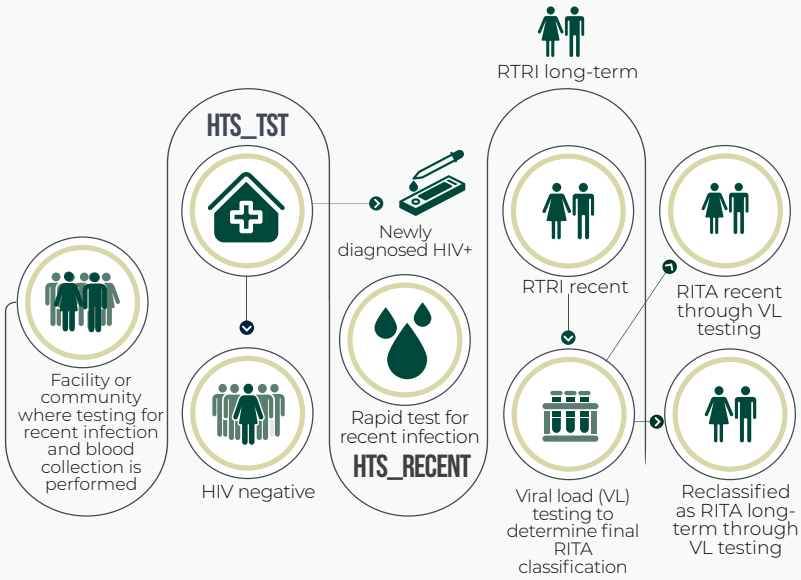
NIGERIA
NATIONAL HIV SURVEILLANCE REPORT
September 2023 Edition

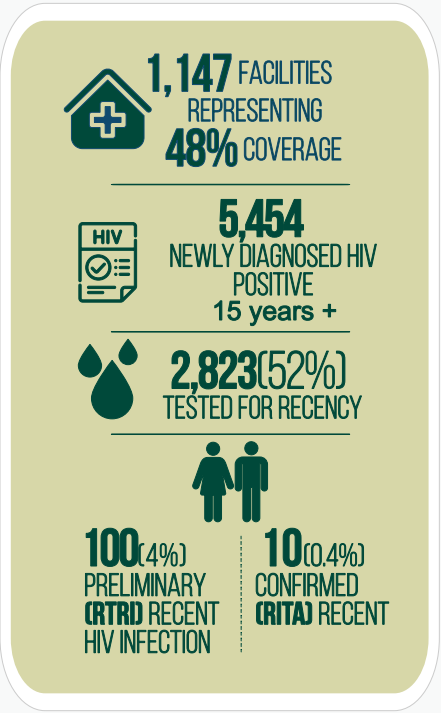
Data is for September 2023 and was downloaded from the NDR on 20 October 2023

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 1,147 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.

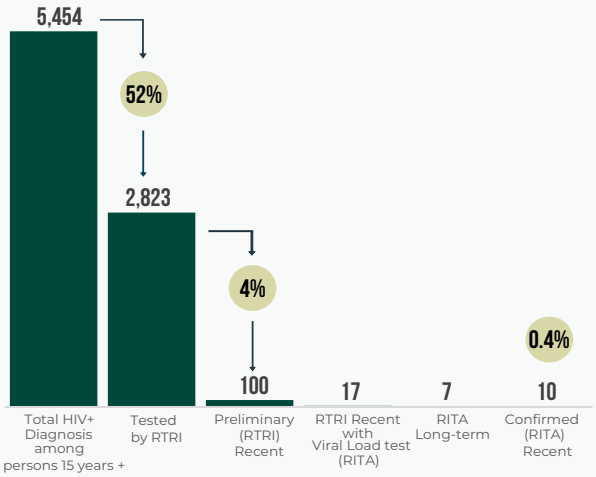
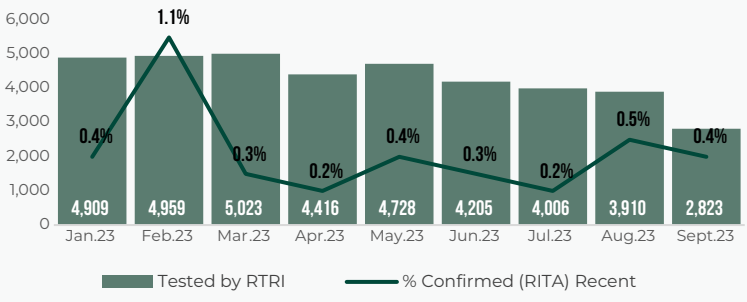


Figure 1
HIV-1 Recent Infection Surveillance Cascade in September 2023



The chart above shows the HIV recent infection trend for the period January 2023 to September 2023, the data shows a downward trend of recent infections from March 2023 to September 2023.

Figure 2
Confirmed recent infection from January 2023 to September 2023

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

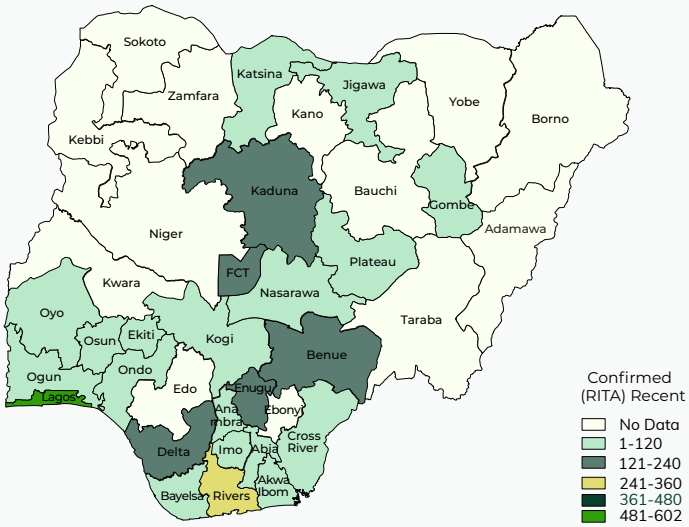


Figure 3
The map above is a geographical distribution of confirmed RITA recent infections from March 2020 to September 2023.

