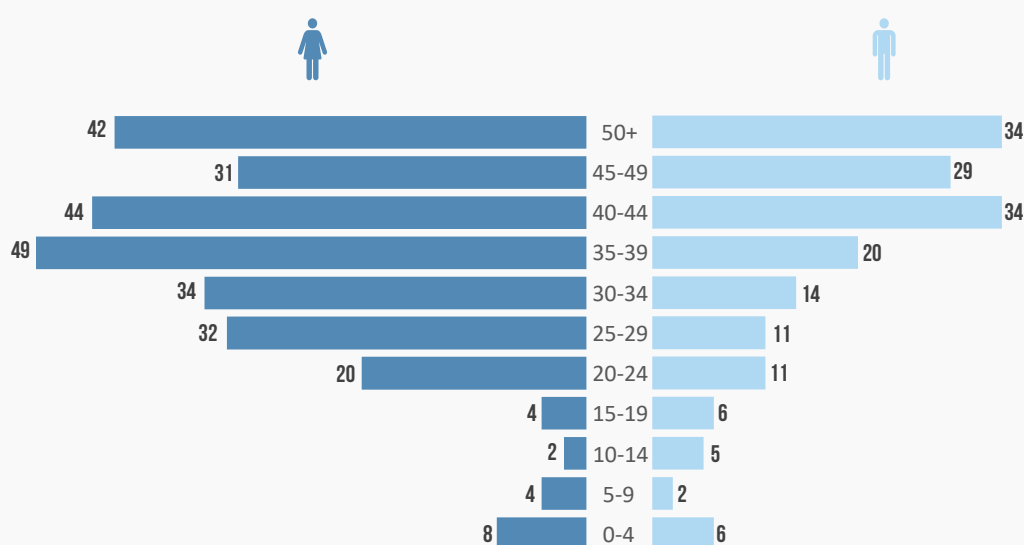
**Figure 7**  
Monthly trend of clients by sex who commenced treatment over the past eleven months as of August 2022



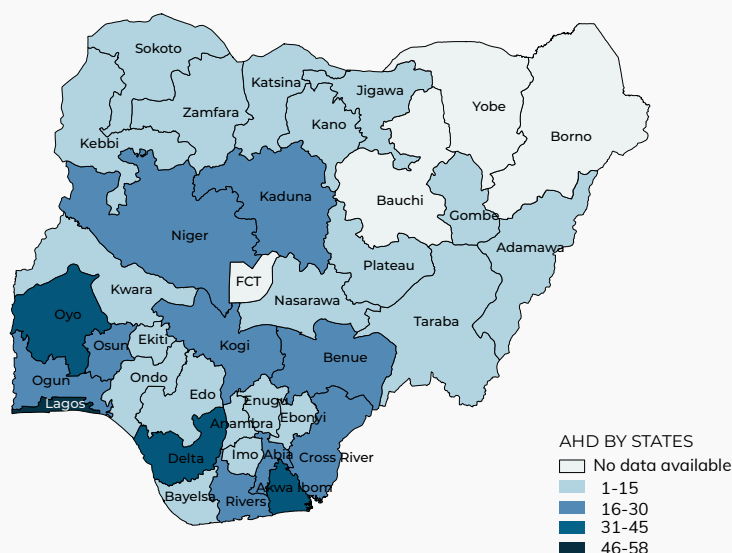
**Figure 8**  
Client CD 4 COUNT < 200 and ≥ 200 at initiation in August 2022



