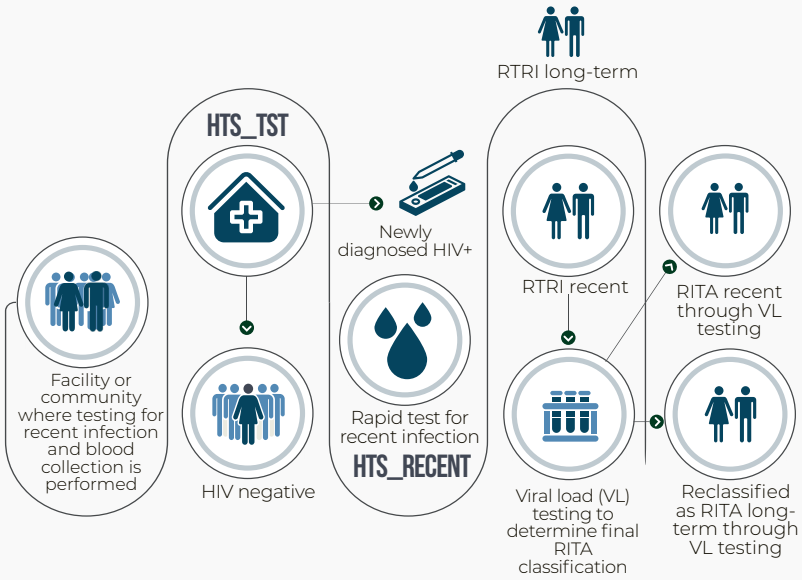
# NIGERIA
## NATIONAL HIV SURVEILLANCE REPORT
**June 2023 Edition**

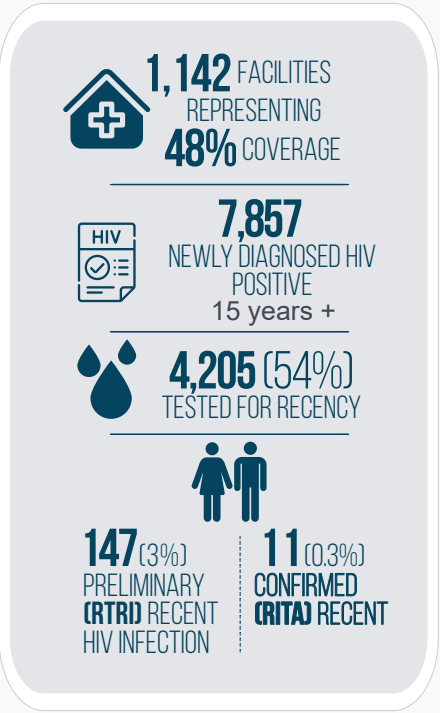
Data is for June 2023 and was downloaded from the NDR on 20 July 2023

## 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 1,142 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.

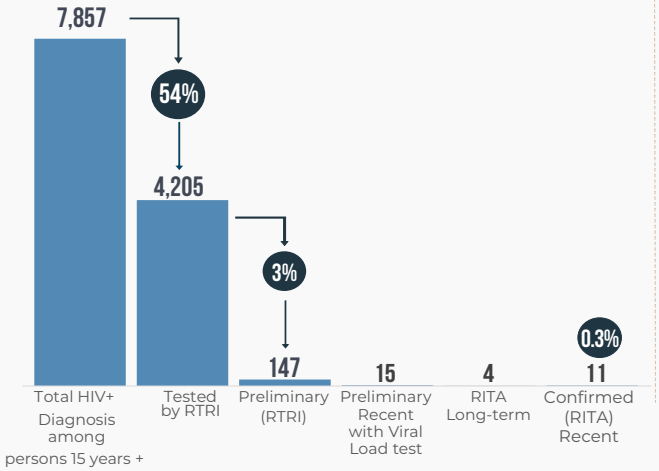
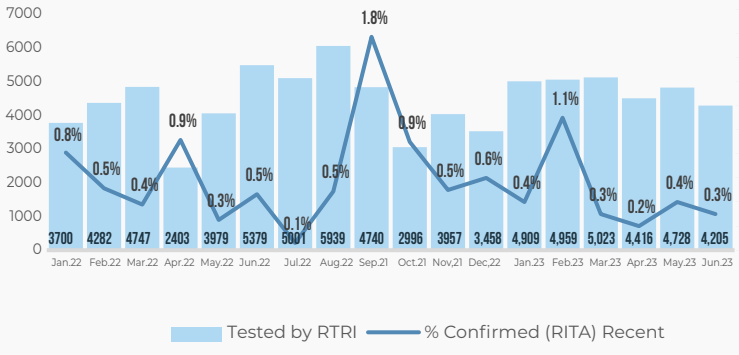



**Figure 1**
HIV-1 Recent Infection Surveillance Cascade in June 2023




Additional sites which were activated for recency testing between June and July, commenced reporting on NDR, this can be attributed to the spike in September and October.

**Figure 2**
Confirmed recent infection from January 2022 to June 2023

**RITA:** Recent Infection Testing Algorithm | **RTRI:** Rapid Test for Recent Infection | **STI:** Sexually Transmitted Infection | **VL:** Viral load

The map below is a geographical distribution of confirmed RITA recent infections from March 2020 to June 2023.

