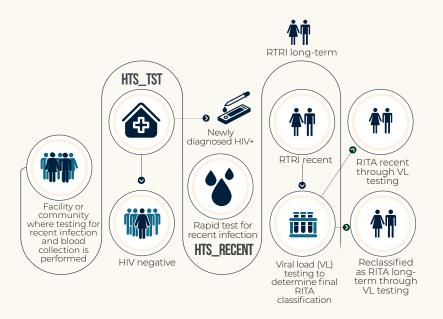
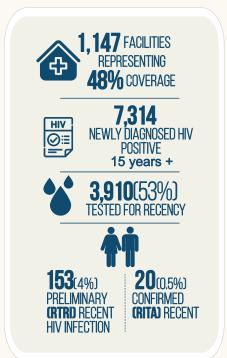
#### **OVERVIEW**

Data is for August 2023 and was downloaded from the NDR on 20 September 2023

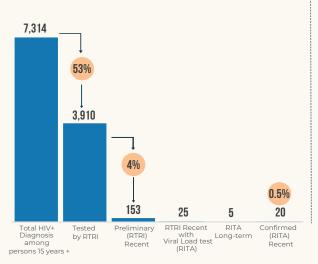
HIV Surveillance is the ongoing systematic collection, analysis, interpretation, and use of data to improve health determinants and disseminate information regarding HIV/AIDS related events. In Nigeria, data is collected from client-centred monitoring throughout the cascade of clinical care to guide 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, Casebased Surveillance (CBS), and Mortality Surveillance (MS).

## **HIV-1 RECENT INFECTION SURVEILLANCE**





The chart below summarizes HIV-1 Recent Infection Surveillance in 1,147 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.

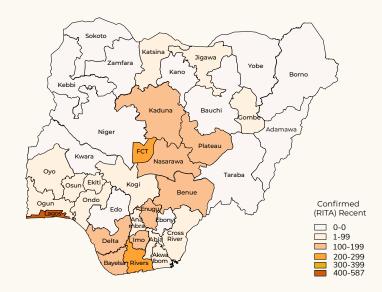


7000 6000 5000 1.1% 4000 3000 0.6% 0.5% 2000 **n** 3% 0.3% 0.2% 1000 5939 4740 3.458 4,909 4,959 5,023 4,416 4,728 3957 Feb 23 Mar.23 Tested by RTRI — % Confirmed (RITA) Recent

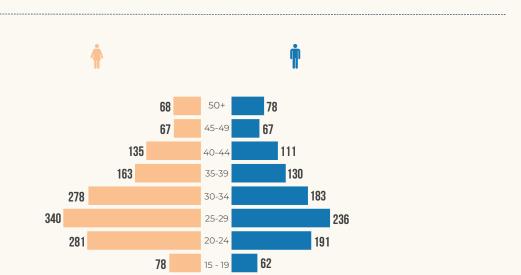
Additional sites which were activated for recency testing between June and July, commenced reporting on NDR, this can be attributed to the spike in September and October.

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

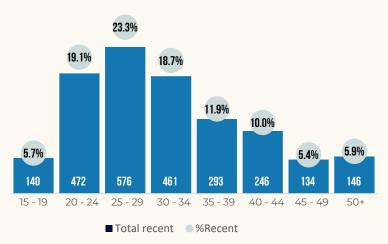
Confirmed recent infection from January 2022 to August 2023



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



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



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



Figure 5
The proportion of confirmed recent infections disaggregated by age as of August 2023