**Figure 9**  
Number of clients diagnosed with HIV+ and linked to treatment disaggregated by age and sex in August 2022



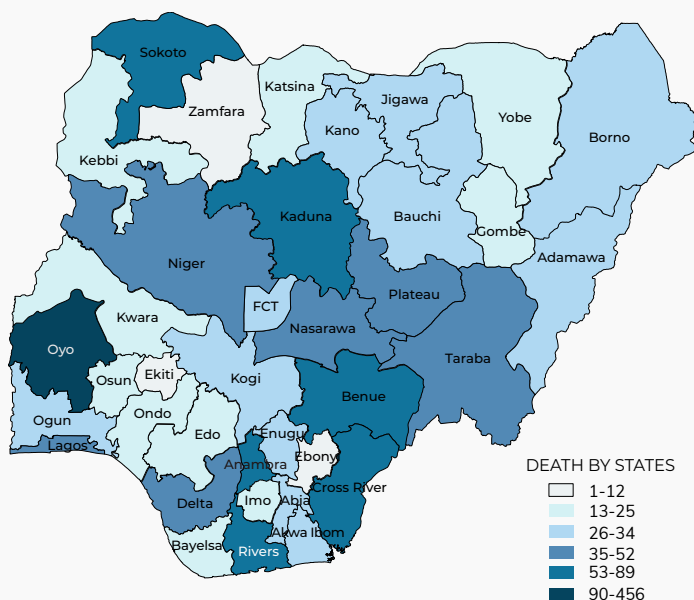
**Figure 10**  
Distribution of Advanced HIV Disease (WHO stage III and IV HIV disease) by age and sex in August 2022



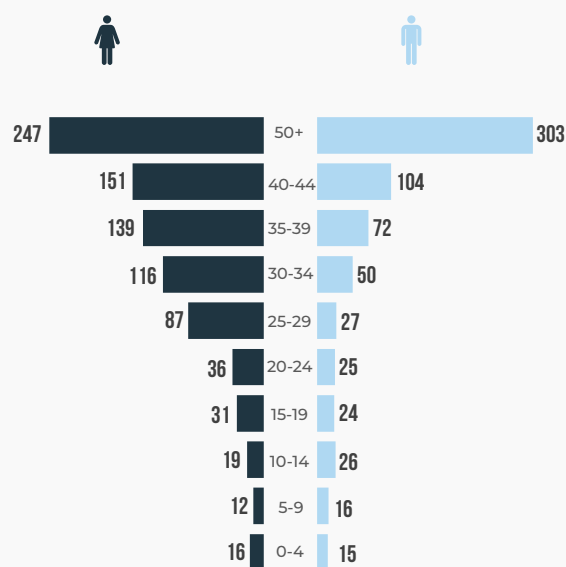
**Figure 11**  
Distribution of newly diagnosed HIV+ clients with WHO stage III & IV HIV disease by state in August 2022

## MORTALITY SURVEILLANCE

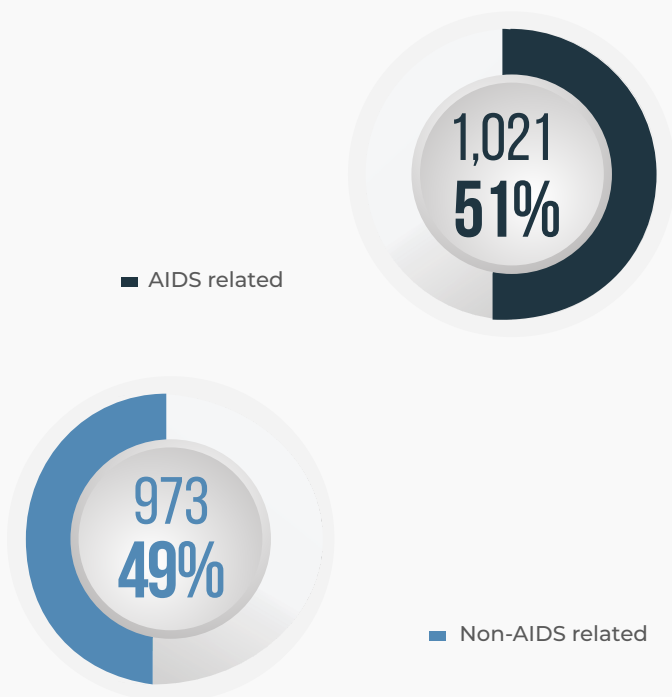
Mortality surveillance aims to determine the distribution and patterns of leading causes of death among people living with HIV (PLHIV) on treatment and the use of this information to reduce preventable deaths. The 2016 WHO Verbal Autopsy (VA) instrument is administered to eligible and consenting primary caregivers (usually a family member) who were with the deceased in the period leading to death. Data collected from VA is then uploaded to SmartVA analyze to generate the cause of death.