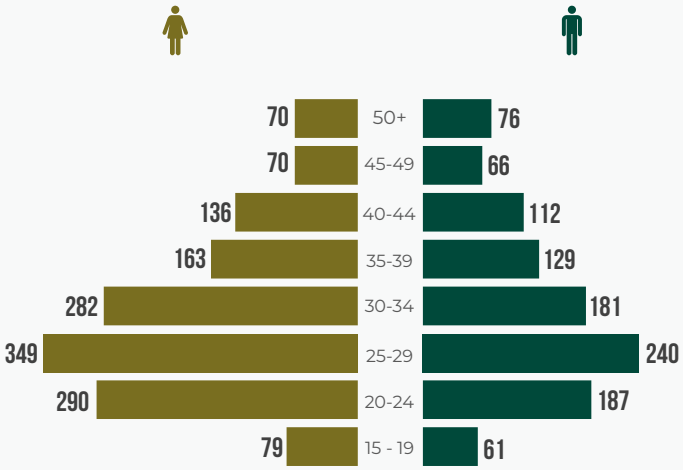


Figure 4a
Confirmed (RITA) recent infection by age and sex in Nigeria from March 2020 to September 2023

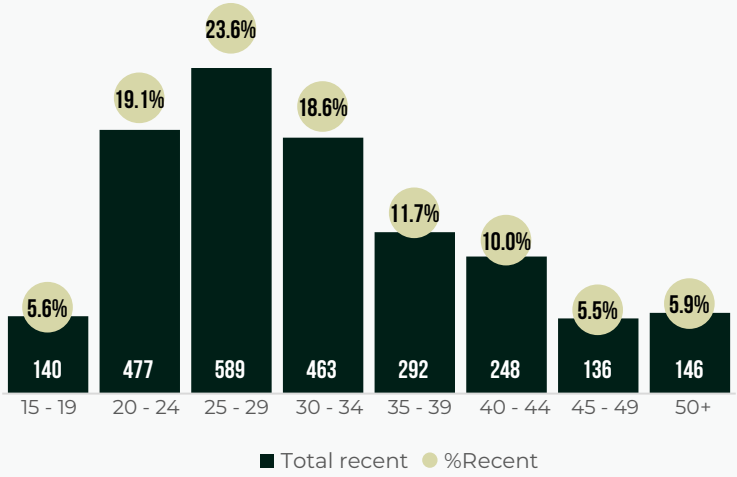


Figure 4b
Confirmed (RITA) recent infection by age and sex in Nigeria from March 2020 to September 2023

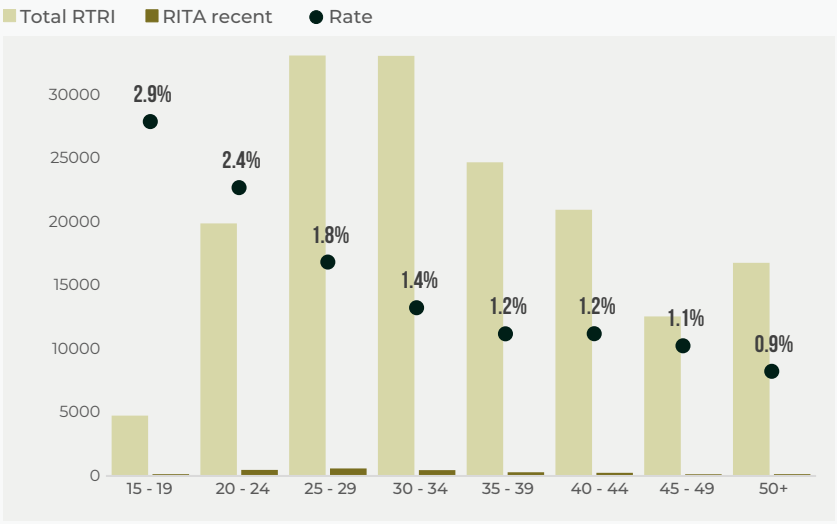


Figure 5
The proportion of confirmed recent infections disaggregated by age as of September 2023

