NIGERIA
NATIONAL HIV SURVEILLANCE REPORT
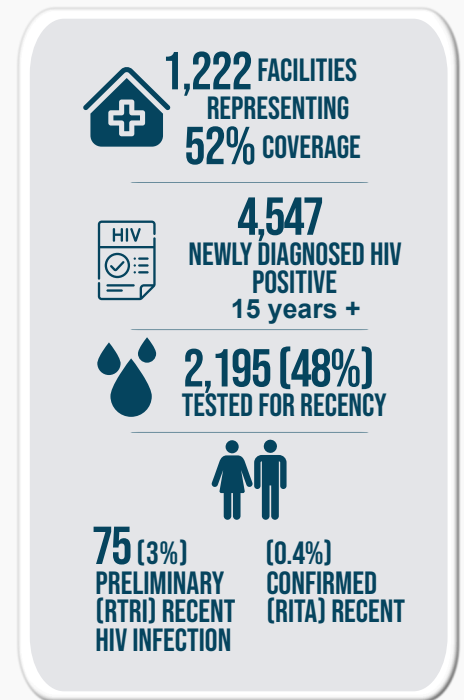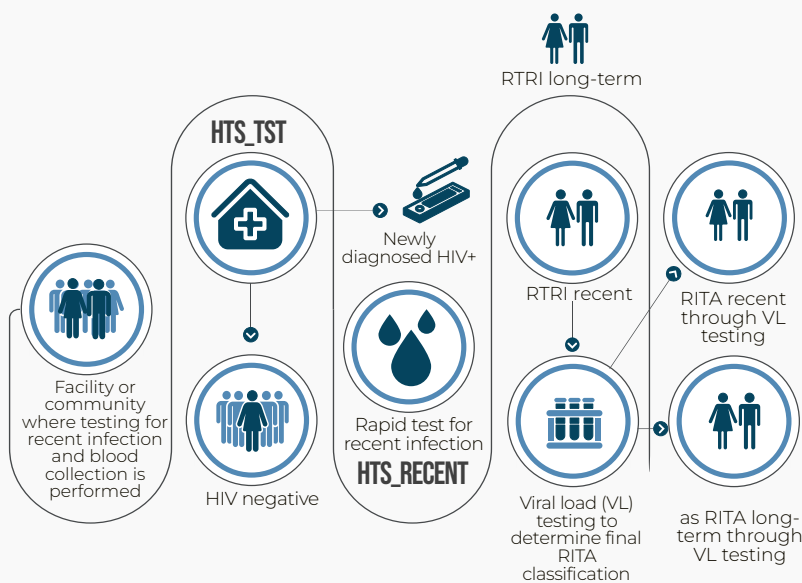### March 2024 Edition

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

1,222 FACILITIES REPRESENTING **52%** COVERAGE

4,547 NEWLY DIAGNOSED HIV POSITIVE 15 years +

2,195 (48%) TESTED FOR RECENCY

75 (3%) PRELIMINARY (RTRI) RECENT HIV INFECTION

(0.4%) CONFIRMED (RITA) RECENT

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.
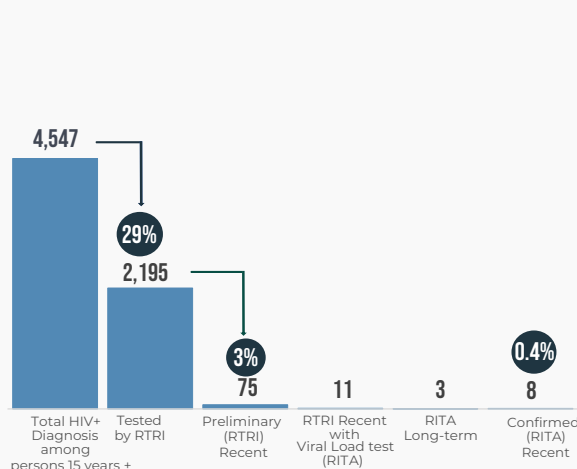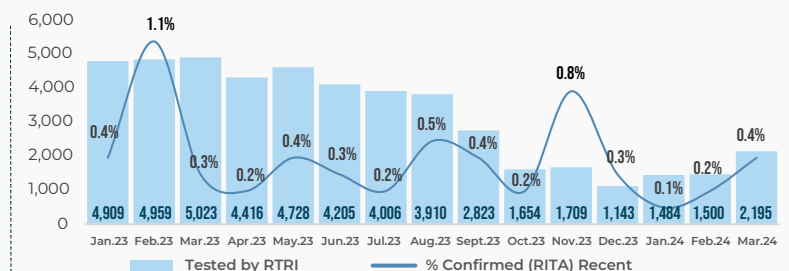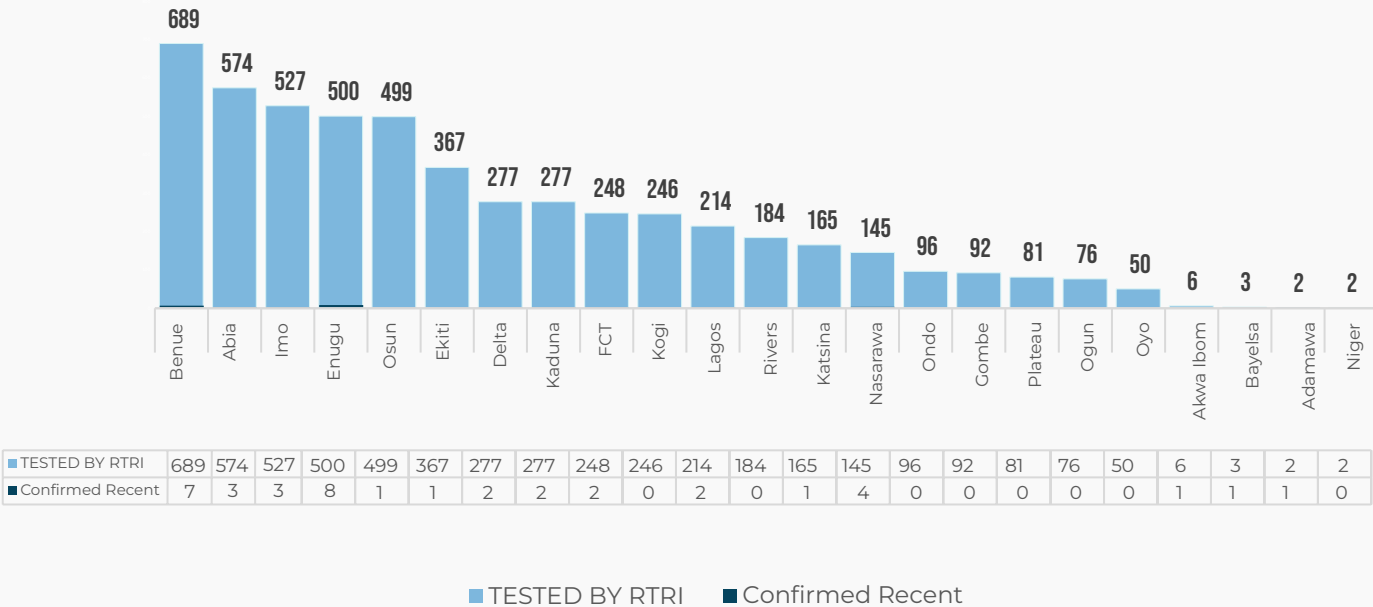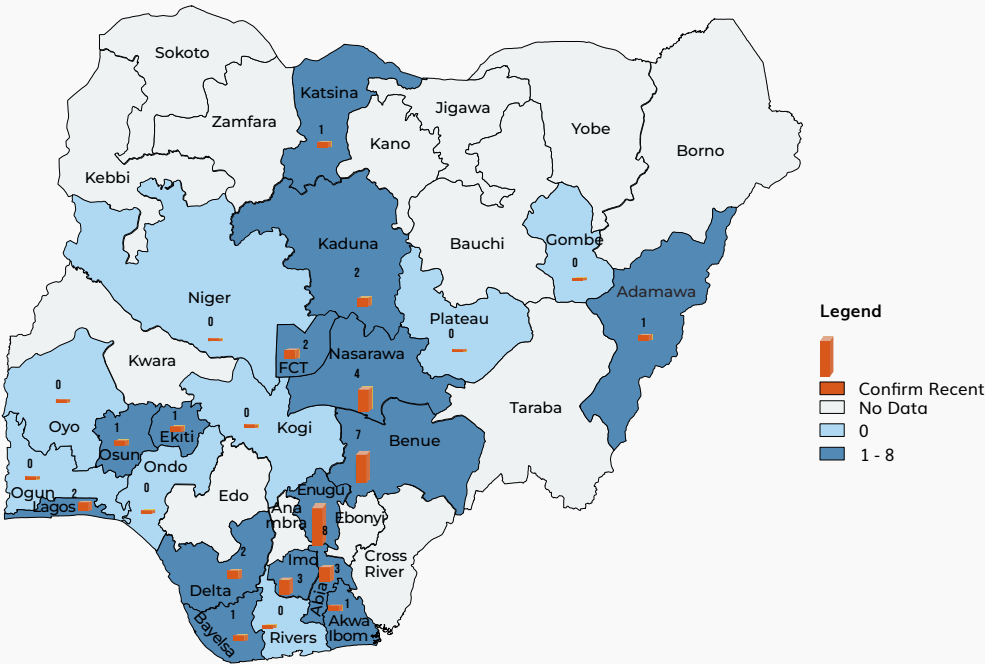

