



NIGERIA

NATIONAL HIV SURVEILLANCE REPORT

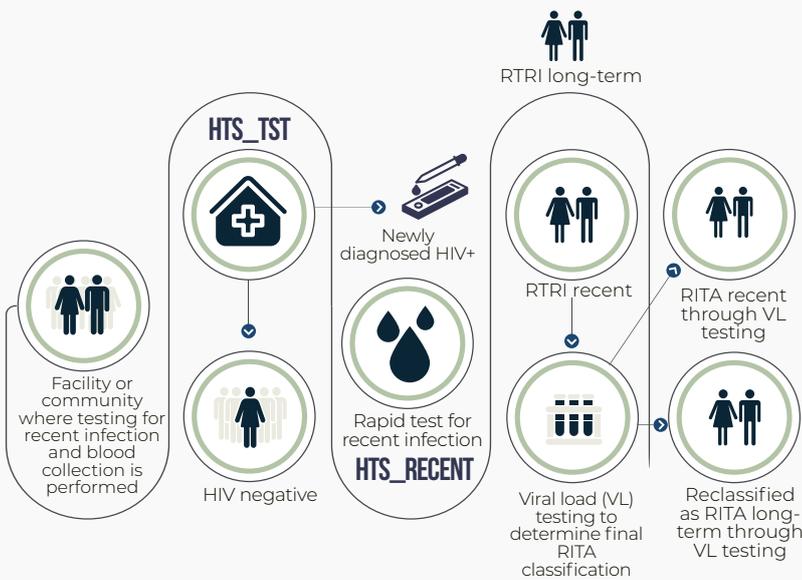
March 2023 Edition

Data is for March 2023 and was downloaded from the NDR on 20 April 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



- 965** FACILITIES REPRESENTING **41%** COVERAGE
- 12,352** NEWLY DIAGNOSED HIV POSITIVE 15 YEARS +
- 5,023 (41%)** TESTED FOR REGENCY
- 198 (4%)** PRELIMINARY (RTRI) RECENT HIV INFECTION
- 16 (0.3%)** CONFIRMED (RITA) RECENT

The chart below summarizes HIV-1 Recent Infection Surveillance in 711 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.

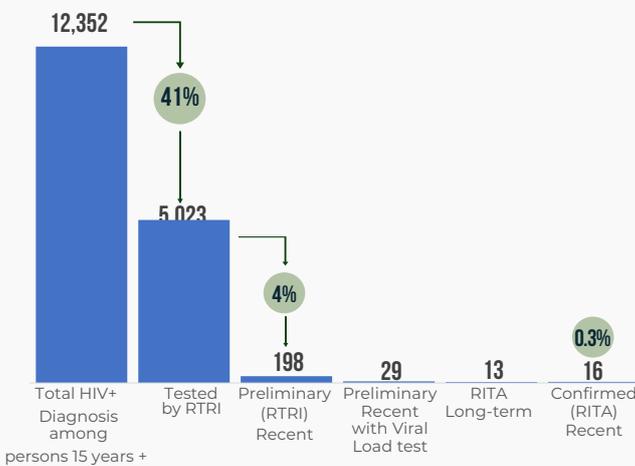
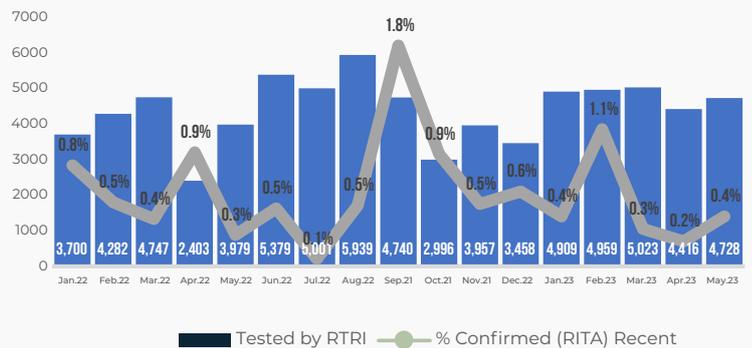


Figure 1
HIV-1 Recent Infection Surveillance Cascade in March 2023



Additional sites which were activated for reGENCY 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 March 2023