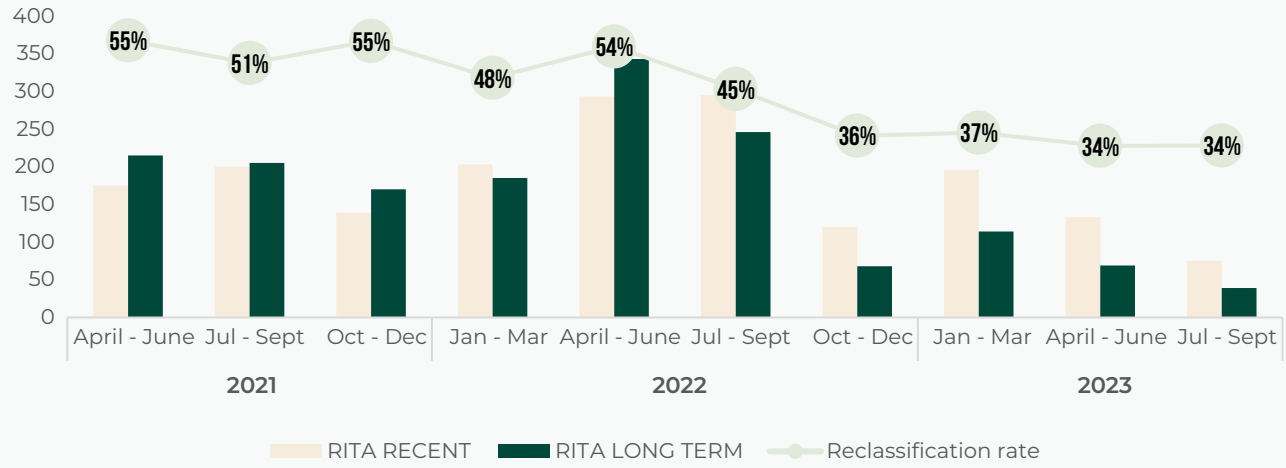


Figure 6
Reclassification rate by month from 2022 to date

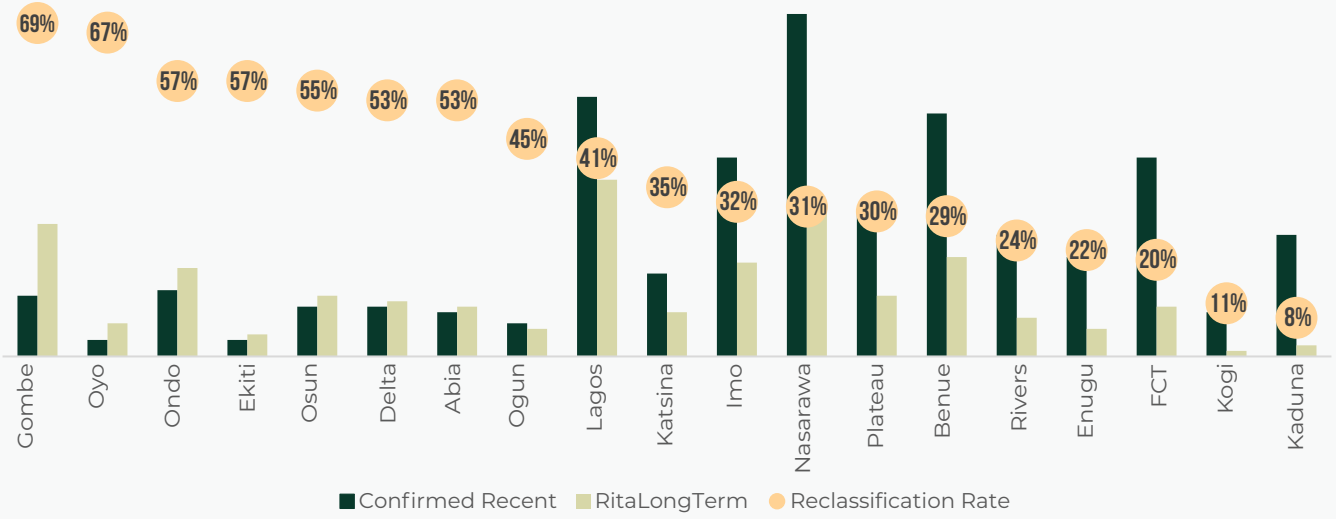


Figure 7a
Recent infection rate by state as of September 2023

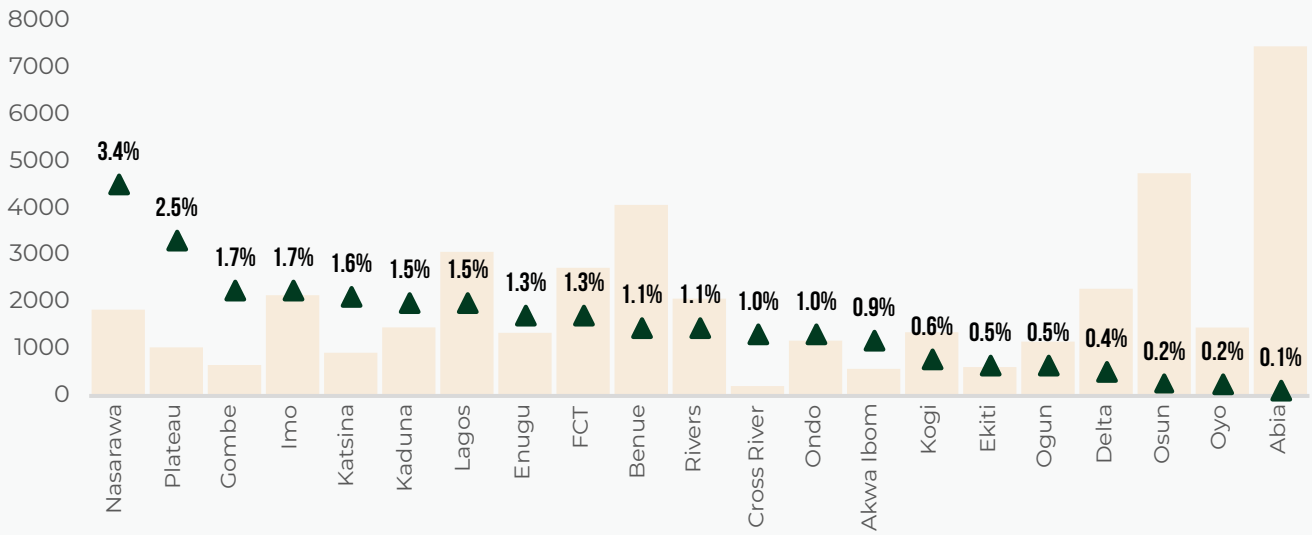


Figure 7b
RITA Rate by state from January to September 2023

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.