The chart above shows the HIV recent infection trend for the period January 2023 to March 2024. It shows the percentage of clients tested with rapid test for recent infection and have been confirmed recent.

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

Figure 2
Confirmed recent infection as of March 2024.

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

	Benue	Abia	Imo	Enugu	Osun	Ekiti	Delta	Kaduna	FCT	Kogi	Lagos	Rivers	Katsina	Nasarawa	Ondo	Gombe	Plateau	Ogun	Oyo	Akwa Ibom	Bayelsa	Adamawa	Niger
TESTED BY RTRI	689	574	527	500	499	367	277	277	248	246	214	184	165	145	96	92	81	76	50	6	3	2	2
Confirmed Recent	7	3	3	8	1	1	2	2	2	0	2	0	1	4	0	0	0	0	0	1	1	1	0

■ TESTED BY RTRI   ■ Confirmed Recent

The chart shows the number 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
Clients tested by RTRI versus those confirmed RITA recent from January 2024 – March 2024
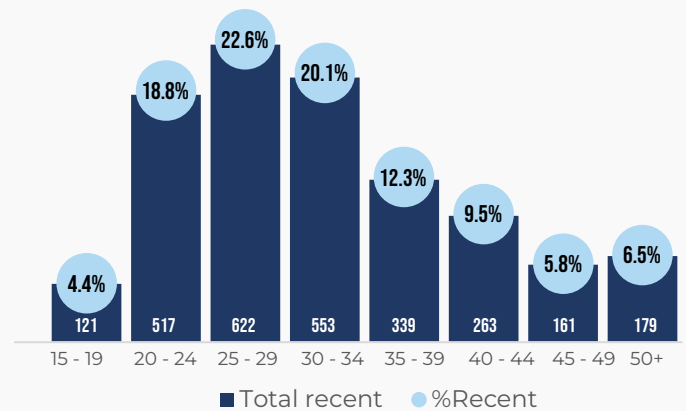

The chart above highlights the distribution of HIV recent infection cases by states between January to March 2024.

Figure 4a
Confirmed Recent infection cases by State from Janauary 2024 to March 2024.
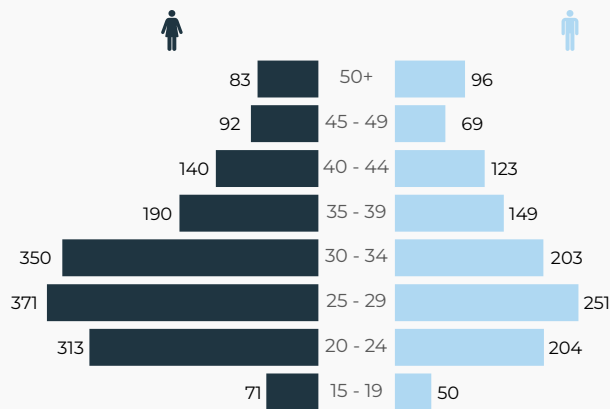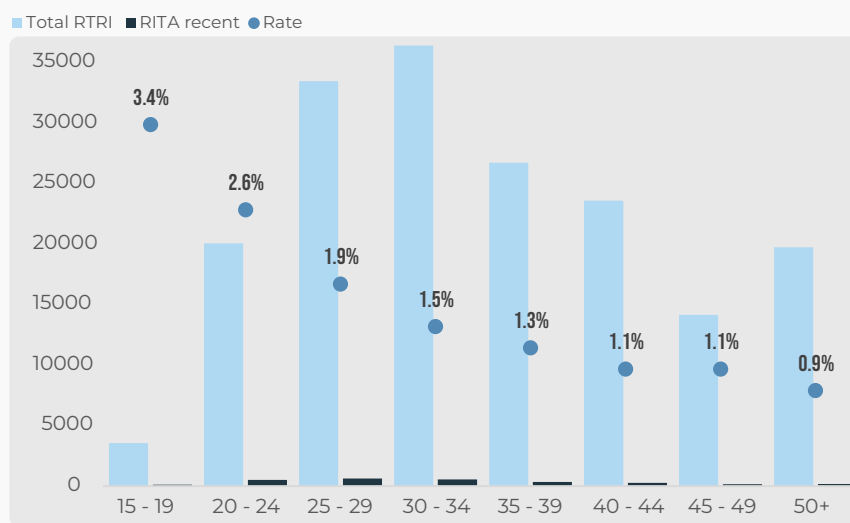
The figure above shows the distribution of confirmed recent infections by age and sex as of March 2024.