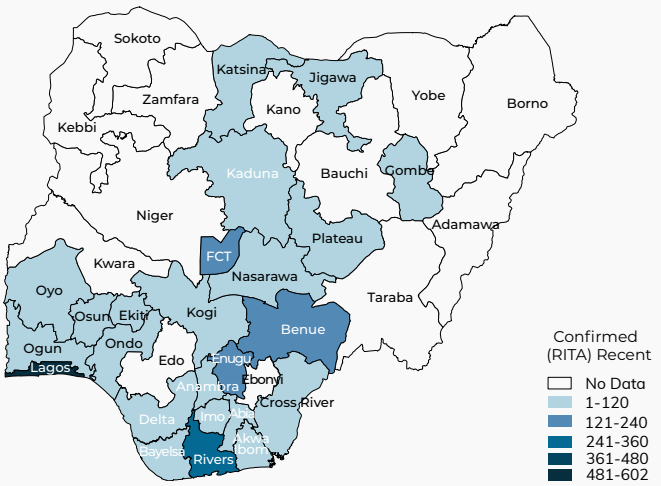



**Figure 3**
The map above is a geographical distribution of confirmed RITA recent infections from March 2020 to June 2023.

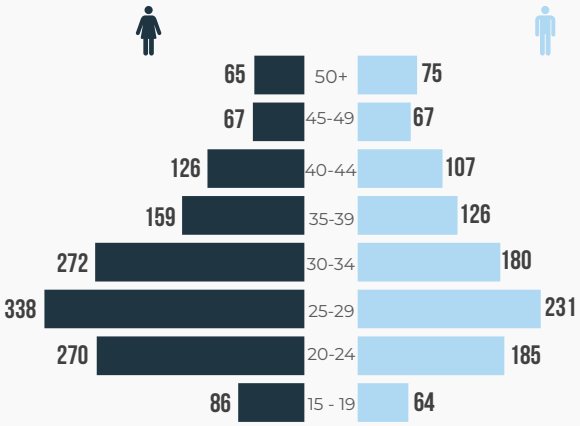



**Figure 4**
Confirmed (RITA) recent infection by age and sex in Nigeria from March 2020 to June 2023

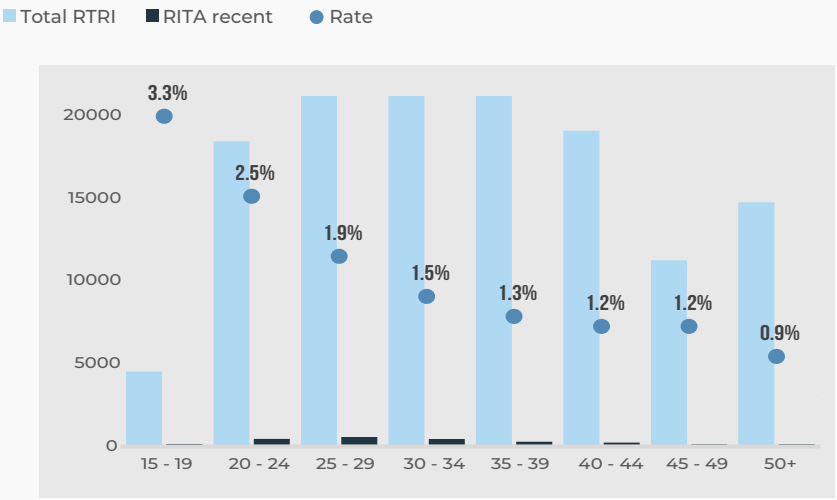



**Figure 5**
Proportion of Confirmed recent infections dis-aggregated by age as of June 2023

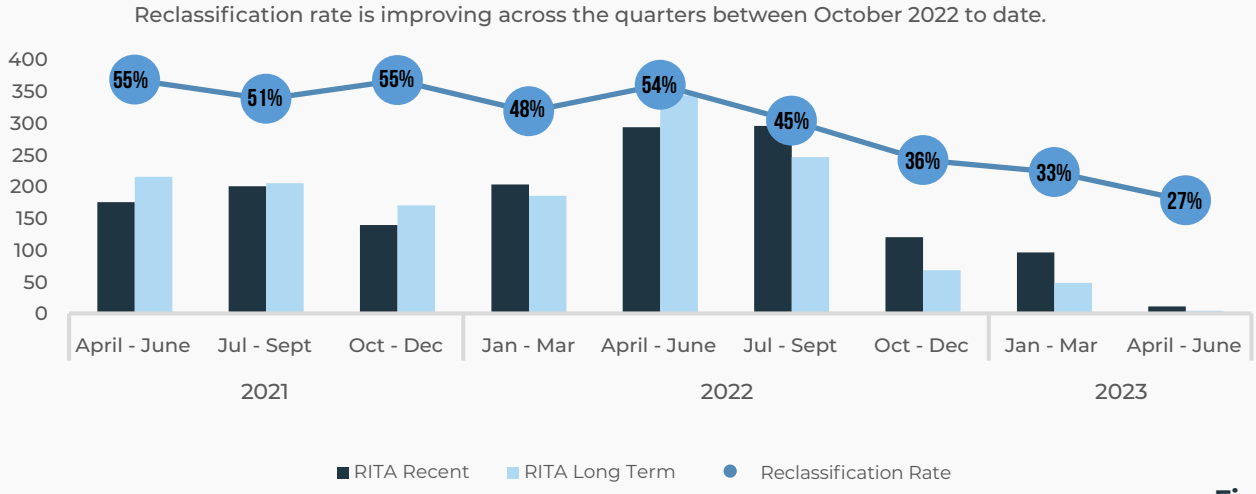



**Figure 6**
Reclassification rate by state from April 2021 to June 2023