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

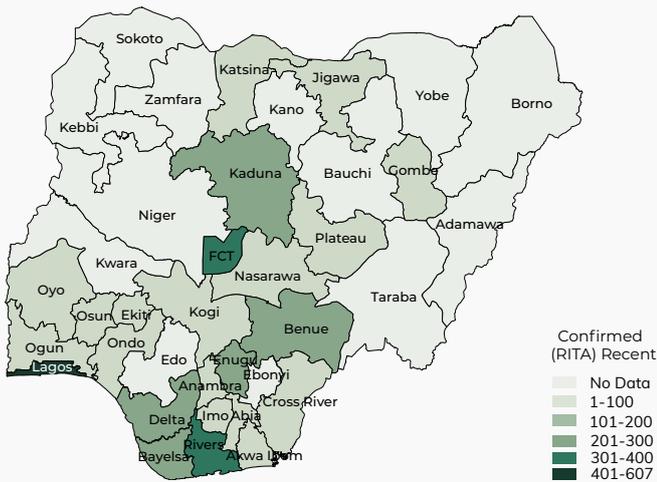


Figure 3
Geographical distribution of confirmed (RITA) recent infections from March 2020 to March 2023

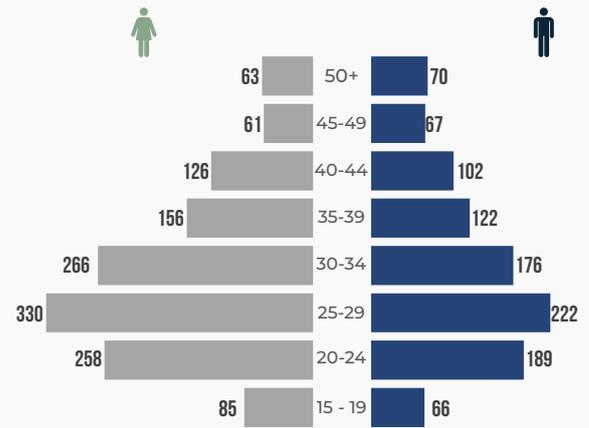


Figure 4
Confirmed (RITA) recent infection by age and sex in Nigeria from March 2020 to March 2023

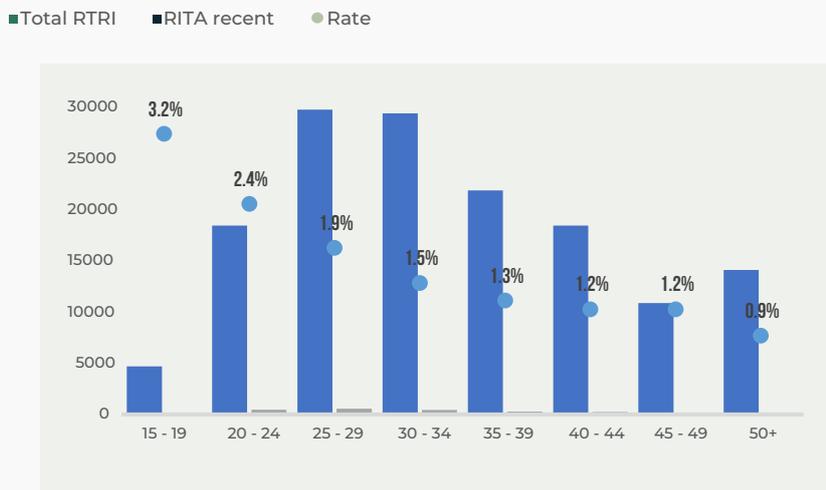


Figure 5
Proportion of Confirmed recent infections dis-aggregated by age as of March 2023