Figure 5a
Recent infection by age and sex as of March 2024

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

Figure 5b
Percentage of Recent Infections by Age as of March 2024

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

Figure 6
The proportion of confirmed recent infections by age as of March 2024.


The chart above depicts the quarterly trend of recent infection rates in Nigeria, the chart depicts a consistent downward trend from Q4 of 2020 to Q1 of 2024.

Figure 7
Percentage of clients with confirmed RITA recent from 2020 to Q1 2024
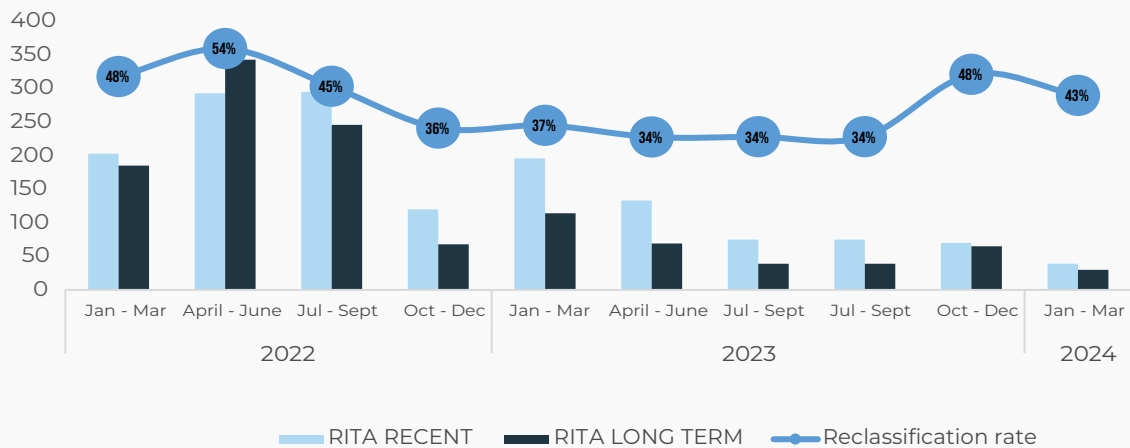
The chart above shows the reclassification rate of clients after Recent Infection Test Algorithm. From the chart above there is a downward trend form Q3 of 2022, to Q3 of 2023, an upward trend is seen in the last quarter of 2023 but begins to decline in Q1 of 2024.

Figure 8
Reclassification Rate from 2022 to Q1 2024.
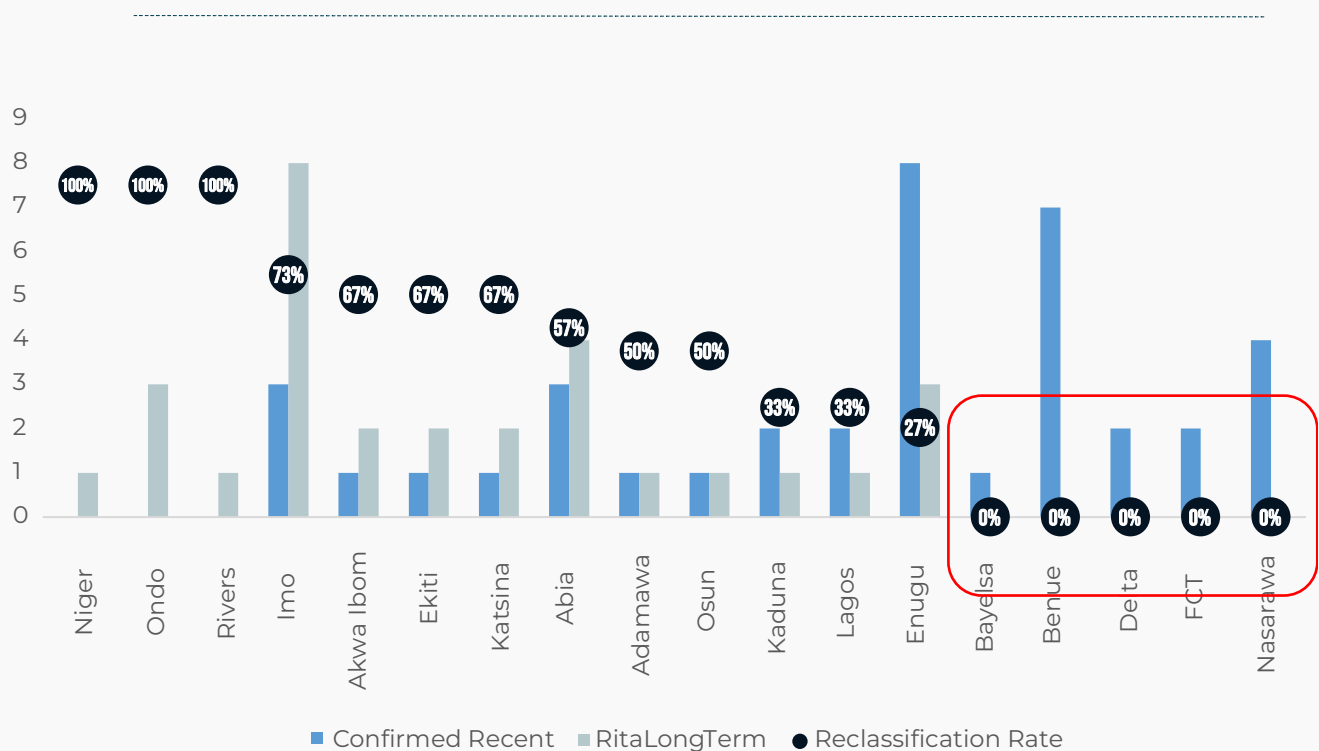
The chart above shows reclassification rate by state, Bayelsa, Benue, Delta, FCT and Nasarawa records zero reclassification whereas Niger, Ondo and Rivers recorded 100% reclassification rate.