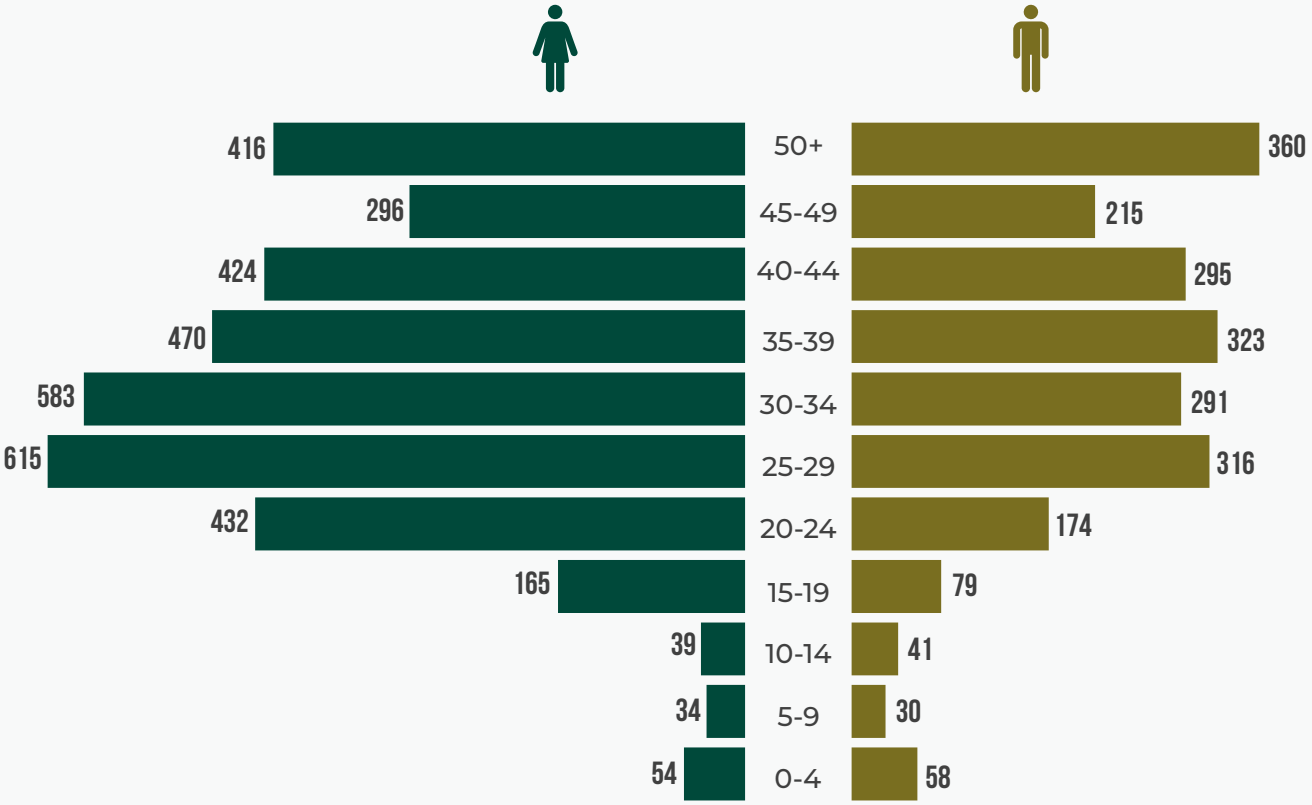


Figure 8
Number of clients newly diagnosed HIV+ in September 2023

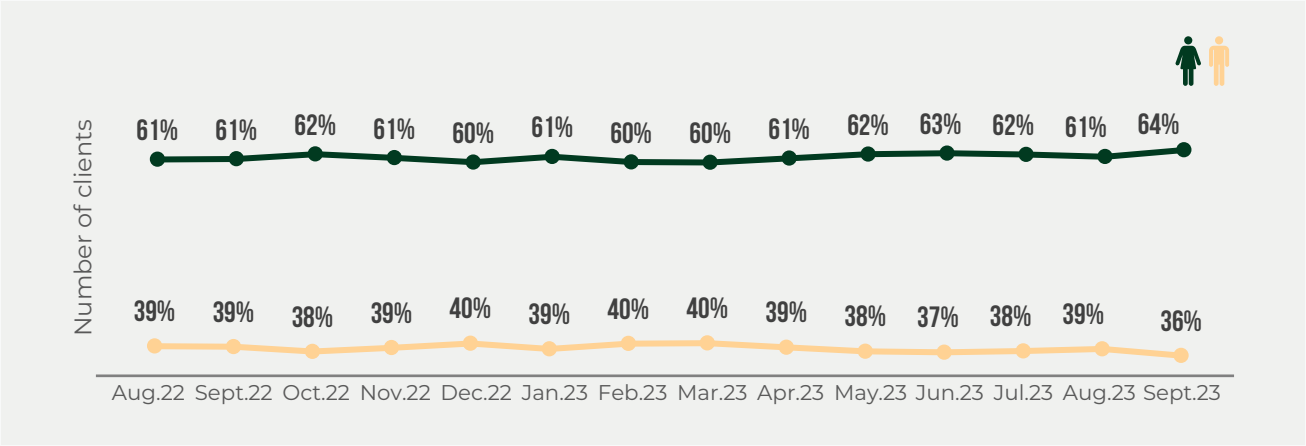


Figure 9
The monthly trend of clients by sex who commenced treatment.
Female accounts for 64% while Males 36% of clients initiated on treatment for the month of September 2023.

This chart shows the number of clients who tested HIV+ and commenced treatment (linkage) in September 2023. The number of clients who commenced treatment in September is highest in the 25-29 age band **(16.7%)** and lowest in the 5-9 **(0.9%)** age band. In addition, the number of clients who commenced treatment is higher among females.

