

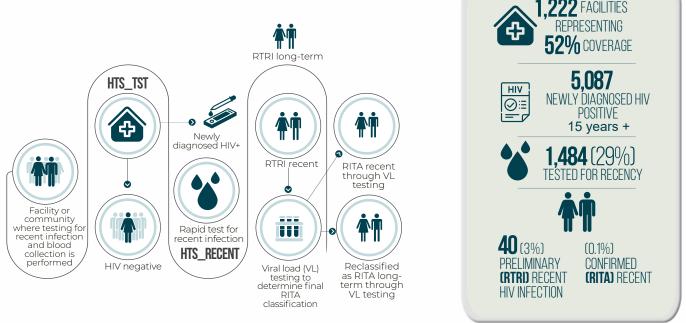
NIGERIA NATIONAL HIV SURVEILLANCE REPORT January 2024 Edition

OVERVIEW

Data is for January 2024 and was downloaded from the NDR on 20 February 2024

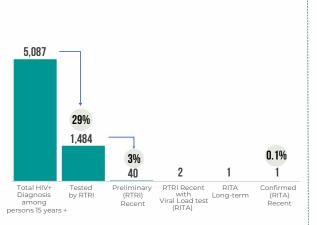
HIV Surveillance is the ongoing systematic collection, analysis, interpretation, and use of data to improve health determinants and disseminate information regarding HIV/AIDS related events. In Nigeria, data is collected from client-centred monitoring throughout the cascade of clinical care to guide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

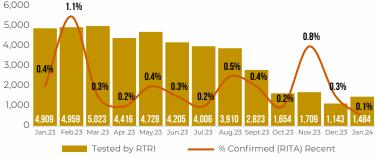
HIV-1 RECENT INFECTION SURVEILLANCE



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The chart below summarizes HIV-1 Recent Infection Surveillance in 1,222 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.

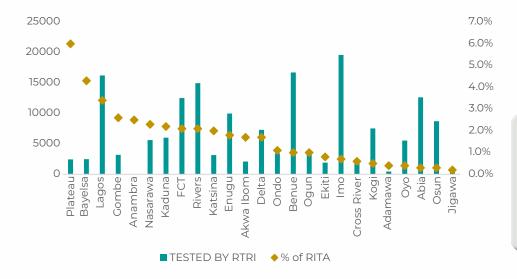




The chart above shows the HIV recent infection trend for the period January 2023 to January 2024. It shows the percentage of clients tested with rapid test for recent infection and have been confirmed recent.

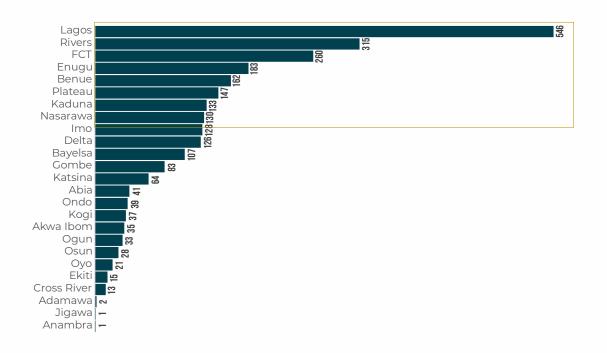
Figure 1 HIV-1 Recent Infection Surveillance Cascade as of January 2024.

Figure 2 Confirmed recent infection as of January 2024.



The chart shows the percentage of PLHIV who were tested with Rapid Test for Recent Infection (RTRI), and their final recency result is confirmed to be true recent HIV infection.

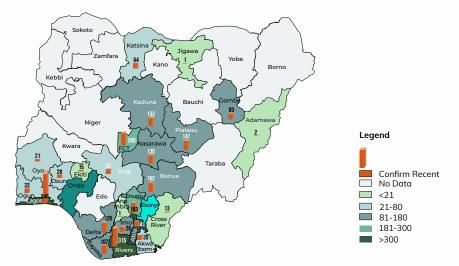
Figure 3 Percentage of clients tested by RTRI who are confirmed recent.



The chart above highlights the states with higher numbers of confirmed recent infection cases by States.

Figure 4a

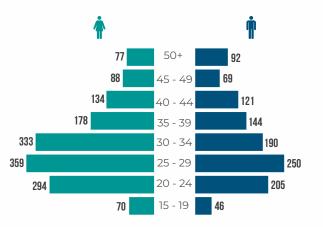
Confirmed Recent cases by State from 2020 to January 2024.



The above map shows the distribution of confirmed (RITA) recent infections from 2020 to January 2024. Lagos, FCT, Rivers, Benue, Nasarawa are leading in the number of HIV recent infections.