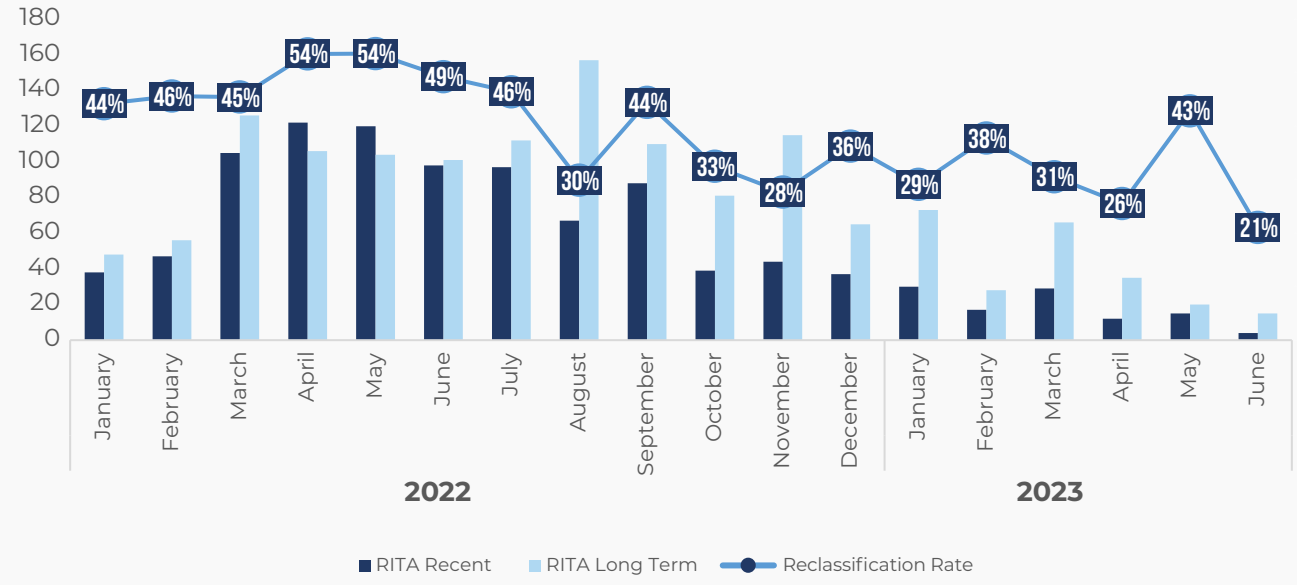



**Figure 7**
Reclassification rate by month from 2022 to date

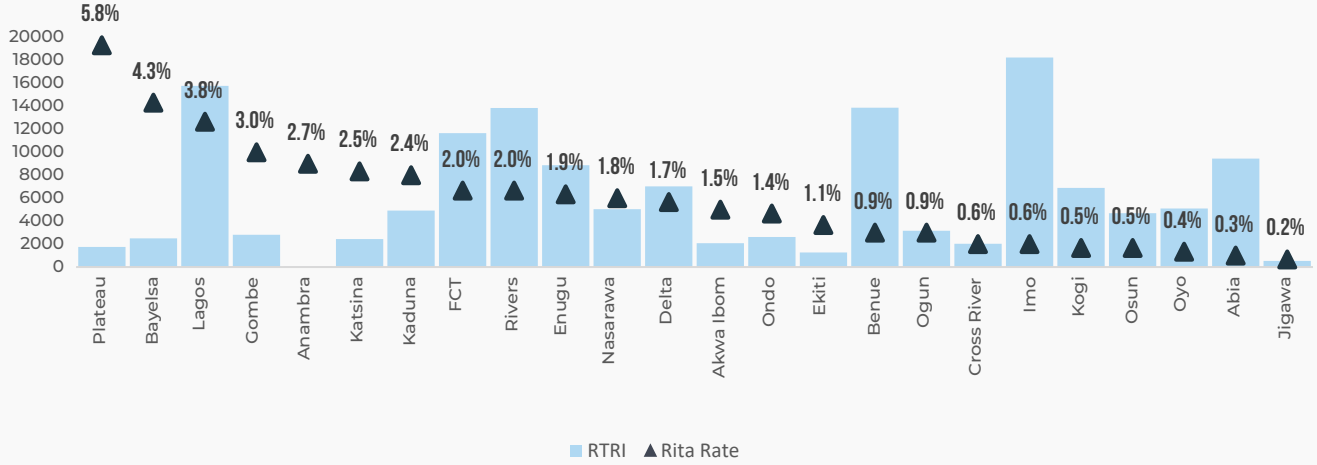



**Figure 8**
Recent infection rate by state as of June 2023

## 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.

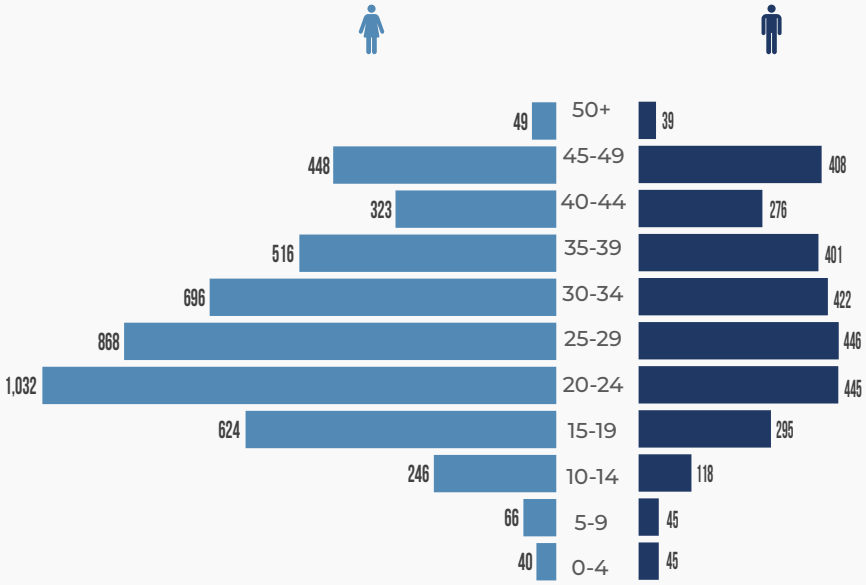



**Figure 9**
Number of clients newly diagnosed HIV+ in June 2023

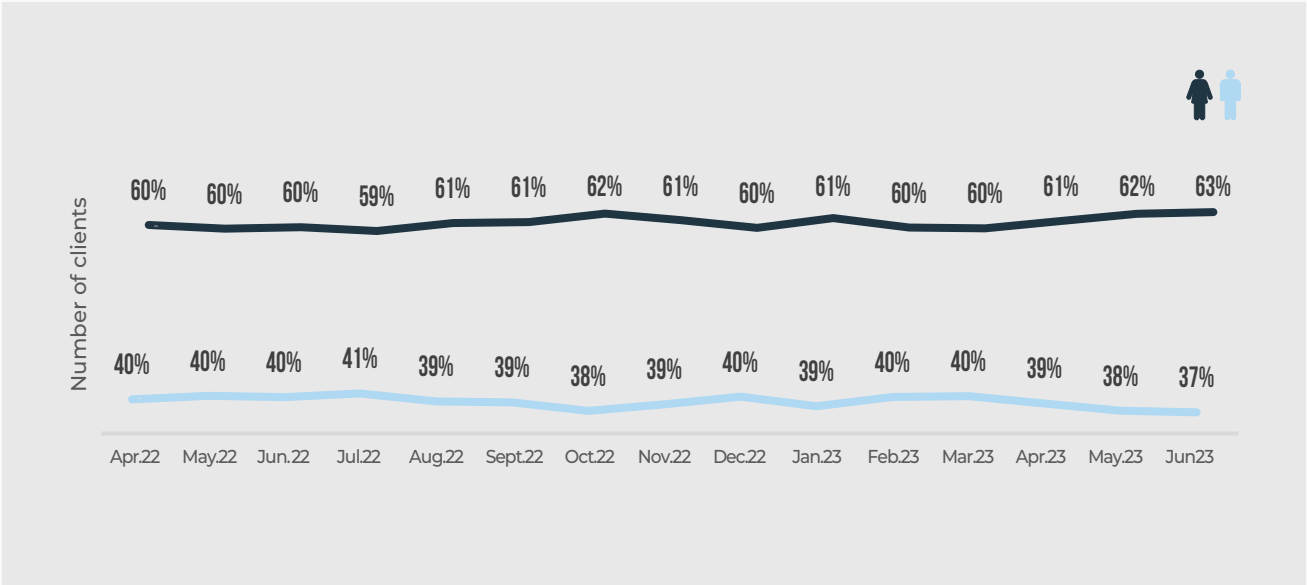



**Figure 10**
Monthly trend of clients by sex who commenced treatment over the past fifteen months as of June 2023