Figure 9
Reclassification Rate by State

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.
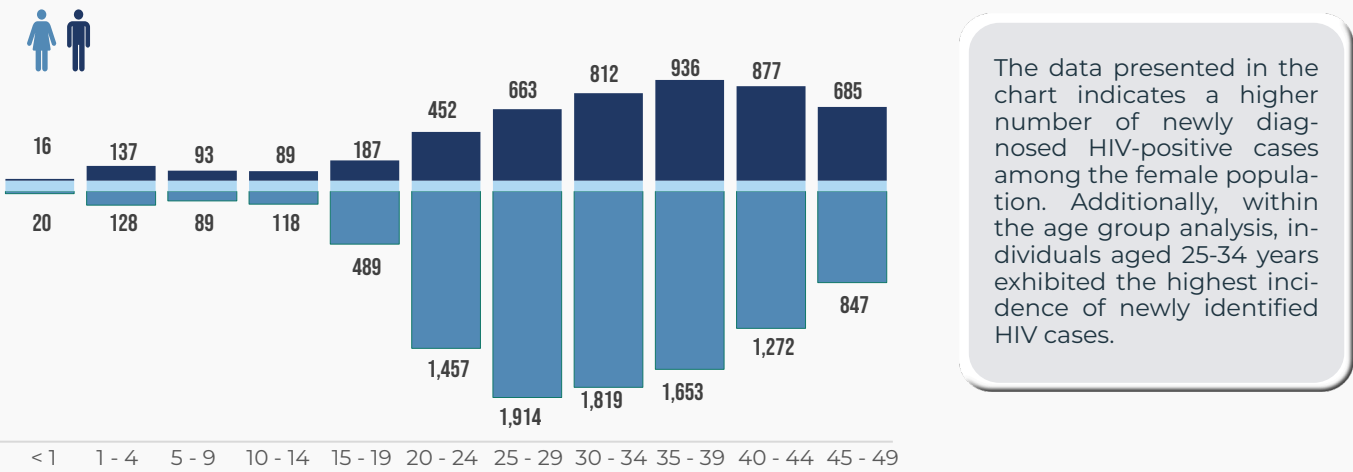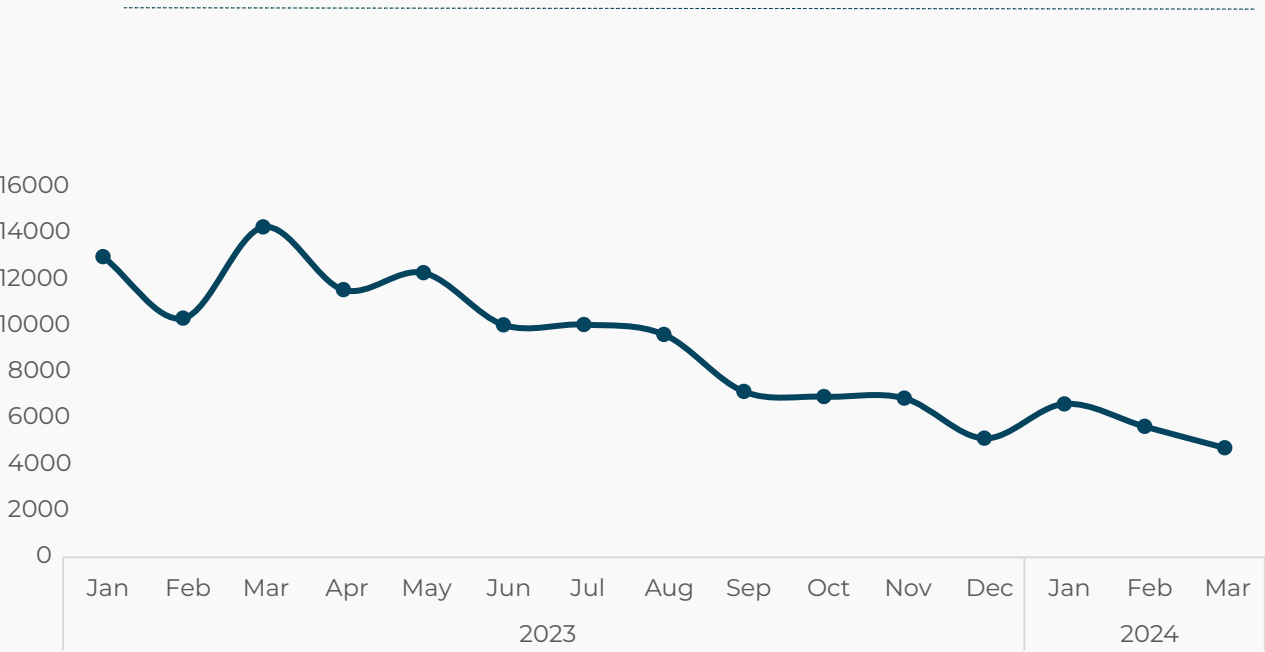

The data presented in the chart indicates a higher number of newly diagnosed HIV-positive cases among the female population. Additionally, within the age group analysis, individuals aged 25-34 years exhibited the highest incidence of newly identified HIV cases.

Figure 10a
Number of clients newly diagnosed HIV+ from January 2024 to March 2024.

The chart above shows a downward trend of clients newly diagnosed HIV+ from January 2023 to March 2024.

Figure 10b
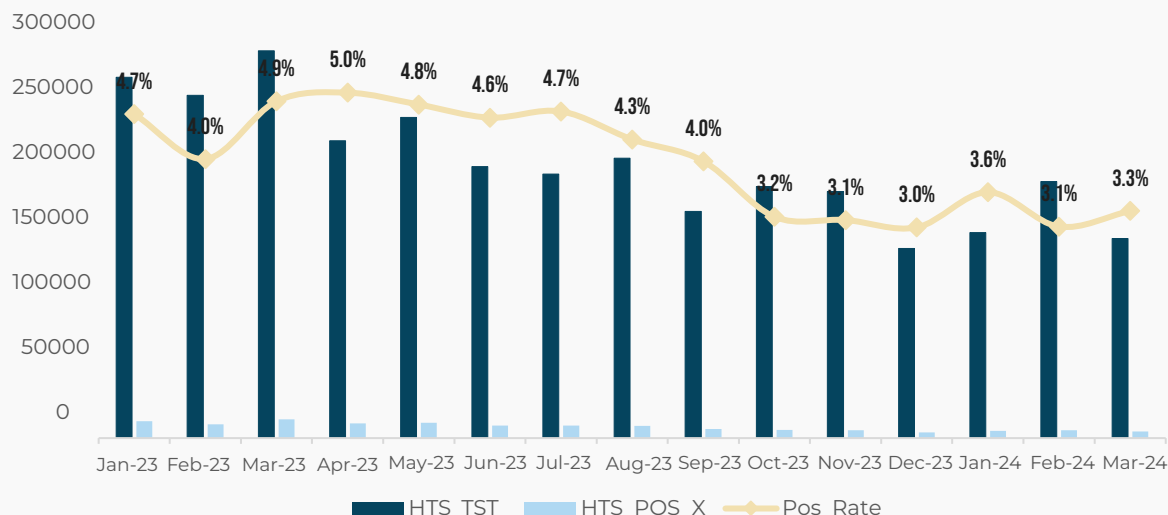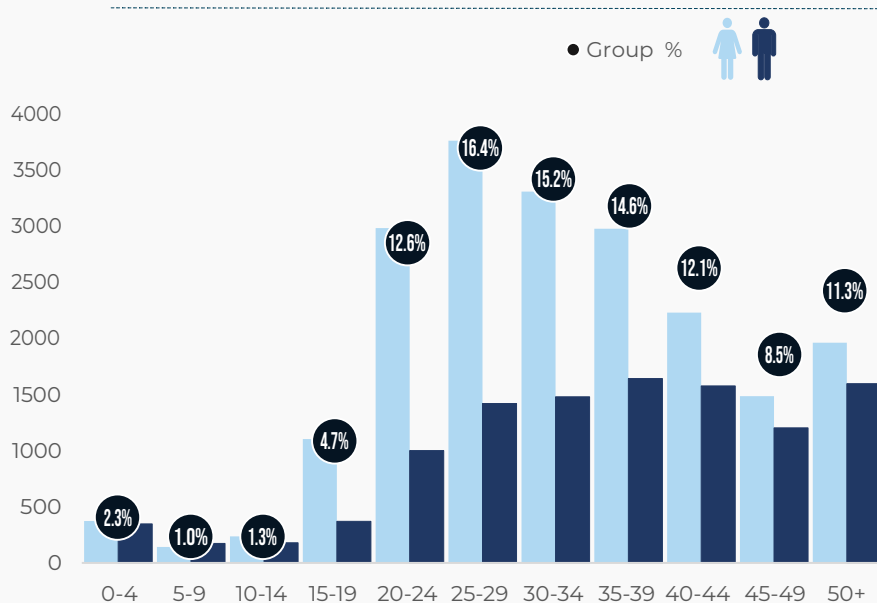Trend of Newly Diagnosed HIV Positive Cases.