Figure 4b

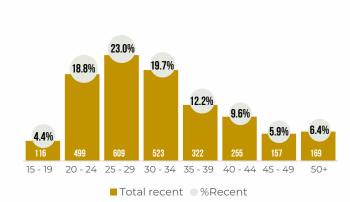
Geographical Distribution of Confirmed (RITA) recent Infections.



The figure above shows the distribution of confirmed recent infections by age and sex as of January 2024.

Figure 5a

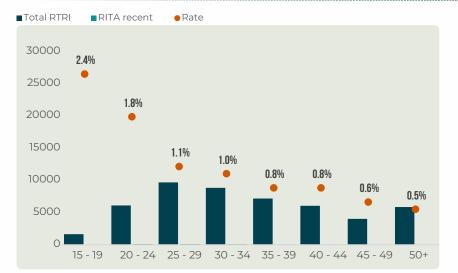
Recent infection by age and sex as of January 2024



The chart above represents the percentage of recent infections by age distribution.

Figure 5b

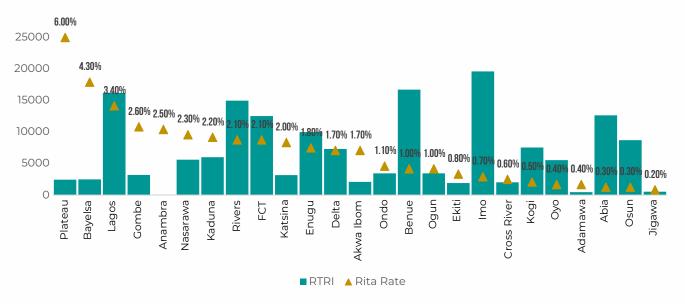
Percentage of Recent Infections by Age as of January 2024



The rate of confirmed recent infection rate is highest among the younger population. The age band 15-19 is highest, followed by 20-24. This is the lowest amongst the age band 50 and above.

Figure 6

The proportion of confirmed recent infections by age as of January 2024.

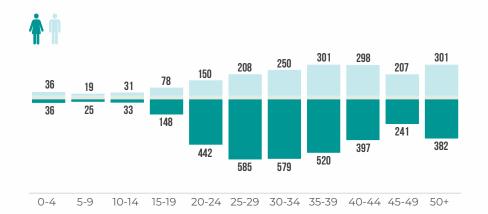


The chart above depicts the distribution of recent infection rates by states in Nigeria, Plateau, Bayelsa, Lagos are the top three states with the highest recent infection rates.

Figure 7 State with confirmed recent infection rates as of January 2024.

CASE-BASED SURVEILLANCE

Case-based Surveillance systematically 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.



The data presented in the chart indicates a higher number of newly diagnosed HIV-positive cases among the female population. Additionally, within the age group analysis, individuals aged 25-34 years exhibited the highest incidence of newly identified HIV cases.

Figure 8a Number of clients newly diagnosed HIV+ in January 2024.



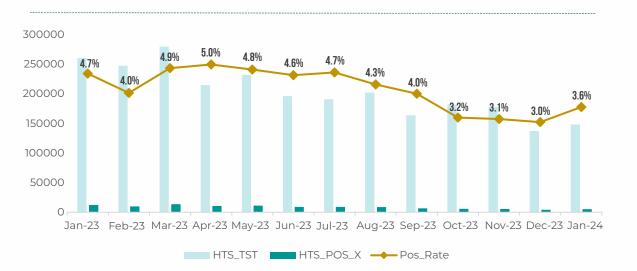
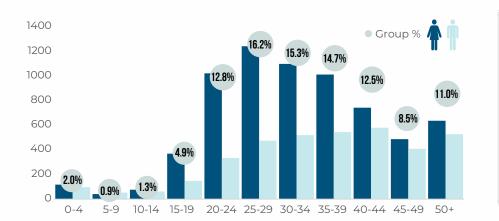


Figure 8b Trend of clients newly diagnosed HIV+ as of January 2024.

The positivity rate increased in January 2024.

Figure 8c





This chart shows the number of clients who tested HIV+ and commenced treatment (linkage) in January 2024. The number of clients who commenced treatment is highest in the 25-29 band with age (16.2%), closely followed by age band **30-34** with (15.3%), the lowest is amongst the age band 5-9 (0.9%).

Figure 9 The number of clients started on treatment in January 2024.

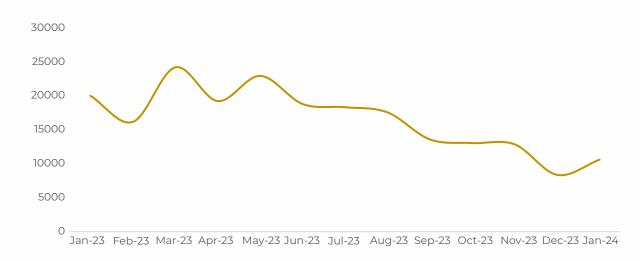


Figure 9b

Trend of clients who commenced treatment as of January 2024.