The monthly trend of clients by sex who commenced treatment. Female accounts for 63% while Males 37% of clients initiated on treatment for the month of June 2023.

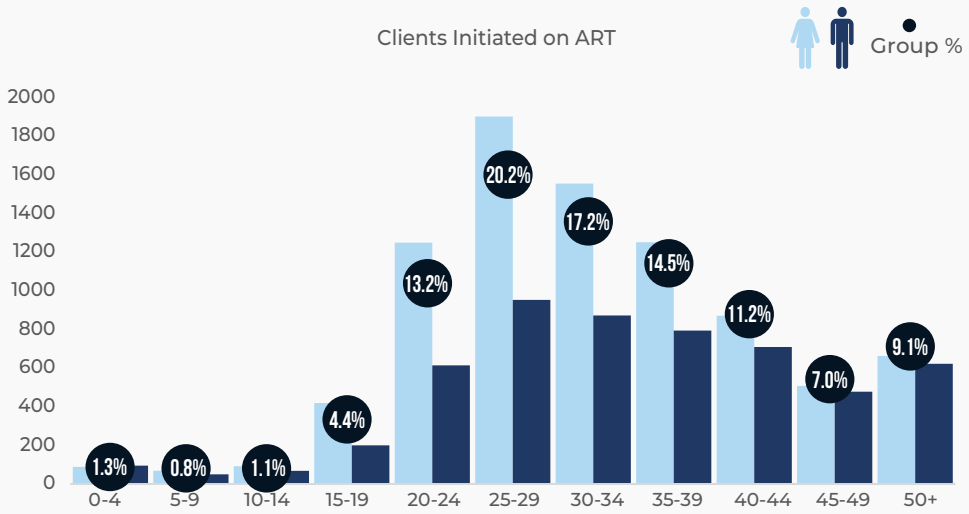



**Figure 11**
The number of clients started on treatment in June 2023, disaggregated by age and sex.

This chart shows the number of clients who tested HIV+ and have commenced treatment (linkage) in June 2023. The number of clients who commenced treatment in June is highest in the 25-29 age band **(20.2%)** and lowest in the 5-9**(0.8%)** age band. In addition, the number of clients who commenced treatment is higher among females.