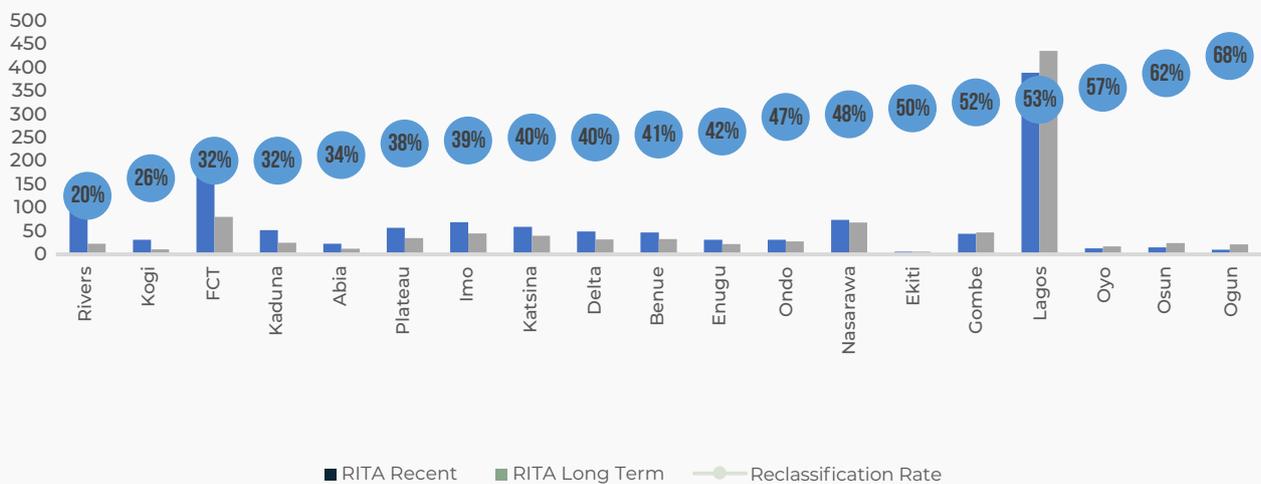


Figure 6
Reclassification rate as of March 2023

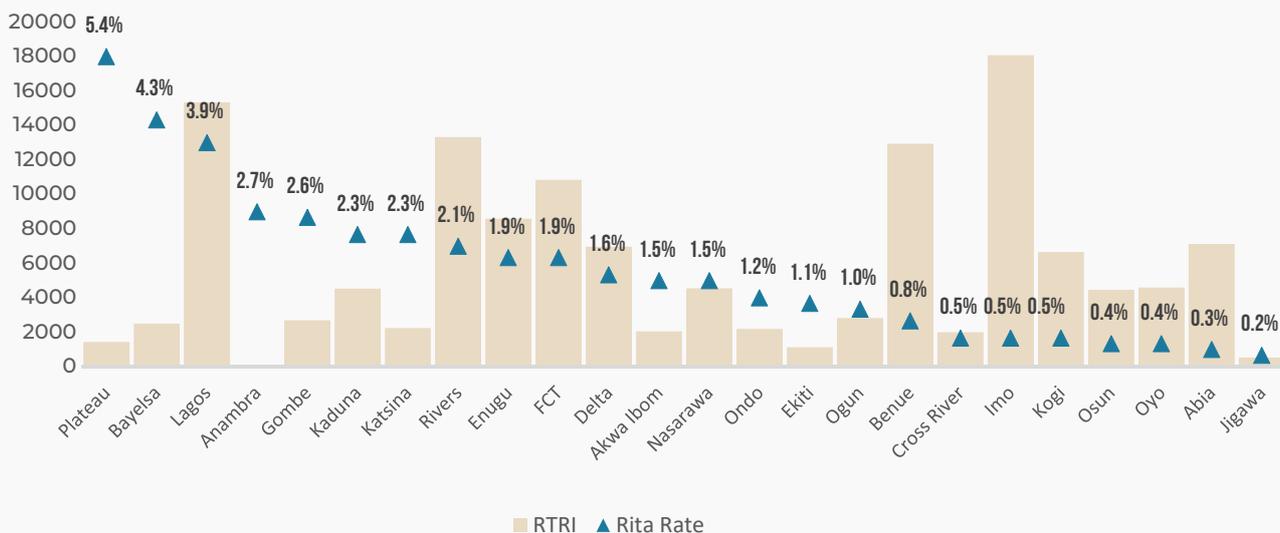


Figure 7
Confirmed Recent Infection Rate by State from 2021 to 2023

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.