Figure 10c
Trend of clients newly diagnosed HIV+ and their positivity rate from January 2023 to March 2024

This chart shows the number of clients who tested HIV+ and commenced treatment (linkage) from January 2024 to March 2024. The number of clients who commenced treatment is highest in the **25-29** age band with **(16.4%)**, closely followed by age band **30-34** with **(15.2%)**, the lowest is amongst the age band **5-9 (1.0%)**.

Figure 11a
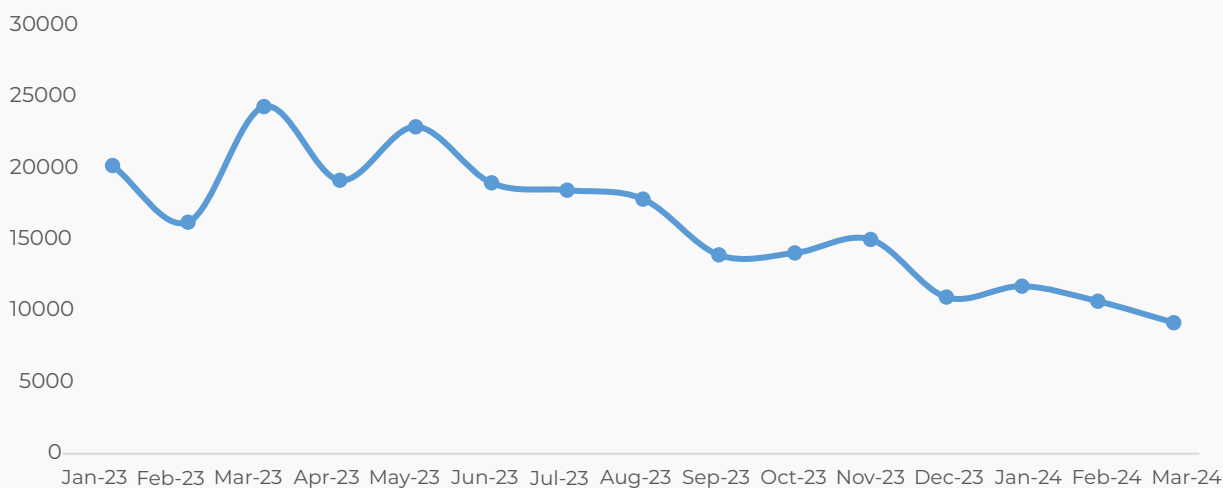The number of clients started on treatment from January to March 2024.

Figure 11b
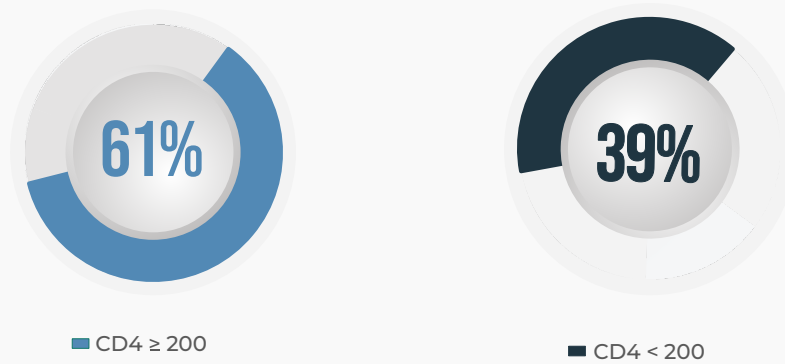Trend of clients who commenced treatment from January 2024 to March 2024

61%

39%

■ CD4 ≥ 200

■ CD4 < 200

Figure 10a

Client CD 4 COUNT < 200, and > =200 At initiation from January 2024 to March 2024

Cross River
Nasarawa
Plateau
Imo
Katsina
Ekiti
FCT
Kogi
Osun
Kaduna
Gombe
Ondo
Anambra
Rivers
Abia
Enugu
Lagos
Benue
Delta
Ogun
Oyo

0   20   40   60   80   100   120   140   160
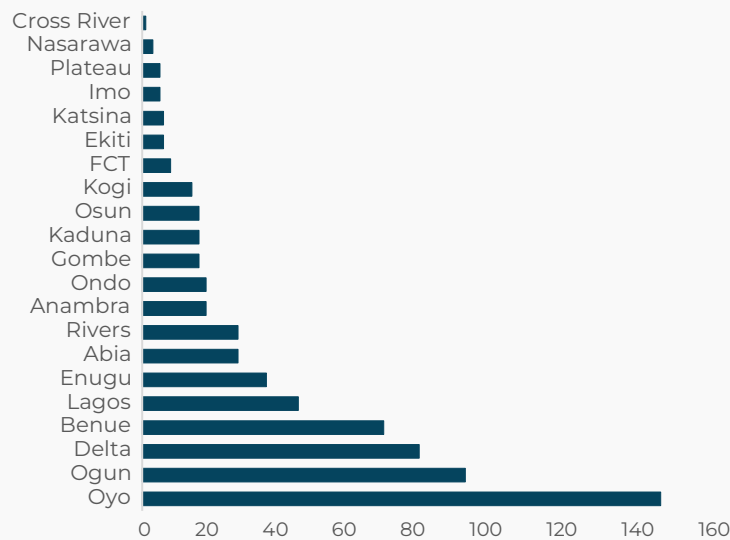
Figure 12b
AHD using clinical stage three and four of clients from January 2024 to March 2024

Female	Age	Male
334	50+	291
253	45-49	200
353	40-44	276
432	35-39	267
442	30-34	216
490	25-29	179
375	20-24	103
157	15-19	51
32	10-14	37
29	5-9	19
407	0-4	386

Figure 13a

Distribution of Advanced HIV Disease (WHO stage III and IV HIV disease, CD4 less than 200 and children under five) by age and sex from January 2024 to March