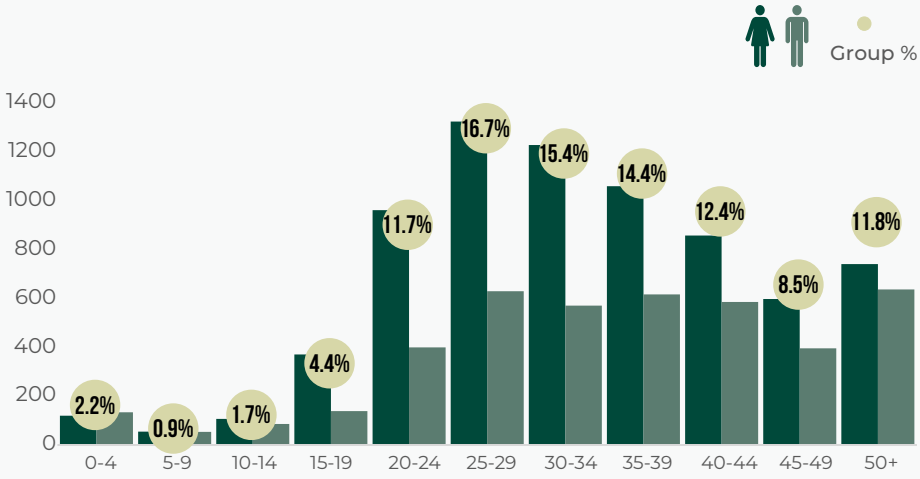


Figure 10
The number of clients started on treatment in September 2023, disaggregated by age and sex.

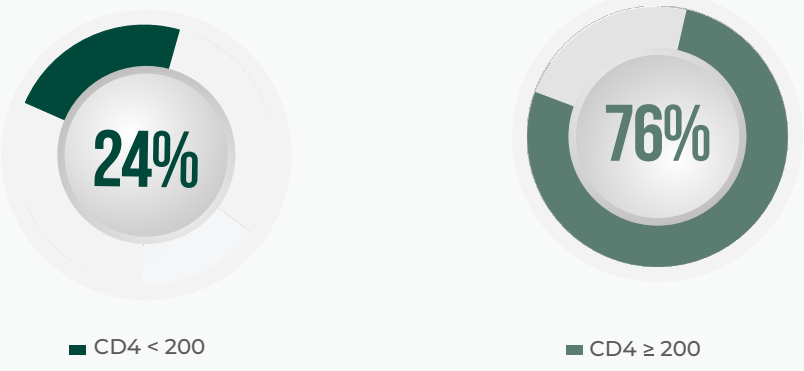


Figure 11
Client CD 4 COUNT < 200 and > =200 at initiation in September 2023

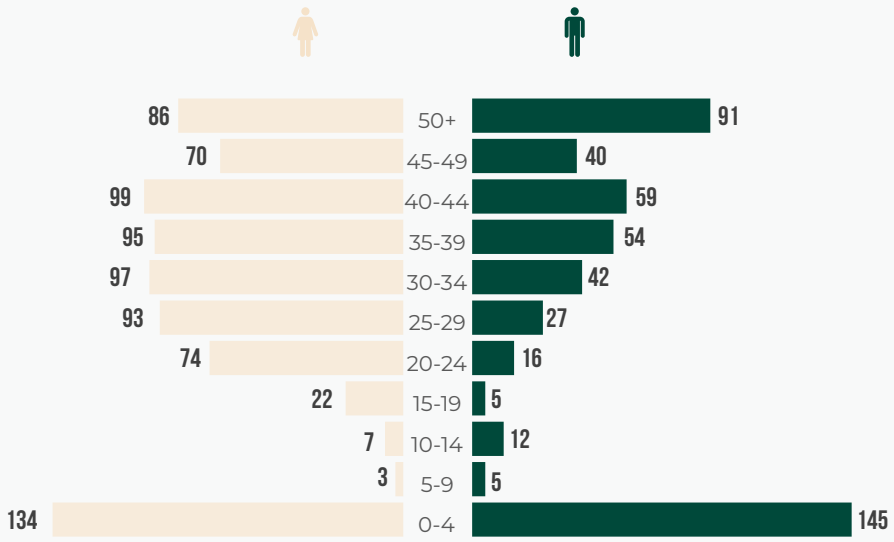


Figure 12a
Distribution of Advanced HIV Disease (WHO stage III and IV HIV disease, CD4 less than 200 and children under five) by age and sex in September 2023

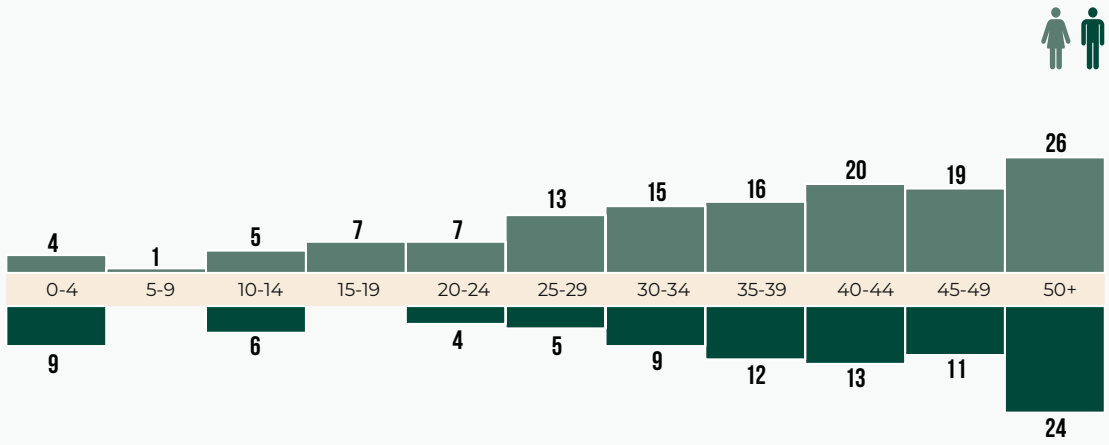


Figure 12b
Distribution of Advanced HIV Disease (WHO stage III and IV HIV disease) by age and sex in September 2023