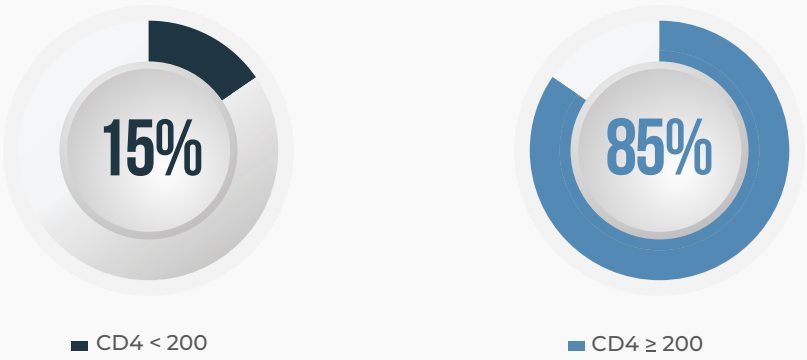



**Figure 12**
Client CD 4 COUNT < 200 and > =200 at initiation in June 2023

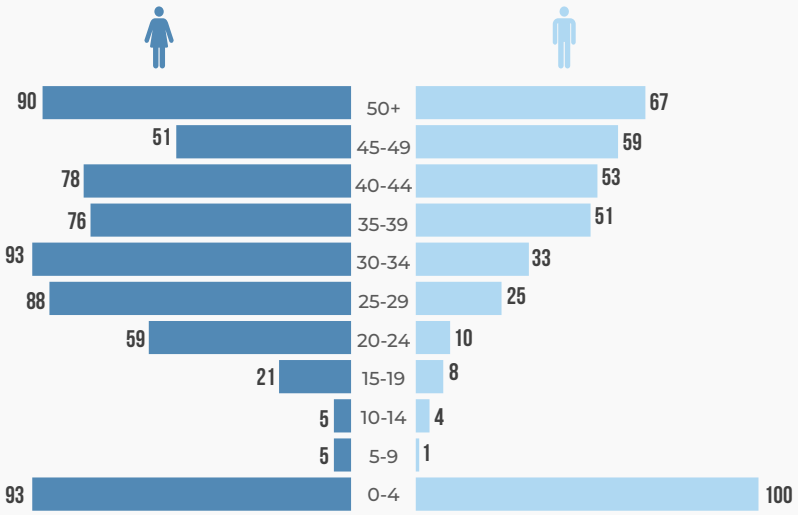



**Figure 13**
Distribution of Advanced HIV Disease (WHO stage III and IV HIV disease, CD4 less than 200 and children under five) by age and sex in June 2023

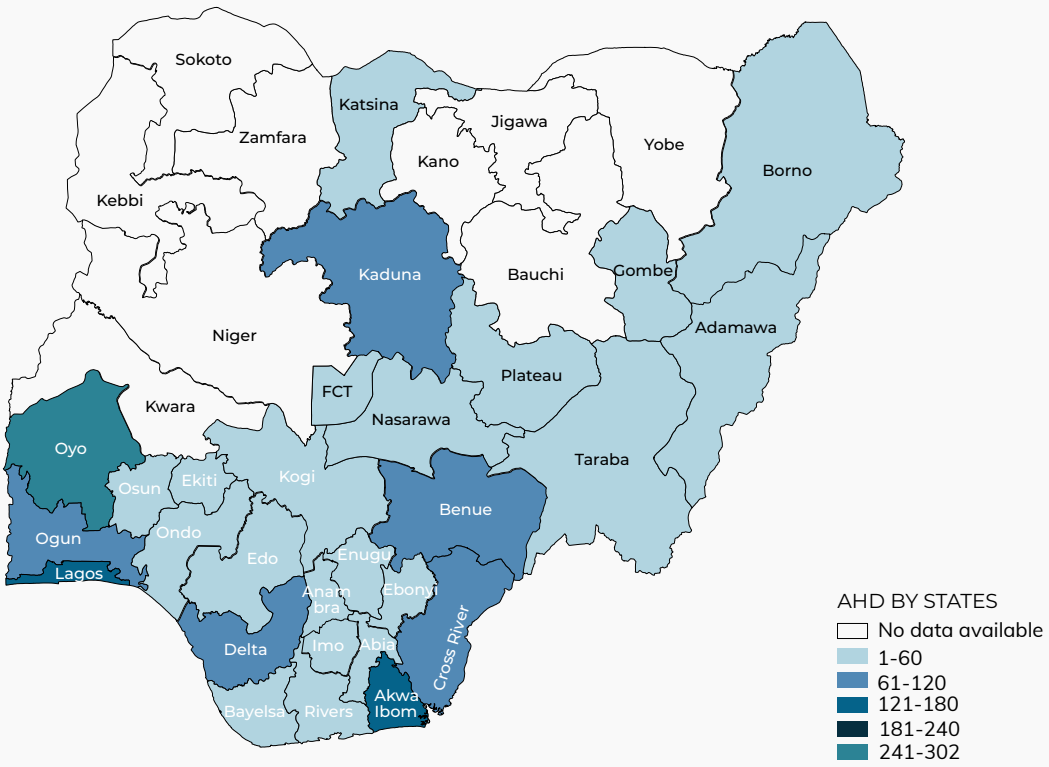



**Figure 14**
Distribution of newly diagnosed HIV+ clients with WHO stage III and IV HIV disease by state from January 2023 to June 2023.