Figure 13b
Distribution of newly diagnosed HIV+ clients with WHO stage III and IV HIV disease by state from January 2024 to March 2024

Figure 13c
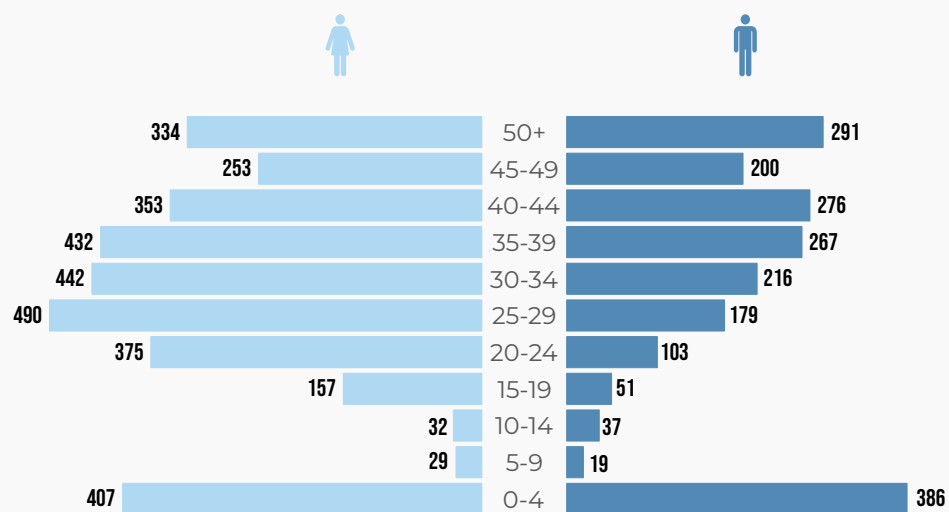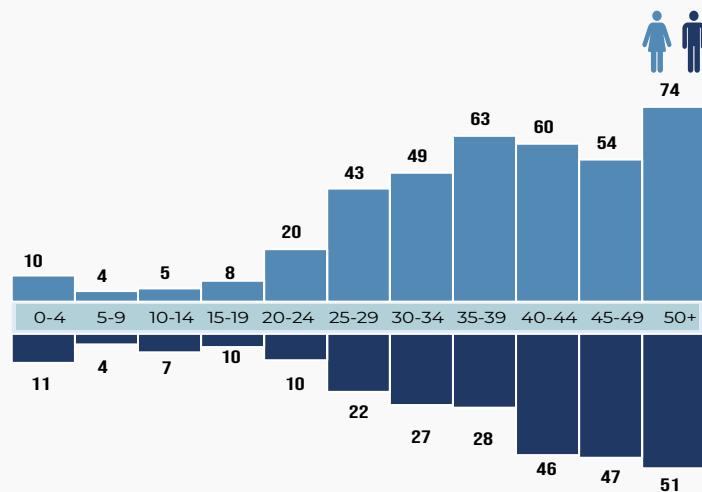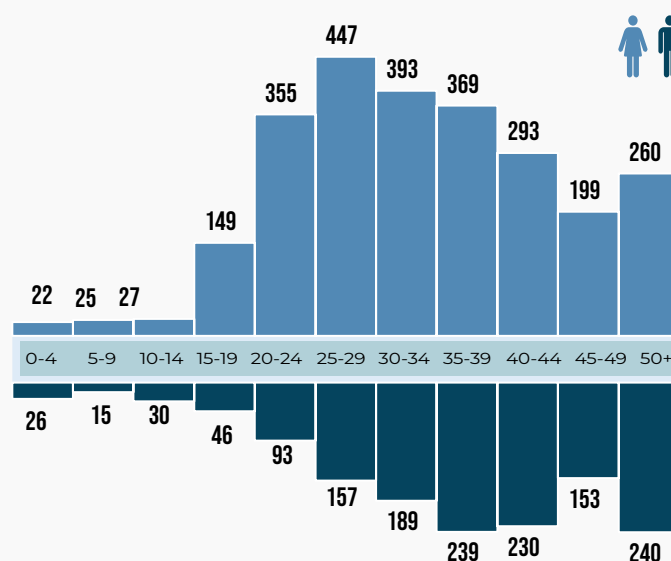Clients CD4 Count less than 200 at ART initiation from January 2024 to March 2024
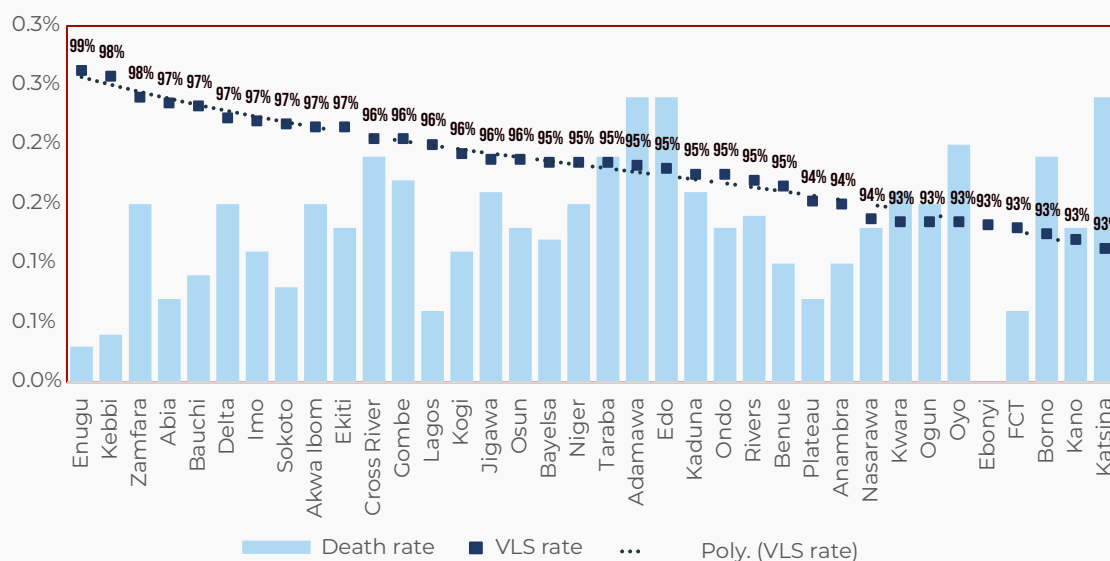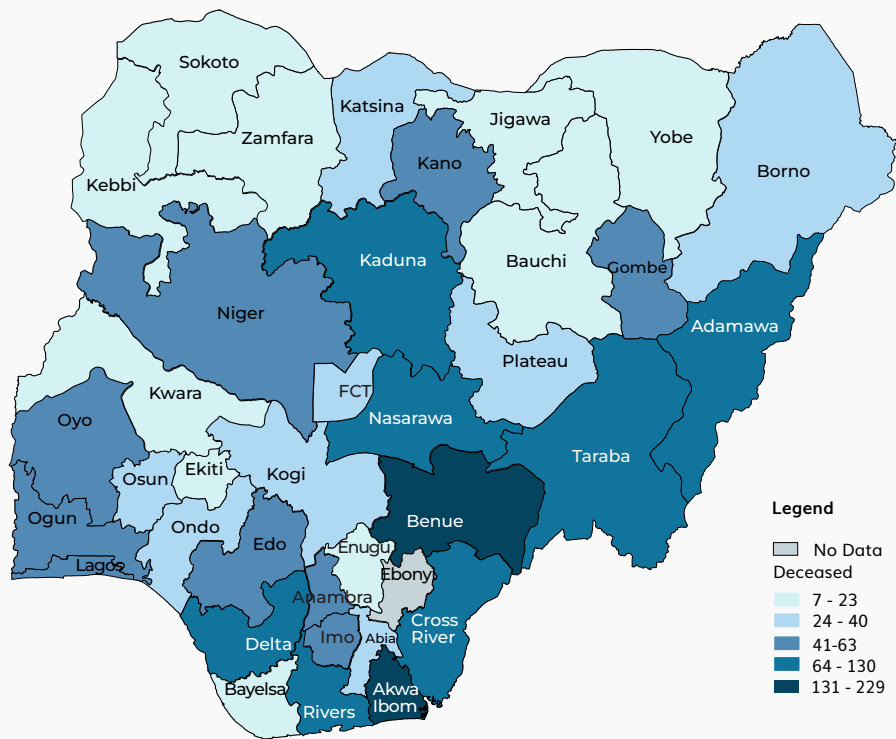