**Figure 6**Reclassification rate by month from 2022 to date

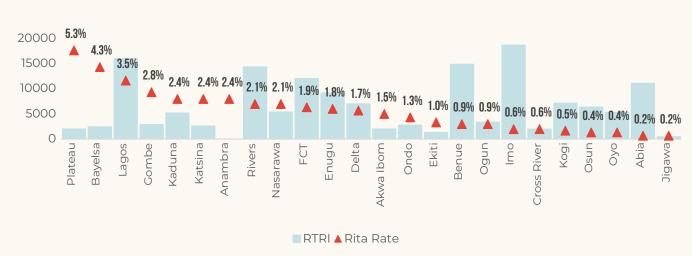


Figure 7
Recent infection rate by state as of August 2023

### **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.

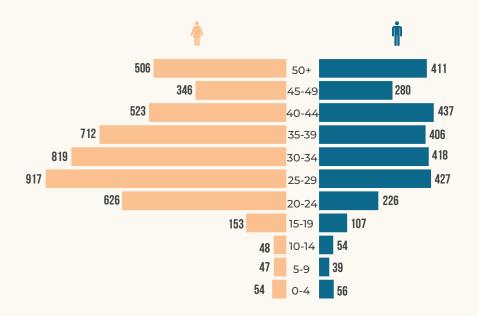
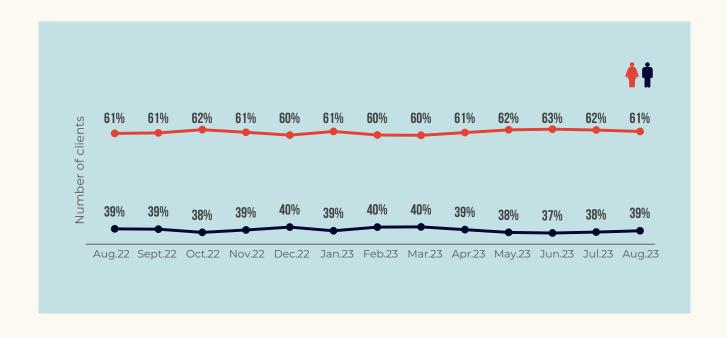
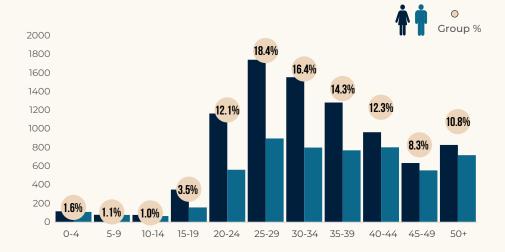


Figure 8
Number of clients newly diagnosed HIV+ in August 2023



# Figure 9 The monthly trend of clients by sex who commenced treatment. Female accounts for 61% while Males 39% of clients initiated on treatment for the month of August 2023

This chart shows the number of clients who tested HIV+ and commenced treatment (linkage) in August 2023. The number of clients who commenced treatment in August is highest in the 25-29 age band (18.4%) and lowest in the 5-9(1.1%) age band. In addition, the number of clients who commenced treatment is higher among females.



**Figure 10**The number of clients started on treatment in August 2023, disaggregated by age and sex.

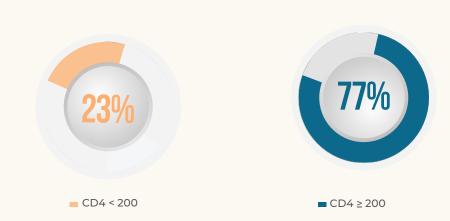
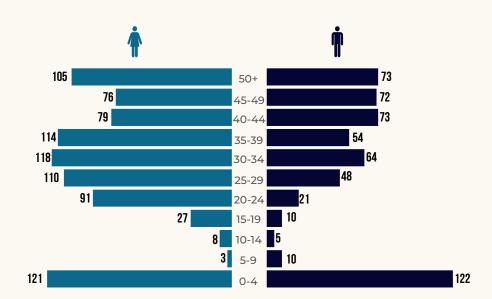
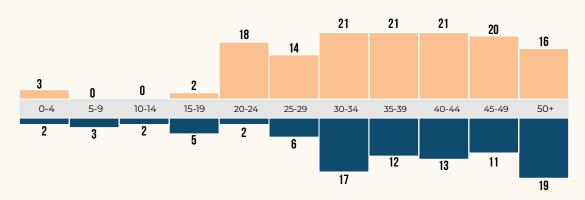