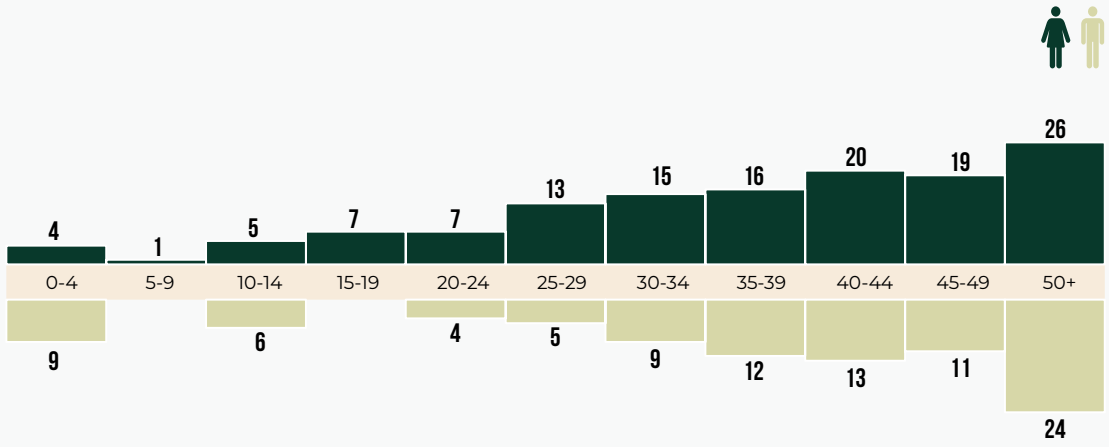


Figure 12c
Distribution of Advanced HIV Disease (CD4 Count less than 200) in September 2023

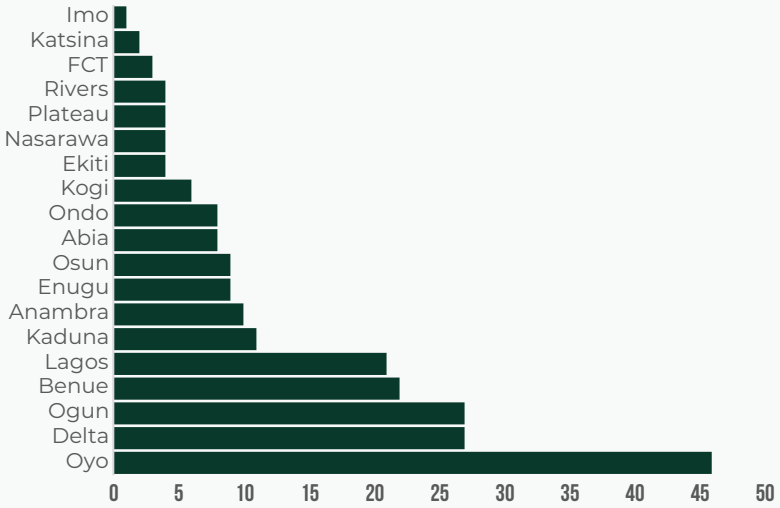


Figure 13
Distribution of newly diagnosed HIV+ clients with WHO stage III and IV HIV disease by state in September 2023

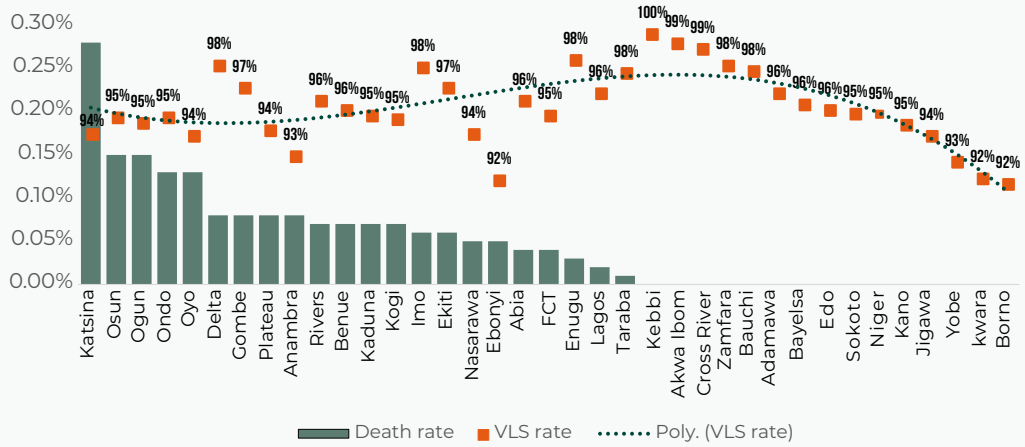


Figure 14
Deaths among states with high viral load suppression rate in September 2023