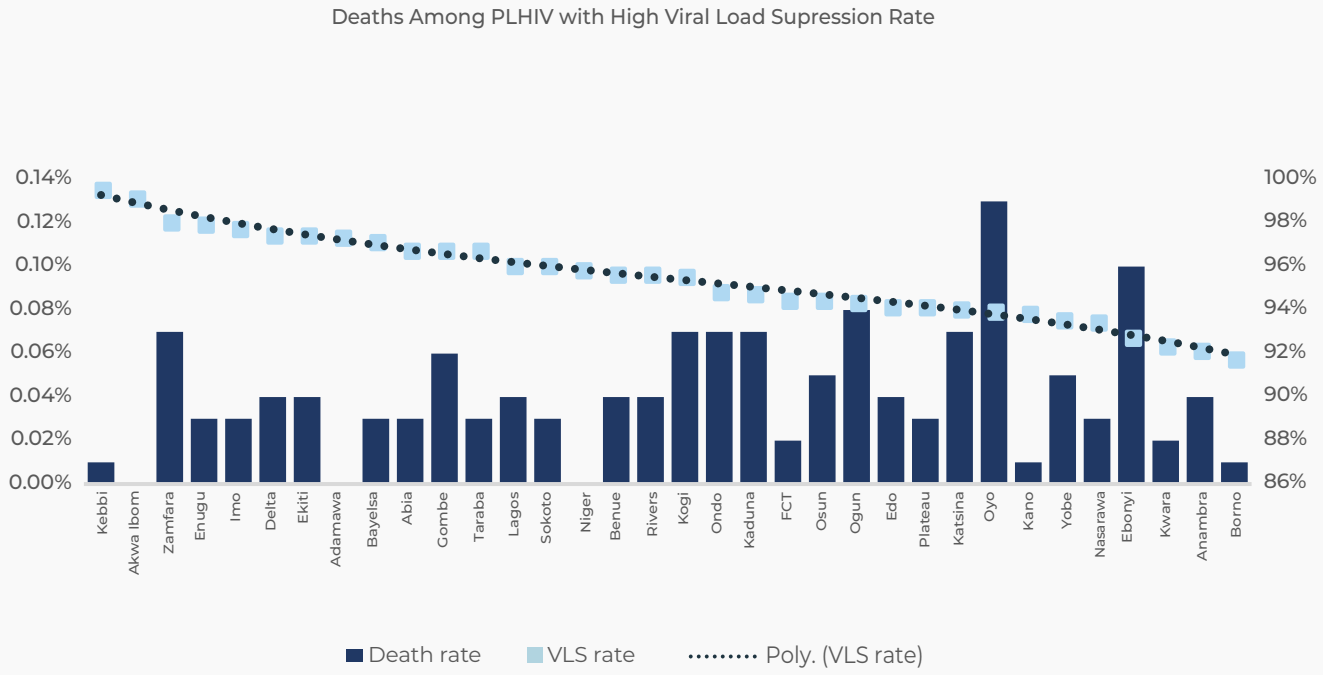
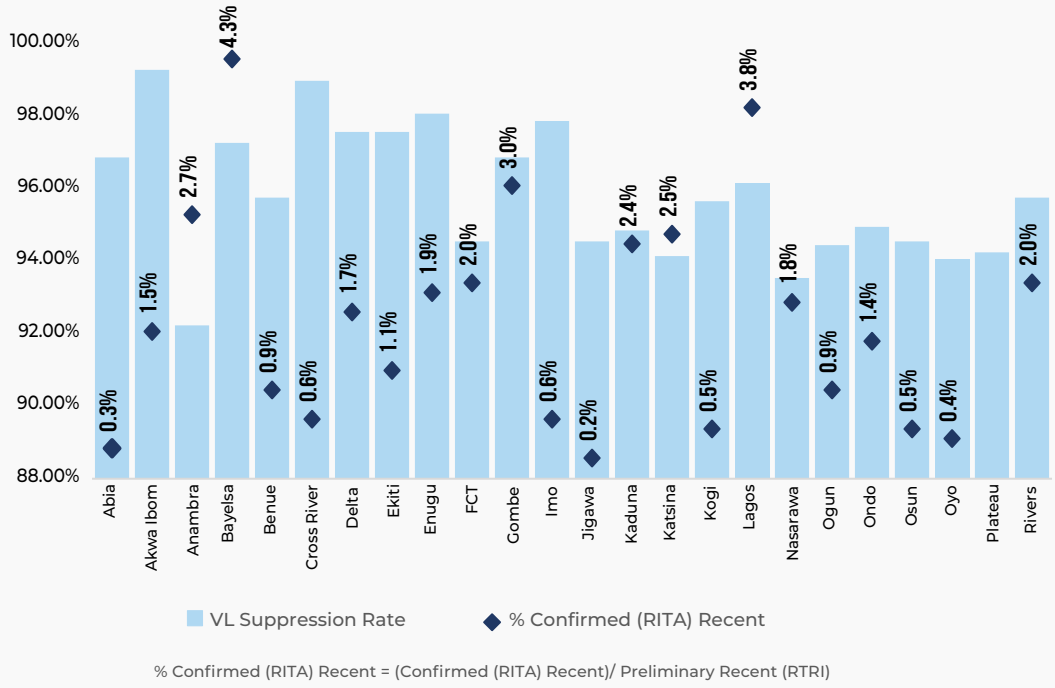



**Figure 15**
Low deaths among states with high viral load suppression rate in June 2023




% Confirmed (RITA) Recent = (Confirmed (RITA) Recent)/ Preliminary Recent (RTRI)

**Figure 16**
Recent infection rates are still high in states with high viral load (% confirmed (RITA) Recent = Confirmed (RITA) Recent/ Preliminary recent infection