Figure 10a

Client CD 4 COUNT < 200 and >= 200 At initiation in January 2024

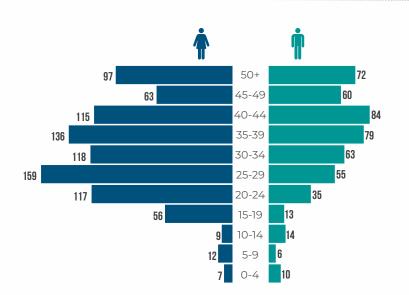


Figure 10b

Client CD 4 COUNT < 200 at initiation disaggregated by age and sex in January 2024.

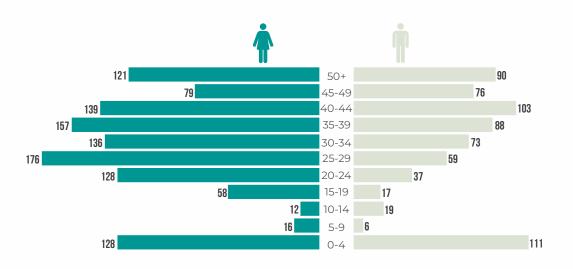
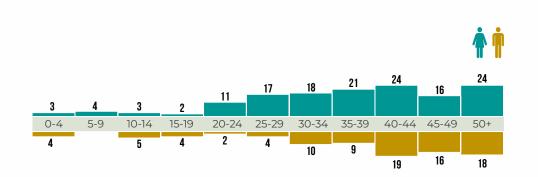
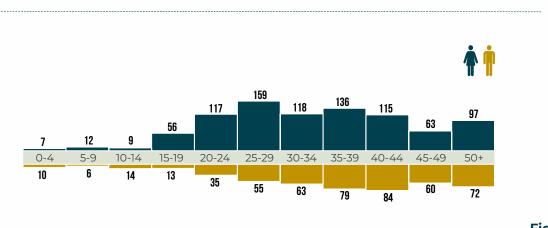


Figure 11a

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 January 2024.









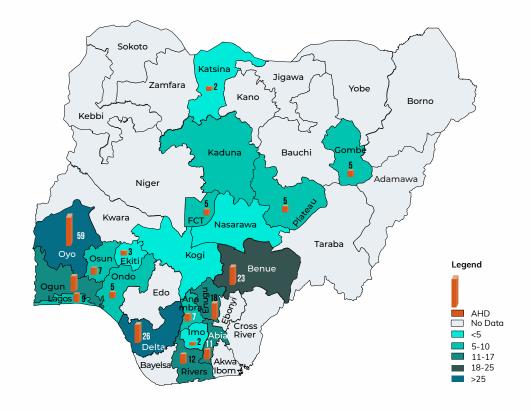


Figure 12 Distribution of newly diagnosed HIV+ clients with WHO stage III and IV HIV disease by state in January 2024.

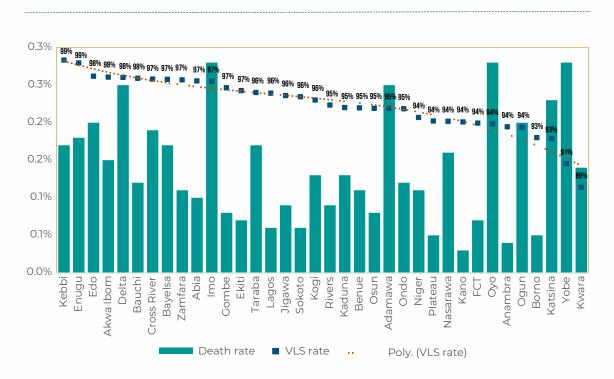
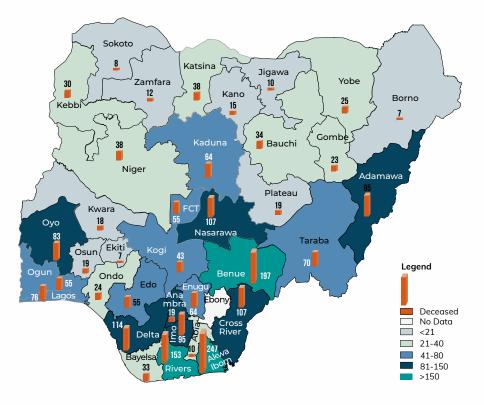


Figure 13

Death rate among states with high viral load suppression rate as of January 2024.

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.



The chart above shows a distribution of death amongst PLHIV in Nigeria from 1st of January to 31st of January 2024.

Figure 14

Distribution of deaths by States in January 2024.