Figure 14
Death rate among states with high viral load suppression rate as of March 2024

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.

Legend

☐	No Data
	Deceased
	7 - 23
	24 - 40
	41-63
	64 - 130
	131 - 229

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

Figure 15
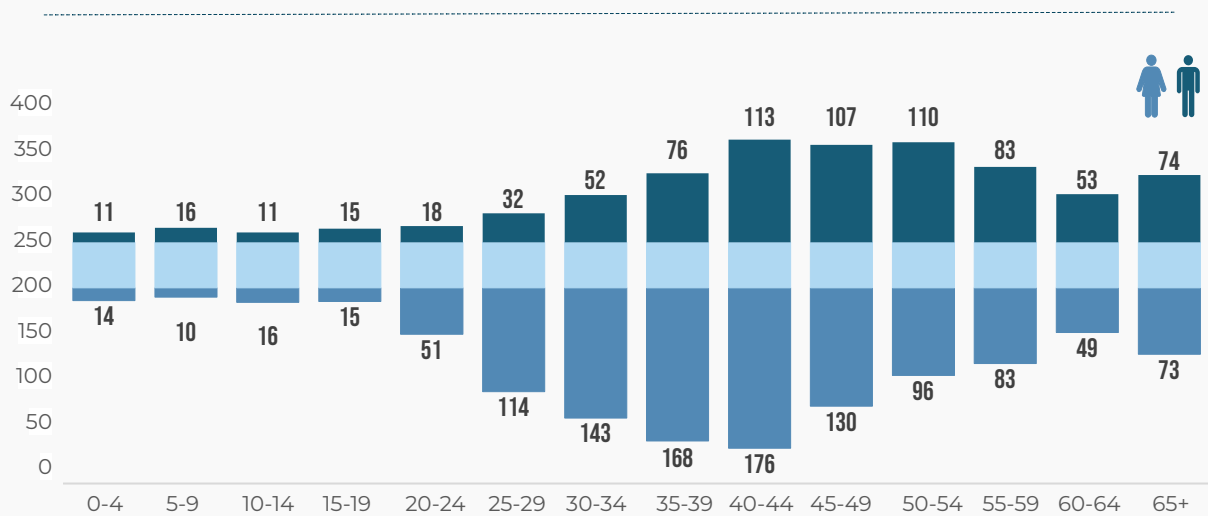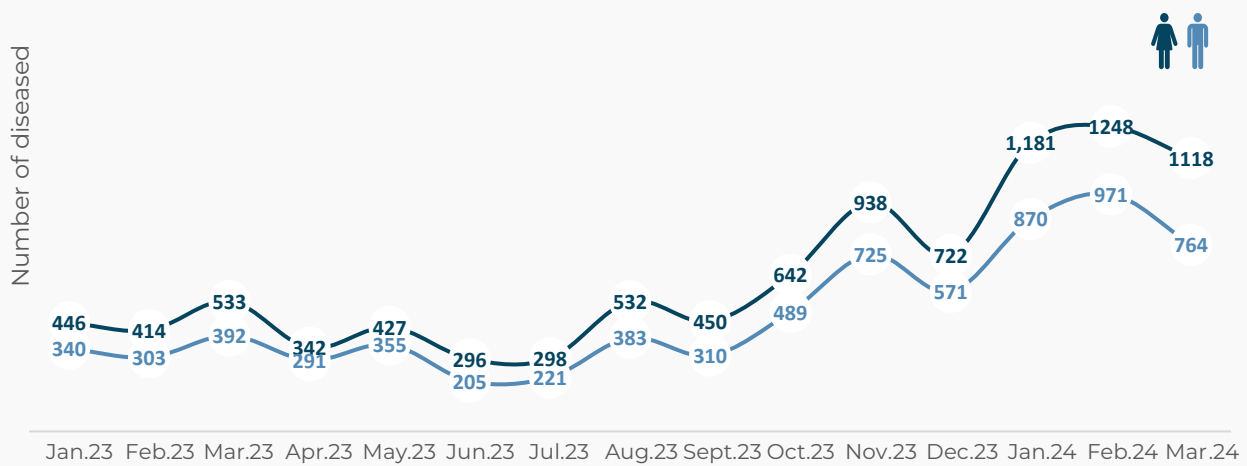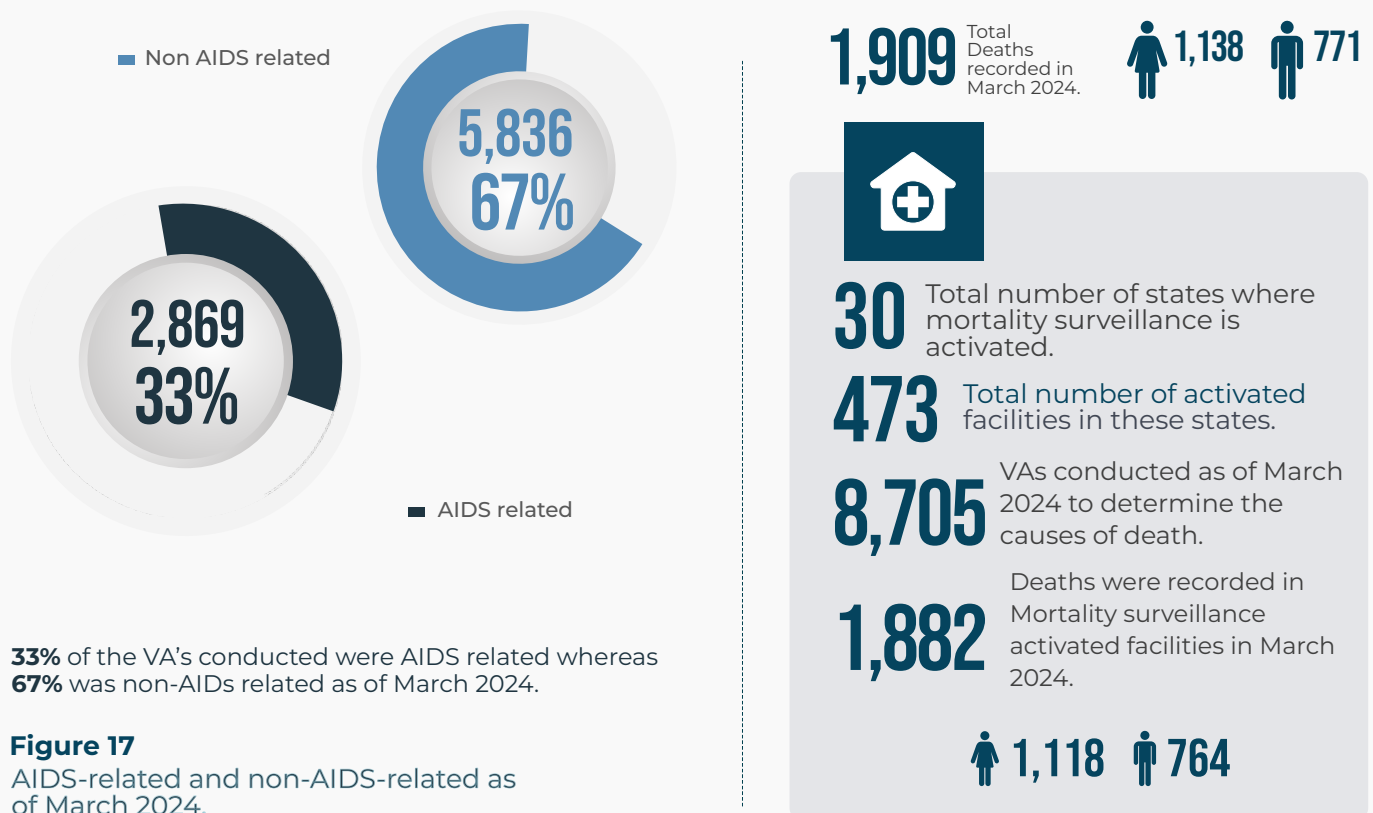Distribution of deaths by States in March 2024.