## 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.

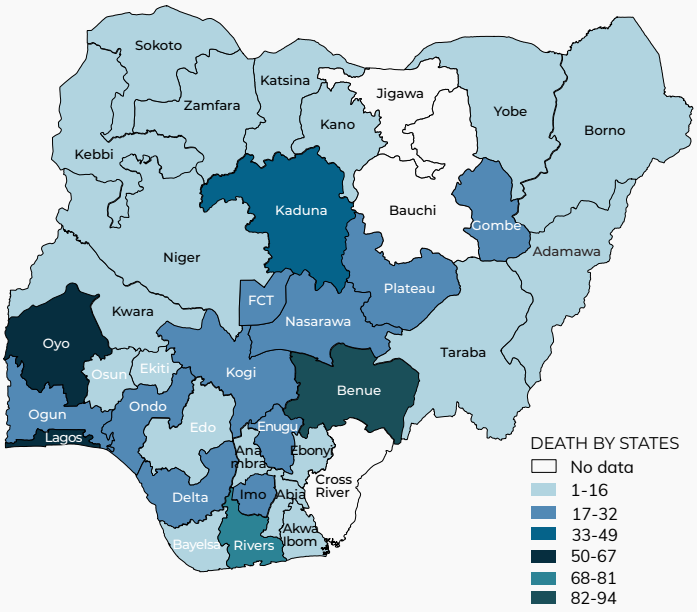



**Figure 17**
Distribution of deaths by States in June 2023

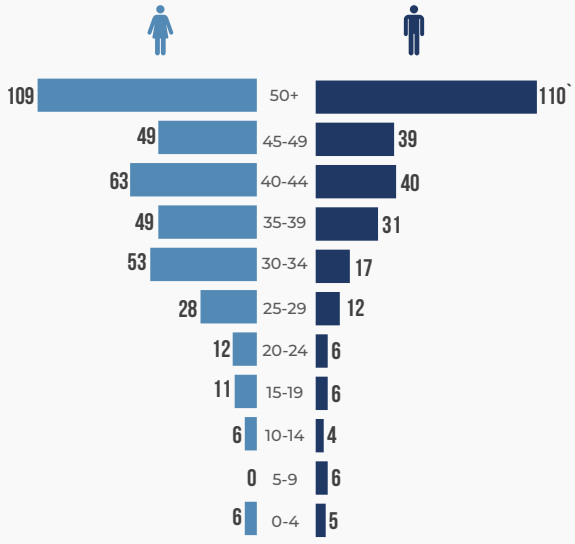



**Figure 18**
Deaths by Age and Sex in June 2023

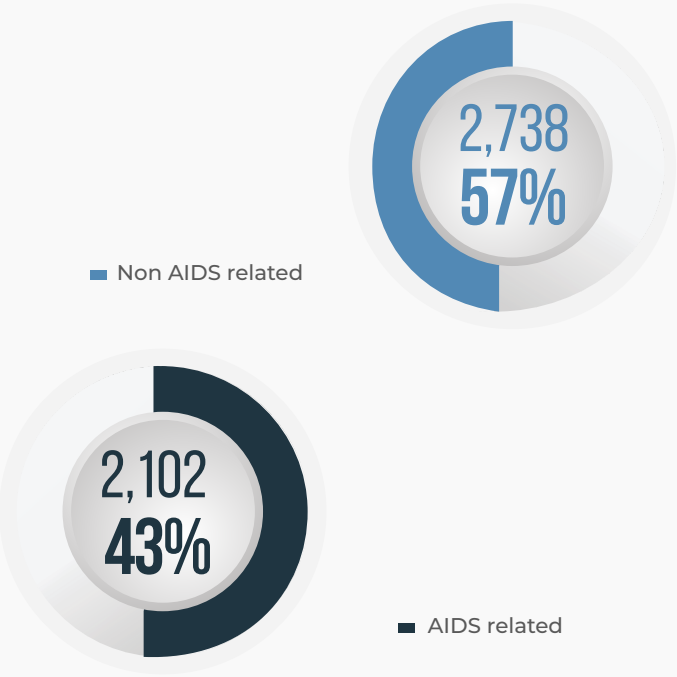



**Figure 19**
AIDS-related and non-AIDS-related causes of death as of June 2023

**662** Deaths were recorded in June 2023

386 276

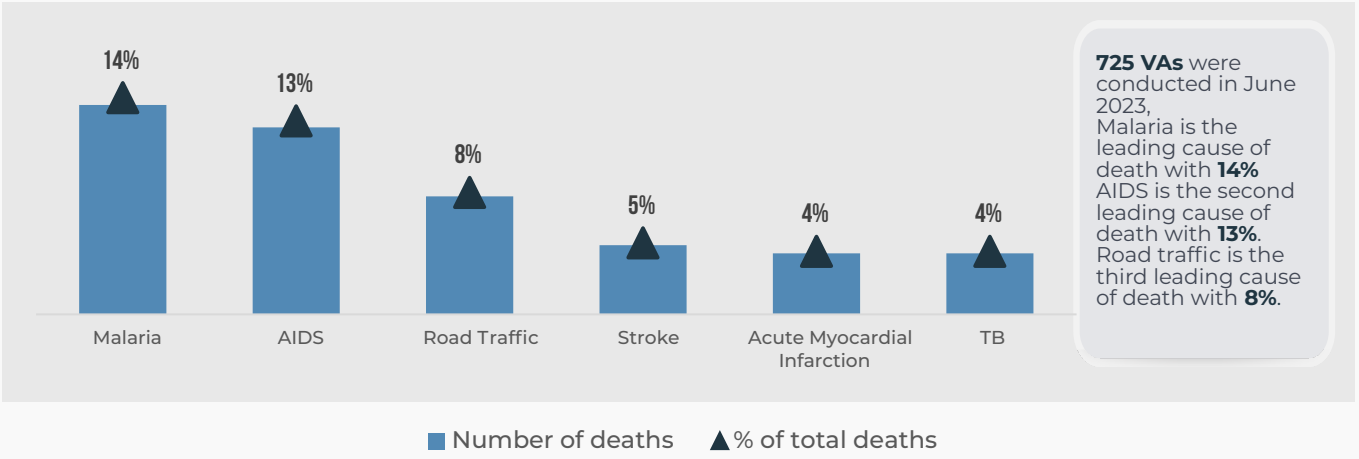
**25** Total number of states where mortality surveillance is activated.