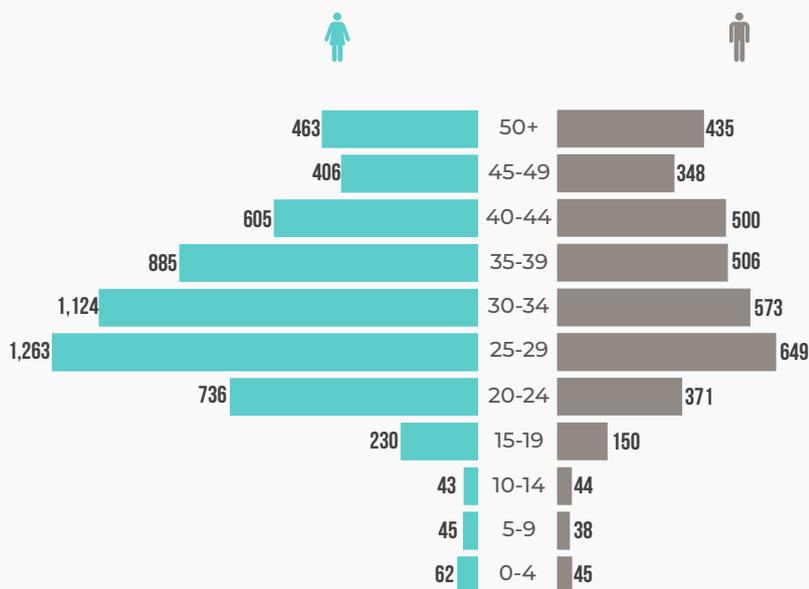


Figure 8
Number of clients newly diagnosed HIV+ in April 2023

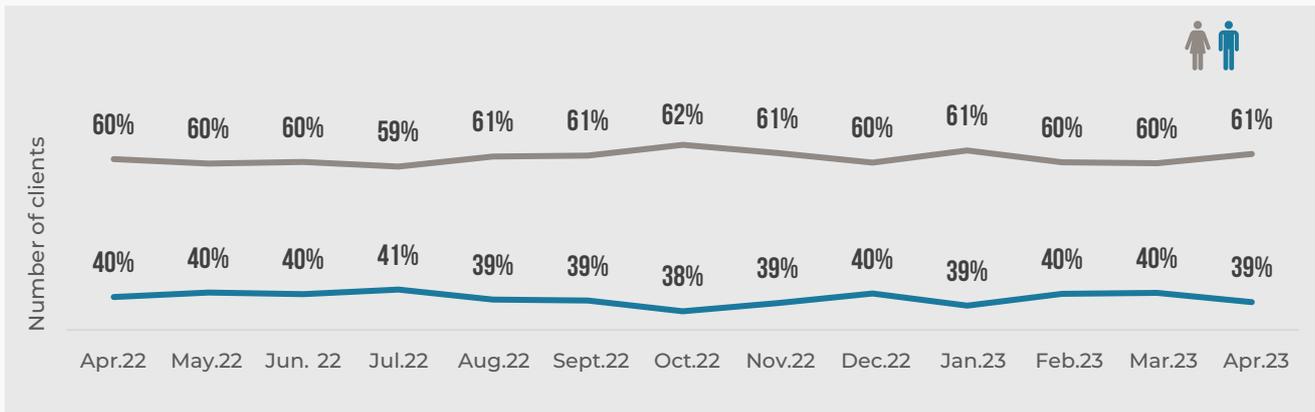
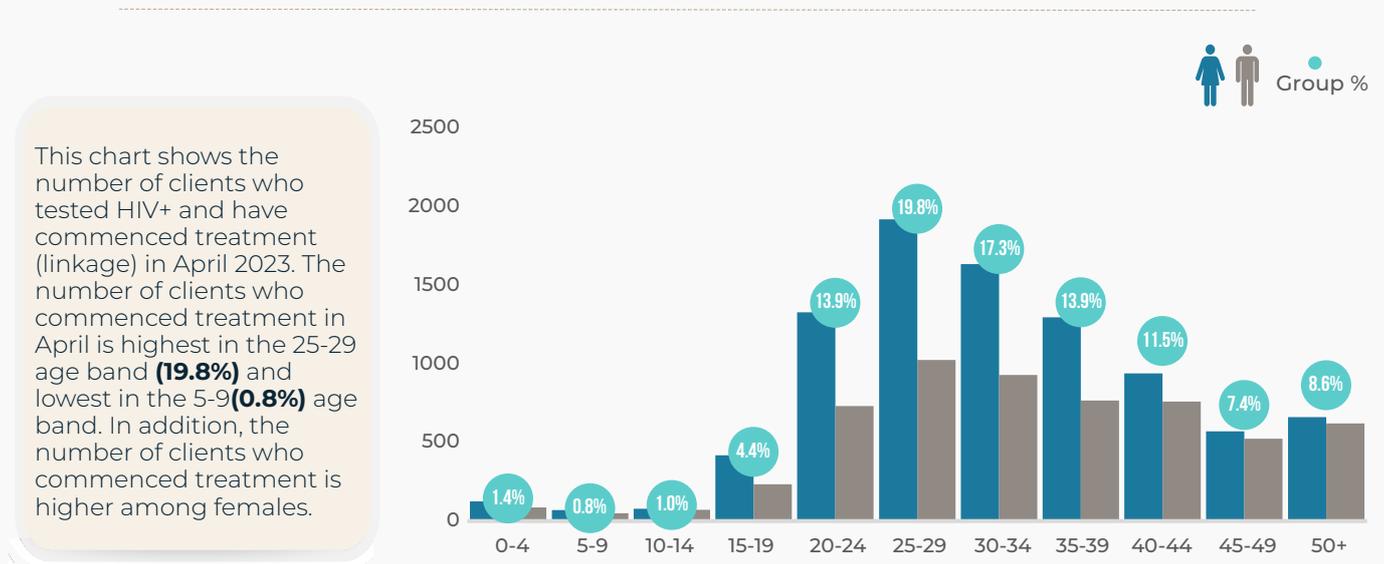


Figure 9
Monthly trend of clients by sex who commenced treatment over the past eleven months as of April 2023

The monthly trend of clients by sex who commenced treatment over the past twelve months as of April 2023, Female accounts for 60% while Males 40% of clients initiated on treatment for the month of April and April 2023.