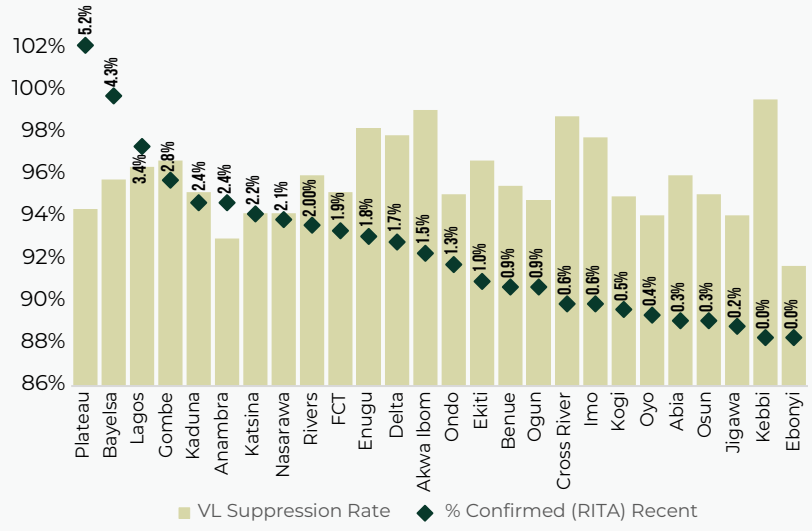


Figure 15
Recent infection rates are still high in states with high viral load (% confirmed (RITA) Recent = Confirmed (RITA) Recent/ Preliminary recent infection.

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.