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

**4,840** Verbal Autopsy's (VA) as of June 2023 to determine the causes of death.

**782** Deaths were recorded in all Mortality Surveillance activated sites in June 2023.

296 205




**725 VAs** were conducted in June 2023, Malaria is the leading cause of death with **14%** AIDS is the second leading cause of death with **13%**. Road traffic is the third leading cause of death with **8%**.

**Figure 20**
Top 5 causes of death among PLHIV in June 2023

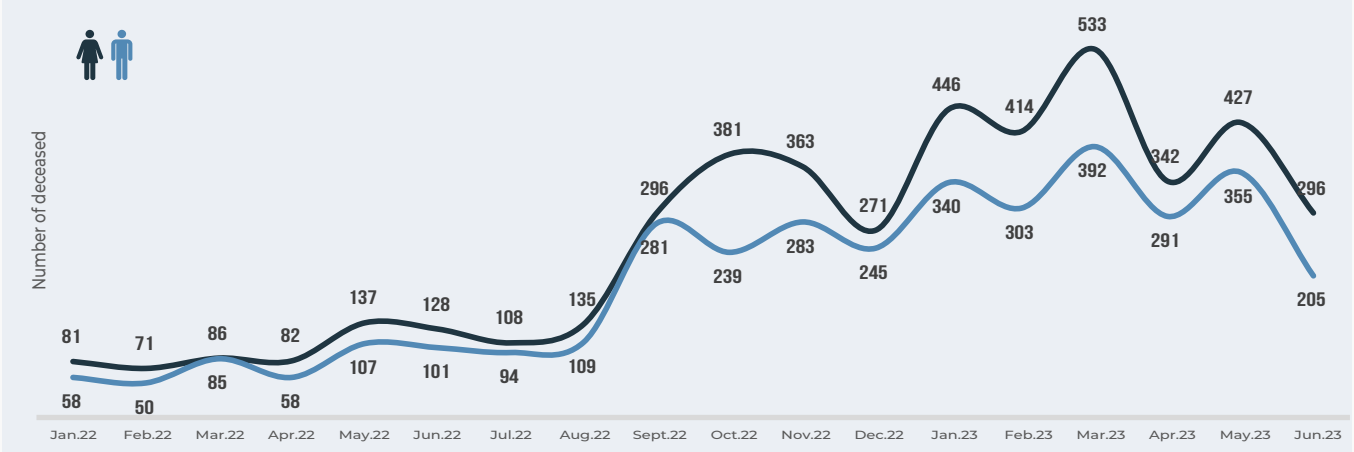



**Figure 21**
Number of clients on treatment reported dead in MS-activated site in June 2023

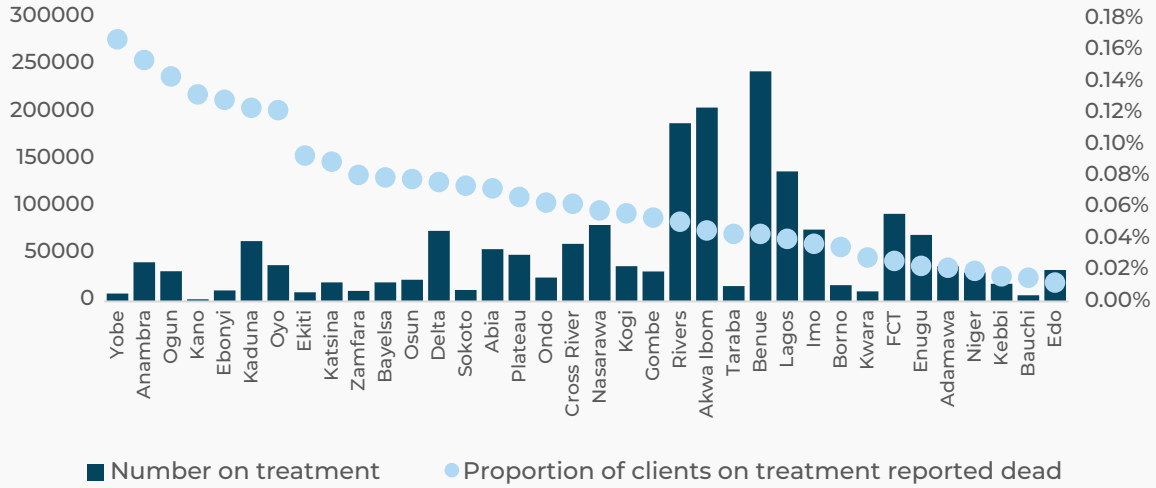



**Figure 22**
The proportion of clients on treatment reported dead in June 2023

This chat shows the proportion of clients on treatment who are reported dead in June 2023 disaggregated by State. The death rate was calculated as the number of clients on treatment who are reported dead per the total number of clients actively on treatment. A high death rate is recorded amongst states with lower TX_CURR.