This chart shows the number of clients who tested HIV+ and have commenced treatment (linkage) in April 2023. The number of clients who commenced treatment in April is highest in the 25-29 age band (19.8%) and lowest in the 5-9 (0.8%) age band. In addition, the number of clients who commenced treatment is higher among females.

Figure 10
Number of clients started on treatment in April, disaggregated by age and sex

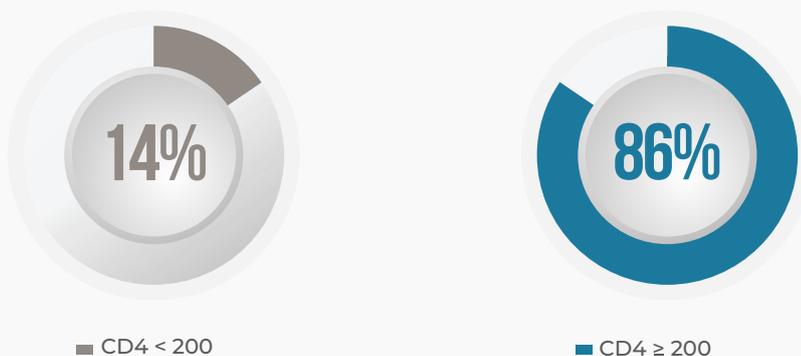


Figure 11
Client CD 4 COUNT < 200 and ≥ 200 at initiation in April 2023

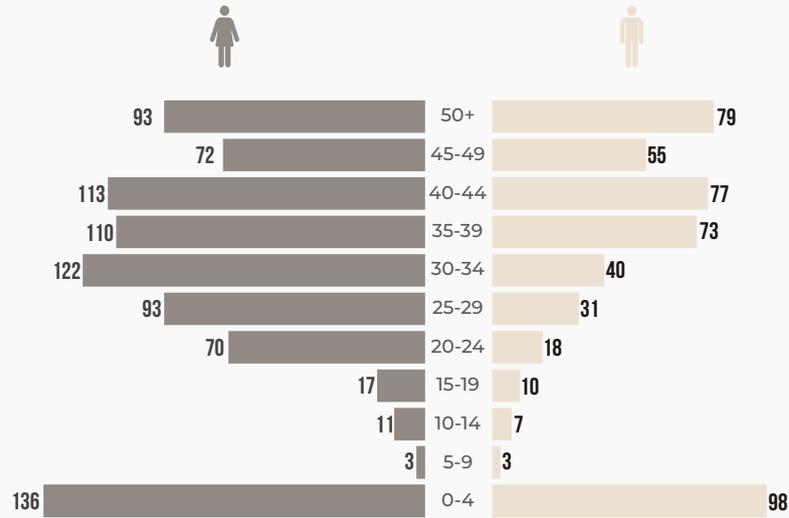


Figure 12

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 April 2023

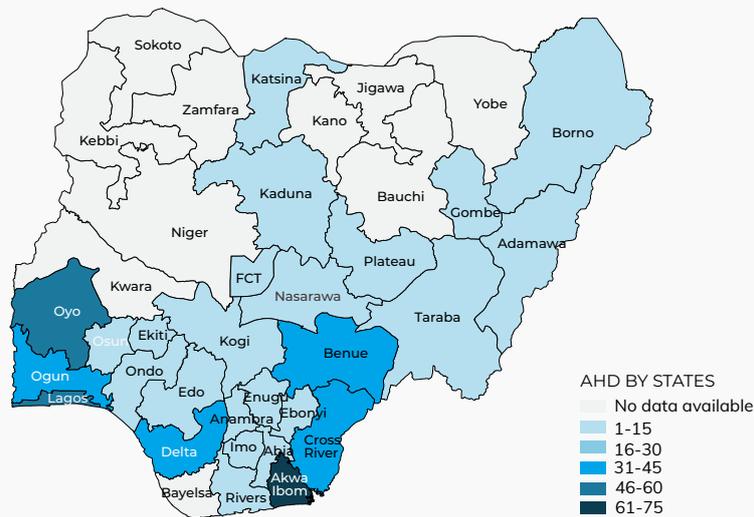


Figure 13

Distribution of newly diagnosed HIV+ clients with WHO stage III & IV HIV disease by state in April 2023