Figure 16a
Distribution of Deceased clients by age and Sex in March 2024.

Figure 16b

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

Figure 16b
Trends of death by Sex as of March 2024.

33% of the VA's conducted were AIDS related whereas 67% was non-AIDs related as of March 2024.

Figure 17
AIDS-related and non-AIDS-related as of March 2024.

1,909 Total Deaths recorded in March 2024.

👩 1,138   👨 771

🏥

30 Total number of states where mortality surveillance is activated.

473 Total number of activated facilities in these states.

8,705 VAs conducted as of March 2024 to determine the causes of death.

1,882 Deaths were recorded in Mortality surveillance activated facilities in March 2024.

👨 1,118   👨 764

674 VAs were conducted in March 2024, AIDS is the leading cause of death with **17.4** Malariav is the second leading cause of death with **16.7%**. Road Traffic is the third leading cause of death with **12.7%**.

Figure 18
Top 5 causes of death among PLHIV in March 2024.

■ Number of Clients on Treatment   ● Proportion of clients on treatment reported dead
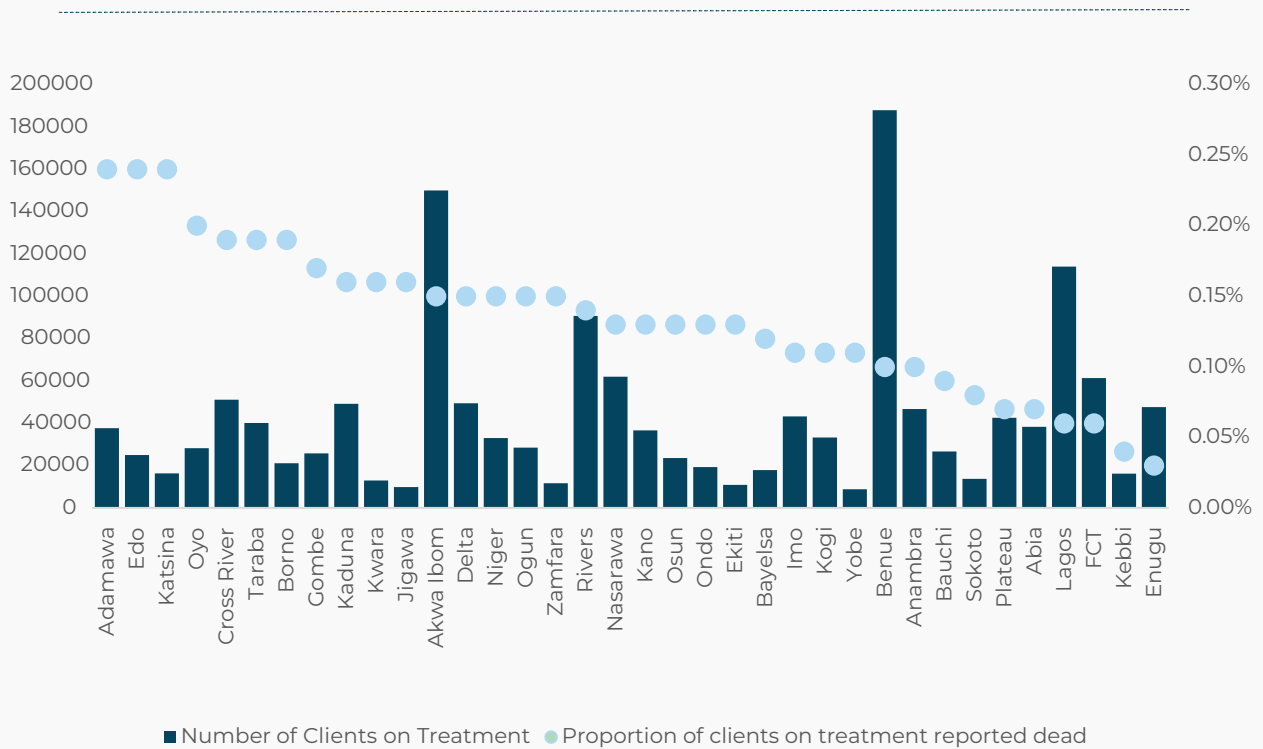
This chat shows the proportion of clients who were reported dead in March 2024. The death rate was calculated as the number of clients on treatment who are reported dead per the total number of clients active on treatment. A high death rate is recorded amongst states with lower TX_CURR.

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