**Figure 12a**  
Distribution of deaths by state in August 2022



**Figure 12b**  
Deaths by age and sex in August 2022



**Figure 12c**  
AIDS-related and non-AIDS-related causes of death as of August 2022

**1,516** Deaths recorded

854 662



**15** Total number of states where mortality surveillance is activated.

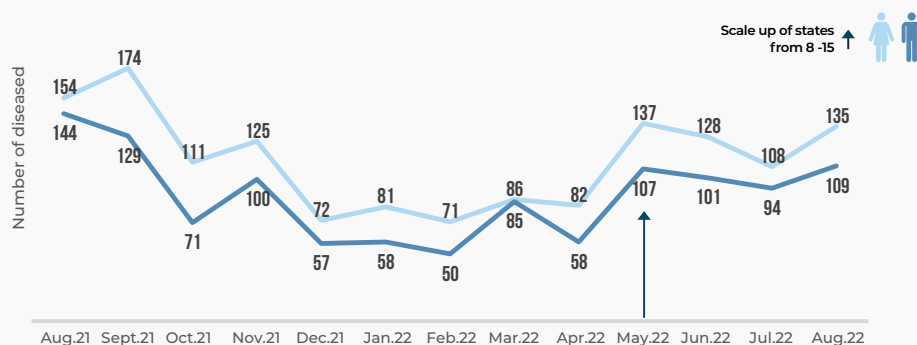
**162** Total number of activated facilities in these states.

**1,994** Verbal Autopsy's (VA) as of August 2022 to determine the causes of death.

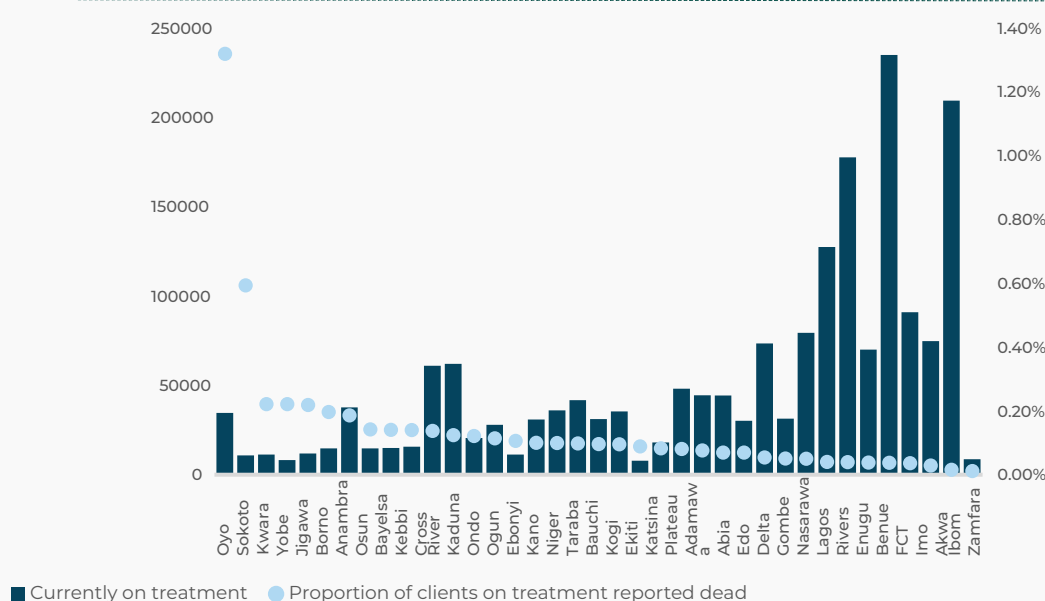
**244** Deaths were recorded in all the 162 facilities in August 2022.

135 109

The monthly trend of deaths in MS-activated facilities from August 2021 to July 2022, the number of states has increased from 8 to 15 which is the reason for the hike identified from May 2022.



**Figure 13**  
Proportion of clients on treatment reported dead in August 2022



**Figure 14**  
Proportion of clients on treatment reported dead in August 2022