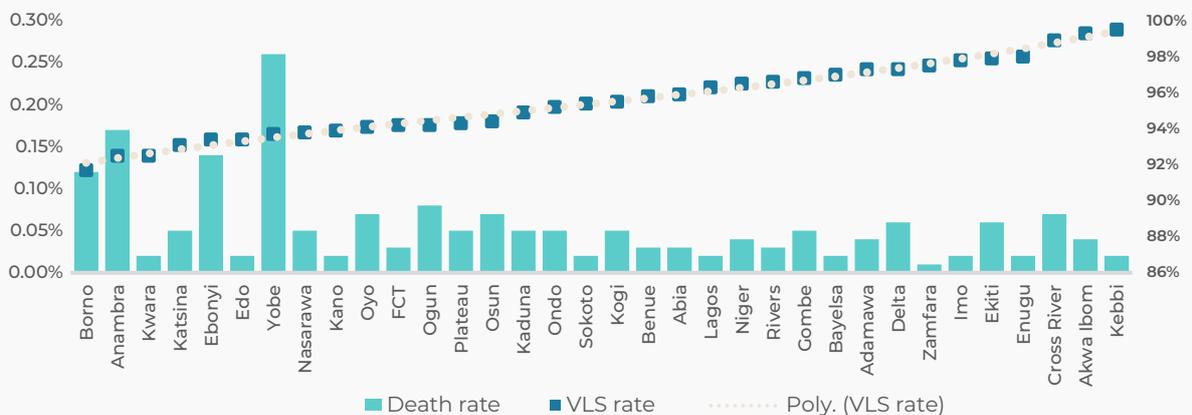


Figure 14

Low deaths among states with high viral load suppression rate in April 2023

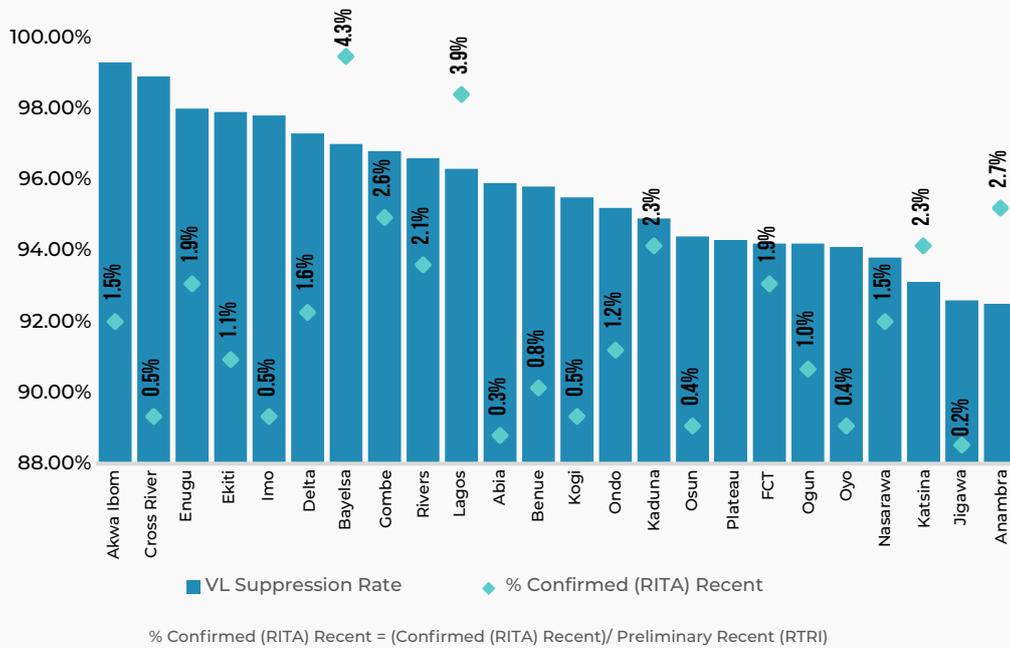


Figure 15
Recent infection rates still high in some states with high viral load suppression rate. (% confirmed (RITA) Recent = Confirmed (RITA) Recent / Preliminary recent infection)

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.