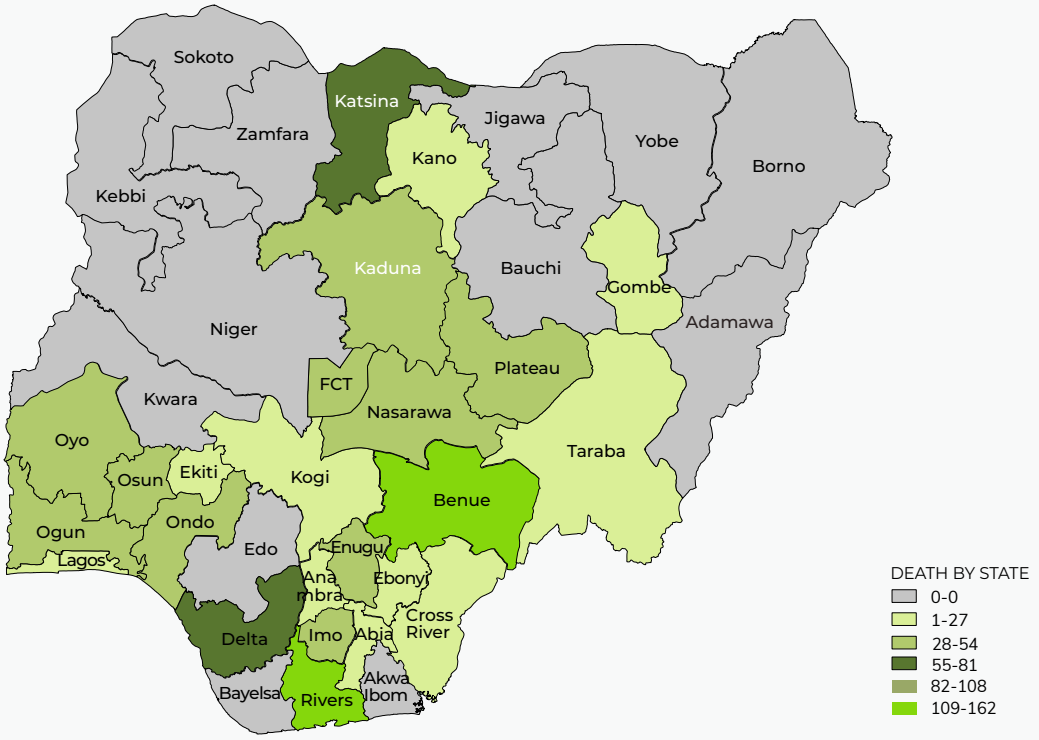


Figure 16
Distribution of deaths by States in September 2023

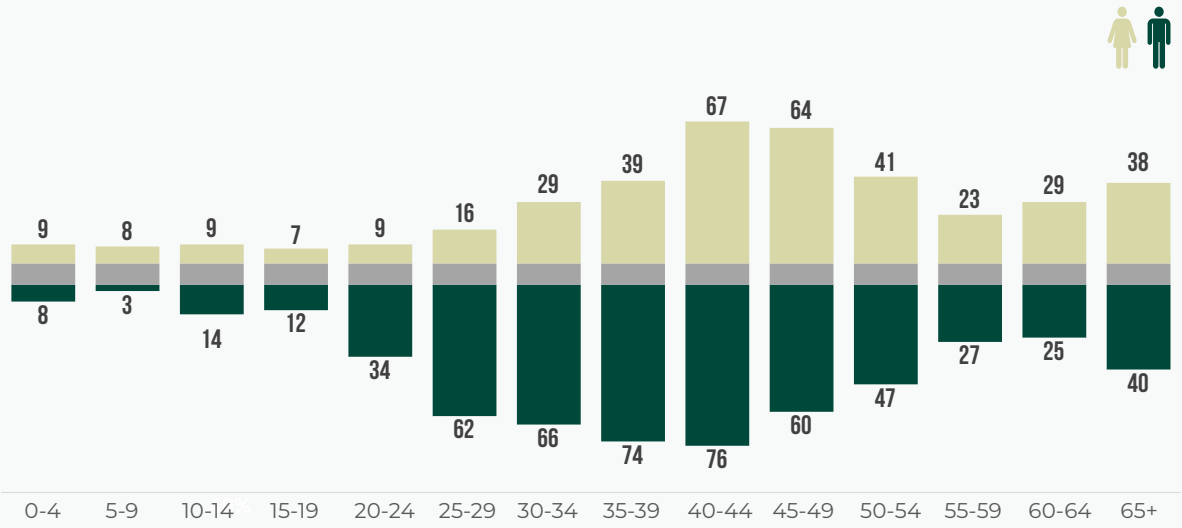


Figure 17
Deaths by Age and Sex in September 2023

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

936 Deaths were recorded in September 2023

548 388

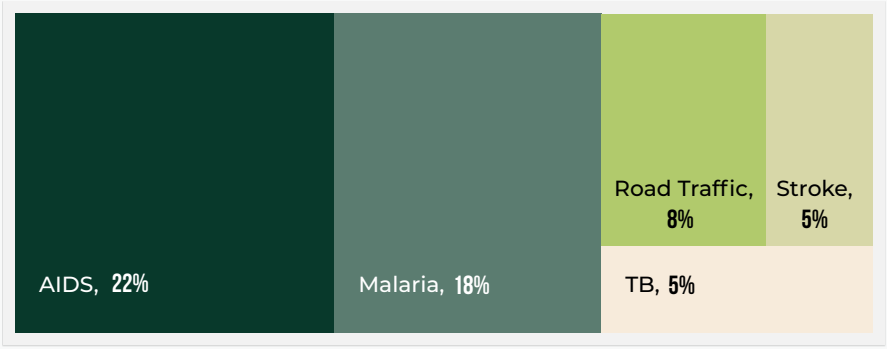
25 Total number of states where mortality surveillance is activated.

382 Total number of activated facilities in these states.

5,925 Verbal Autopsy's (VA) as of September 2023 to deter--mine the causes of death.

915 Deaths were recorded in all Mortality Surveillance activated sites in September 2023.

450 310



283 VAs were conducted in September 2023, AIDS is the leading cause of death with **22%**
Malaria is the second leading cause of death with **18%.**
Road Traffic is the third leading cause of death with **8%**.

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

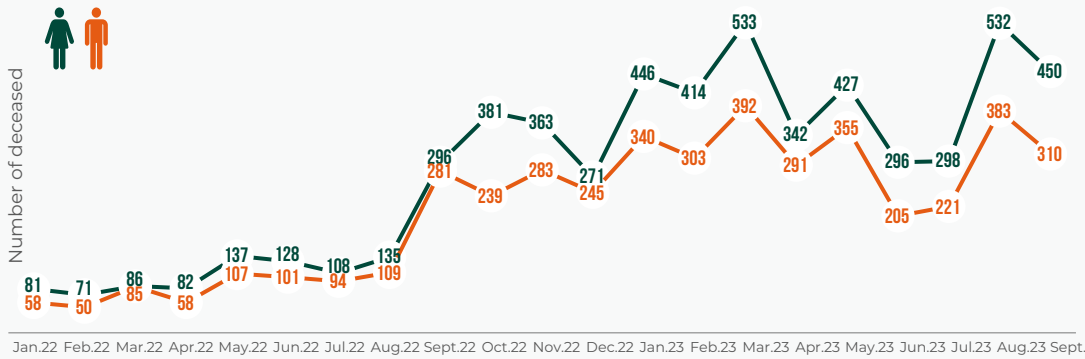


Figure 20
The number of clients on treatment reported dead in the MS-activated site in September 2023.
The spike in August can be attributed to the scale-up of mortality surveillance implementation in states.

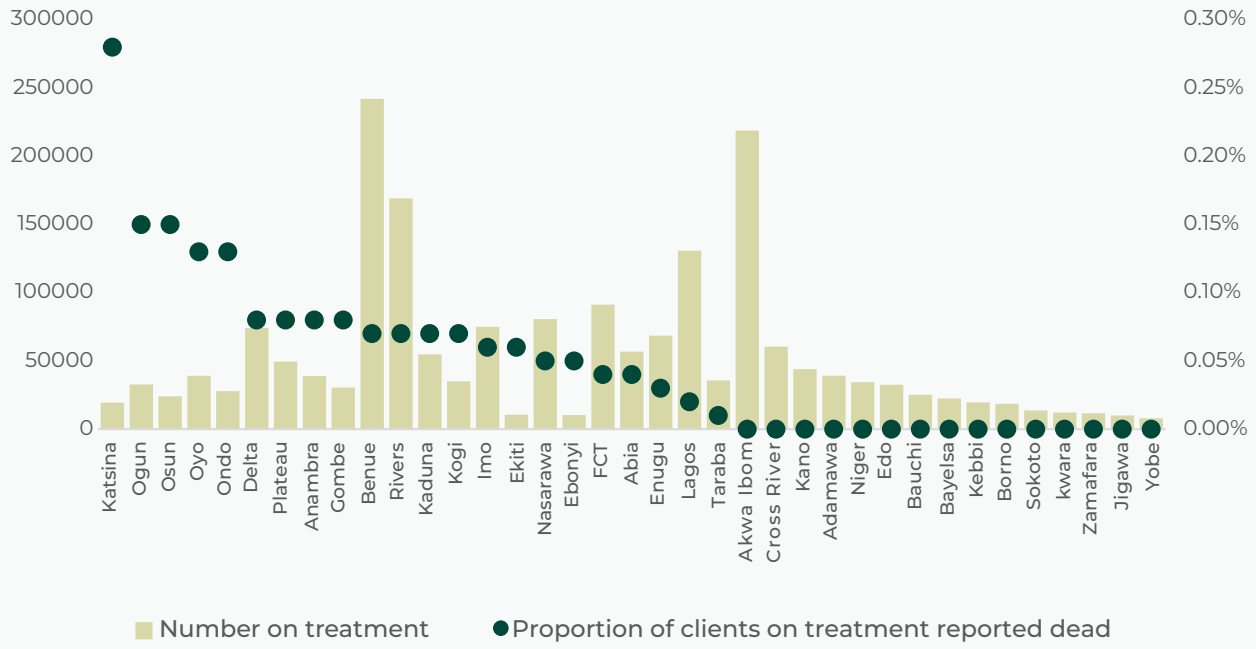


Figure 21
The proportion of clients on treatment reported dead in September 2023

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