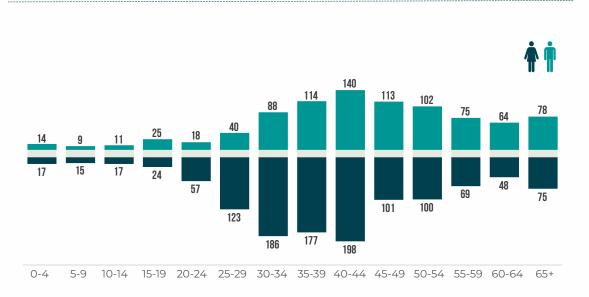
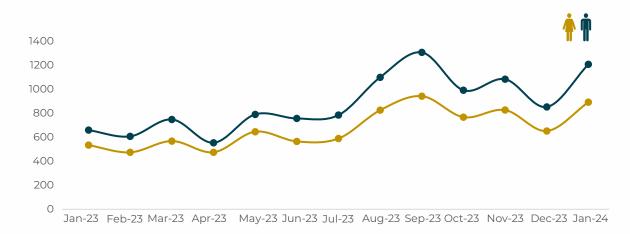


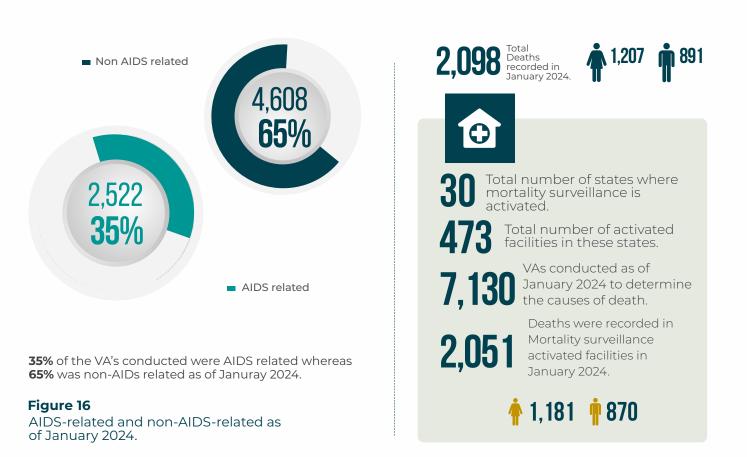
Figure 15a

Distribution of Deceased clients by age and Sex in January 2024.



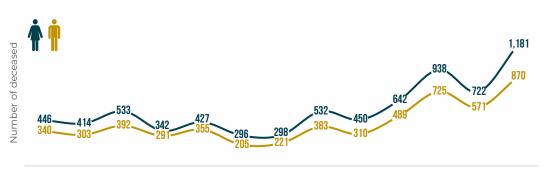
The chart above provides insights into the monthly distribution of client on ART who died as of January 2024, the number of reported deaths increased in January because of the improved reporting from the recently activated sites for mortality surveillance.

Figure 15b Trends of death by Sex as of January 2024.



			Diabetes 5.1%	556 VAs were conducted in January 2024, AIDS is the leading cause of death with 22.7%
AIDS, 22.7 %	Road Traffic, 14.0 %	Malaria, 12.3 %	Stroke, 5 .1%	Road traffic is the second leading cause of death with 14%. Malaria is the third leading cause of death with 12.3%.

Figure 17 Top 5 causes of death among PLHIV in January 2024.



Jan.23 Feb.23 Mar.23 Apr.23 May.23 Jun.23 Jul.23 Aug.23 Sept.23 Oct.23 Nov.23 Dec.23 Jan.24

The hike experience in January of 2024 was because of increased reporting from the newly activated sites.

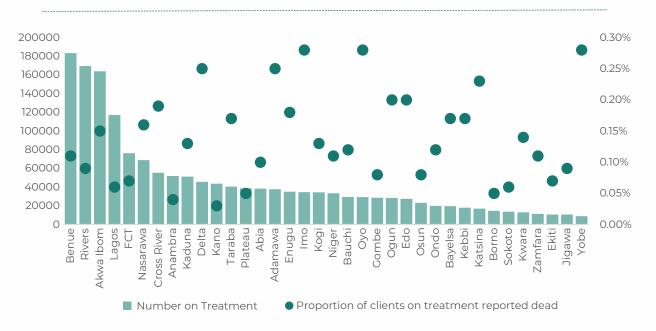


Figure 18 The number of clients on treatment reported dead in the MS-activated site as of January 2024.

This chart shows the proportion of clients who were reported dead in January 2024. The death rate was calculated as the number of clients on treatment who are reported dead per the total number of clients active on treatment. A high death rate is recorded amongst states with lower TX_CURR.

Figure 19 The proportion of clients on treatment reported dead in January 2024.