Figure 11 Client CD 4 COUNT < 200 and > =200 at initiation in August 2023



**Figure 12a**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 August 2023





**Figure 12b**Distribution of Advanced HIV Disease (WHO stage III and IV HIV disease) by age and sex in August 2023

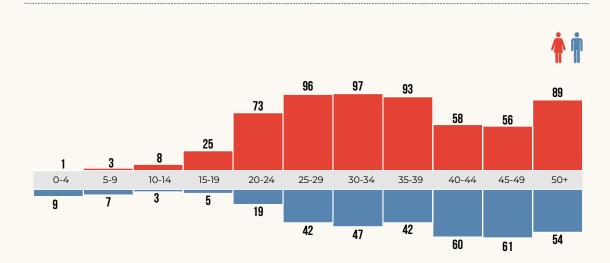


Figure 12c
Distribution of Advanced HIV Disease (CD4 Count less than 200)
in August 2023

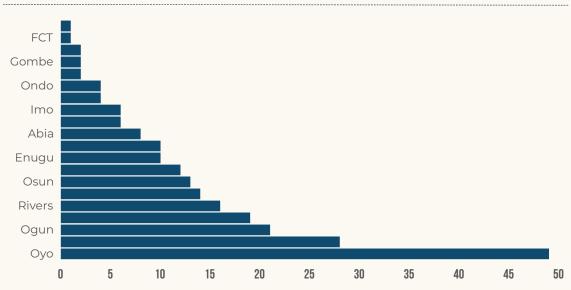


Figure 13 Distribution of newly diagnosed HIV+ clients with WHO stage III and IV HIV disease by state in August 2023  $\,$ 

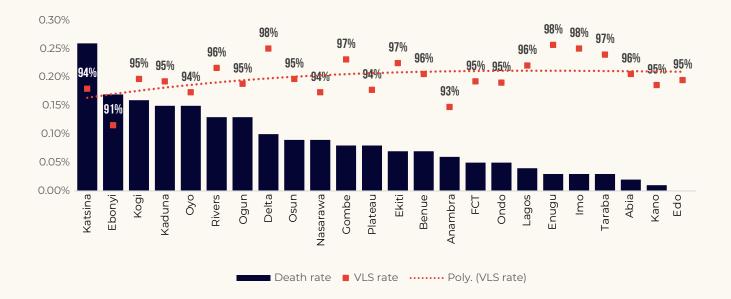


Figure 14
Deaths among states with high viral load suppression rate in August 2023

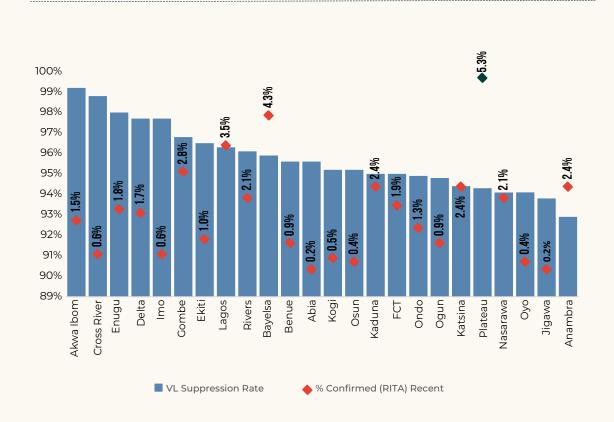


Figure 15
Recent infection rates are still high in states with high viral load (% confirmed (RITA) Recent = Confirmed (RITA) Recent/ Preliminary recent infection.