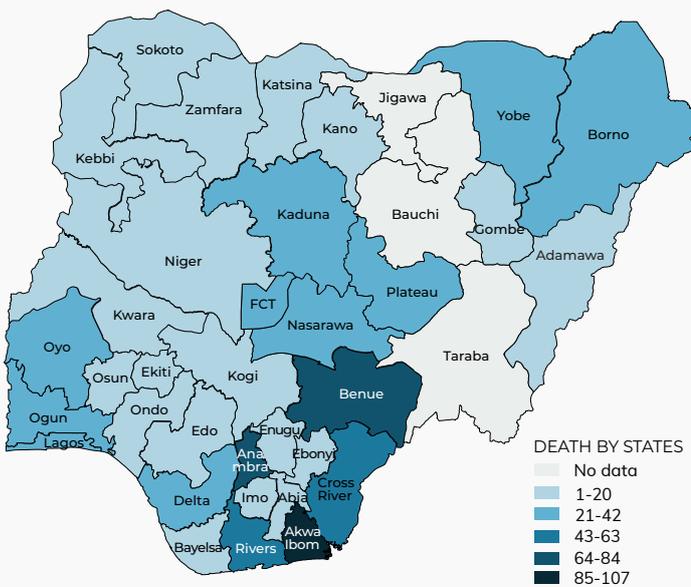


Figure 16
Distribution of deaths by state in April 2023

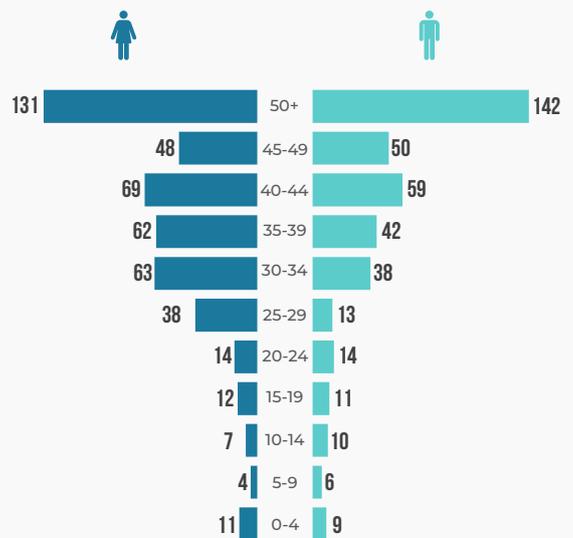


Figure 17
Deaths by age and sex in April 2023

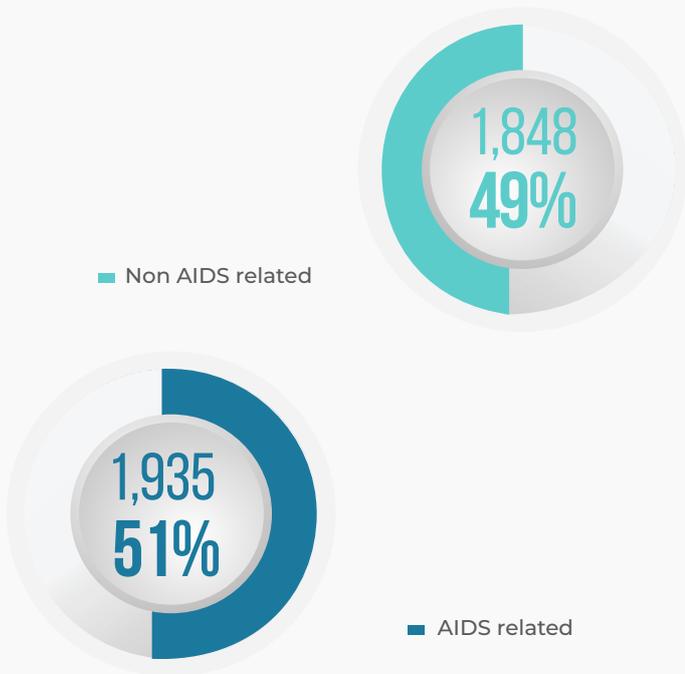


Figure 18
AIDS-related and non-AIDS-related causes of death as at April 2023

853 Deaths were recorded in April 2023

459 394



25 Total number of states where mortality surveillance is activated.

382 Total number of activated facilities in these states.

3,783 Verbal Autopsy's (VA) as of April 2023 to determine the causes of death.