### **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.

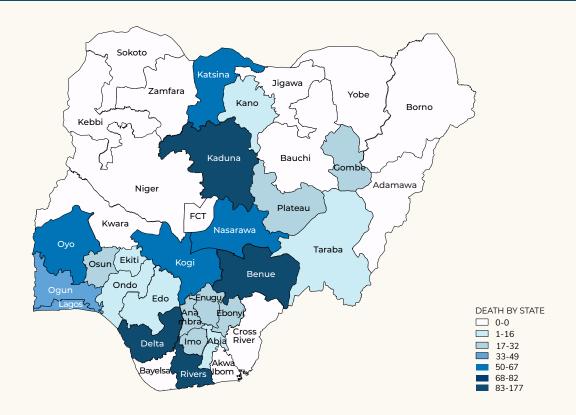
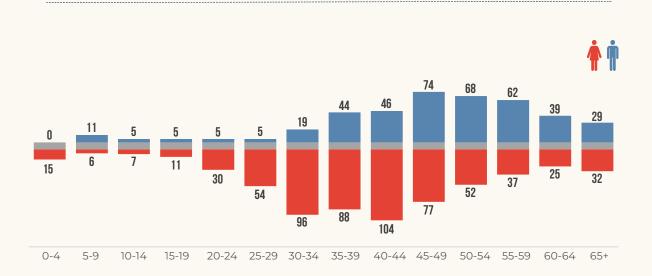
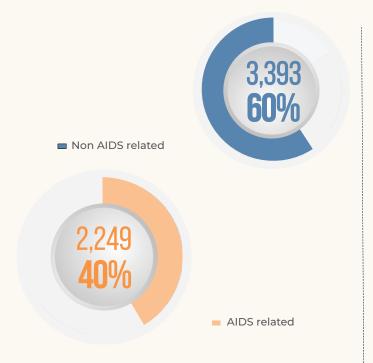


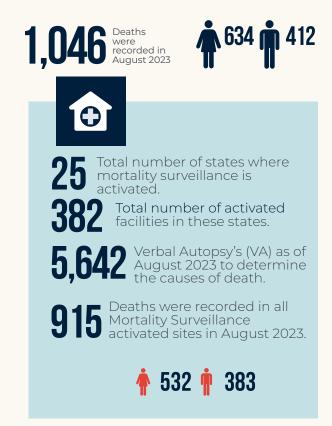
Figure 16
Distribution of deaths by States in August 2023

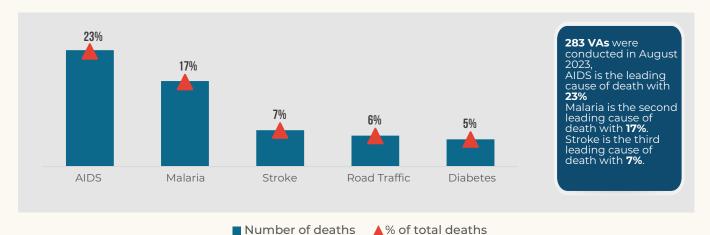


**Figure 17** Deaths by Age and Sex in August 2023

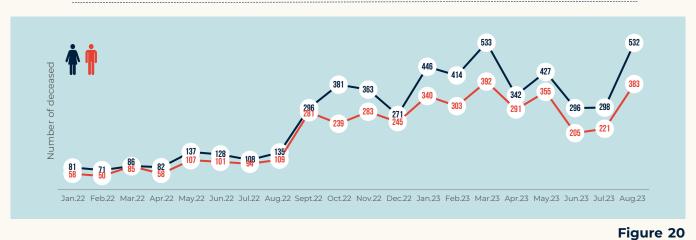


**Figure 18**AIDS-related and non-AIDS-related causes of death as of August 2023





**Figure 19**Top 5 causes of death among PLHIV in August 2023



The number of clients on treatment reported dead in the MS-activated site in August 2023.

The spike in August can be attributed to the scale-up of mortality surveillance implementation in states.

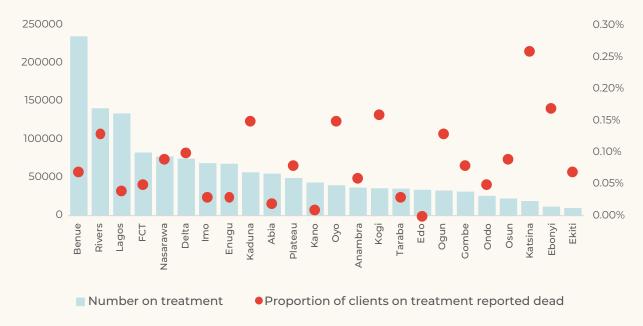


Figure 21
The proportion of clients on treatment reported dead in August 2023

This chart shows the proportion of clients who were reported dead in August 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.