633 Deaths were recorded in all Mortality Surveillance activated sites in April 2023.

342 291

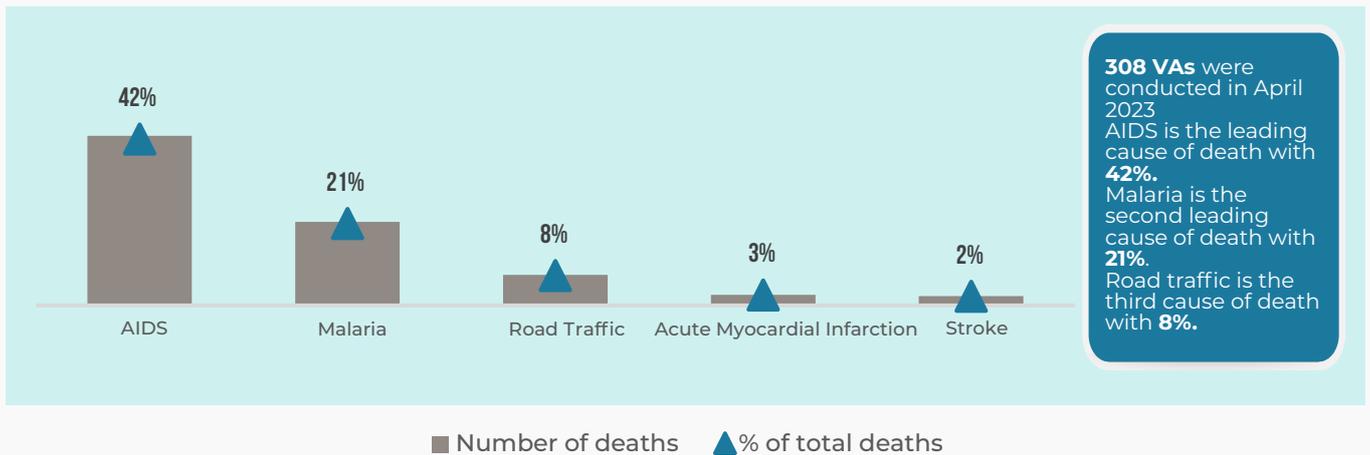


Figure 19
Top 5 causes of death among PLHIV in April 2023



Figure 20
Number of clients on treatment reported dead in MS-activated site in April 2023

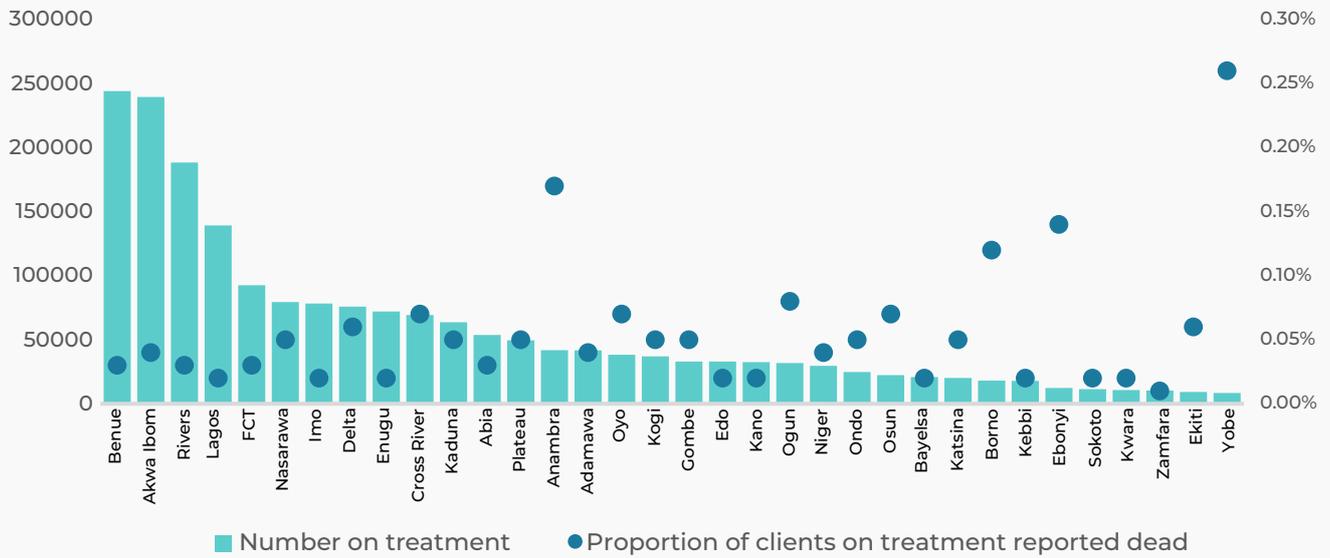


Figure 21
Proportion of clients on treatment reported dead in April 2023

This chart shows the proportion of clients on treatment who are reported dead in April 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.