NIGERIA
NATIONAL HIV SURVEILLANCE REPORT
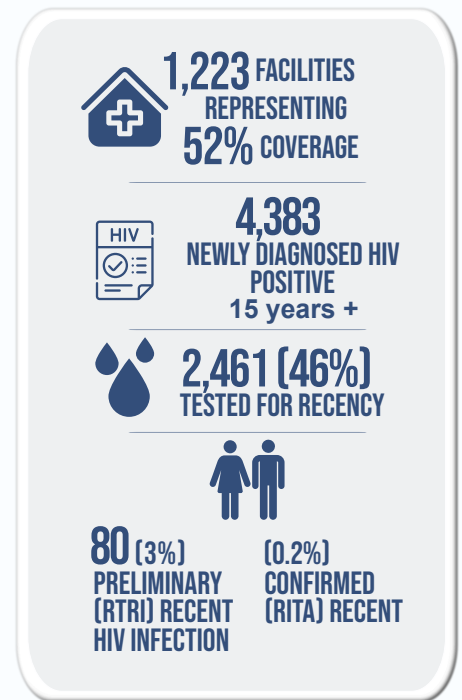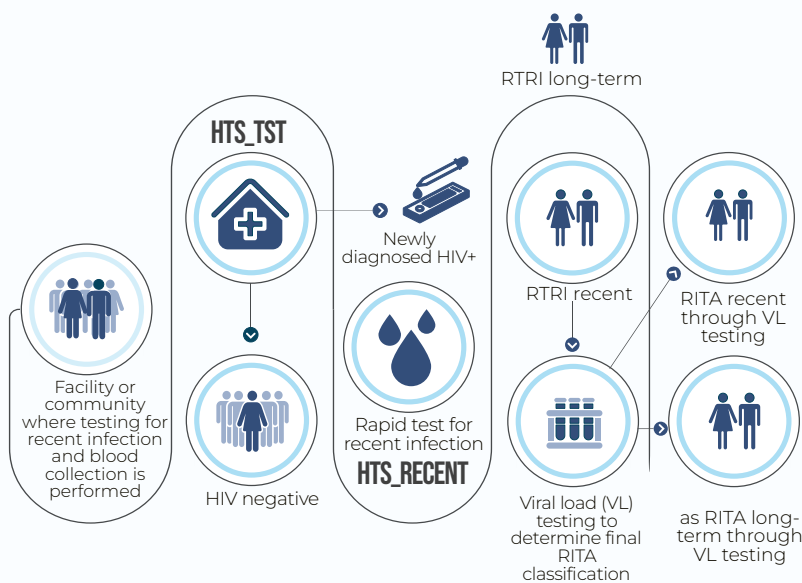### April 2024 Edition

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

1,223 FACILITIES REPRESENTING 52% COVERAGE

4,383 NEWLY DIAGNOSED HIV POSITIVE 15 years +

2,461 (46%) TESTED FOR RECENCY

80 (3%) PRELIMINARY (RTRI) RECENT HIV INFECTION

(0.2%) CONFIRMED (RITA) RECENT

The chart below summarizes HIV-1 Recent Infection Surveillance in 1,223 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.
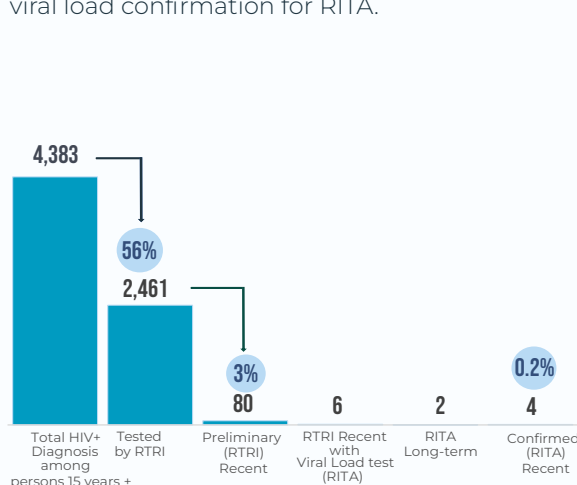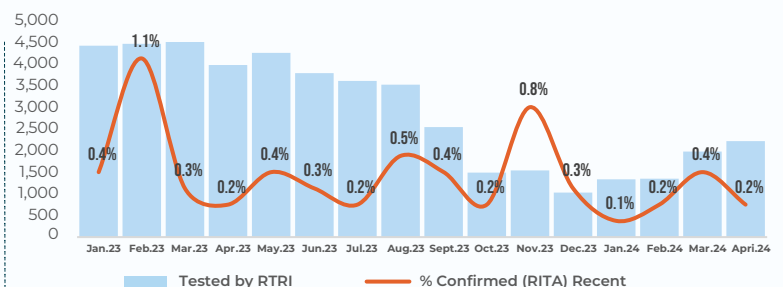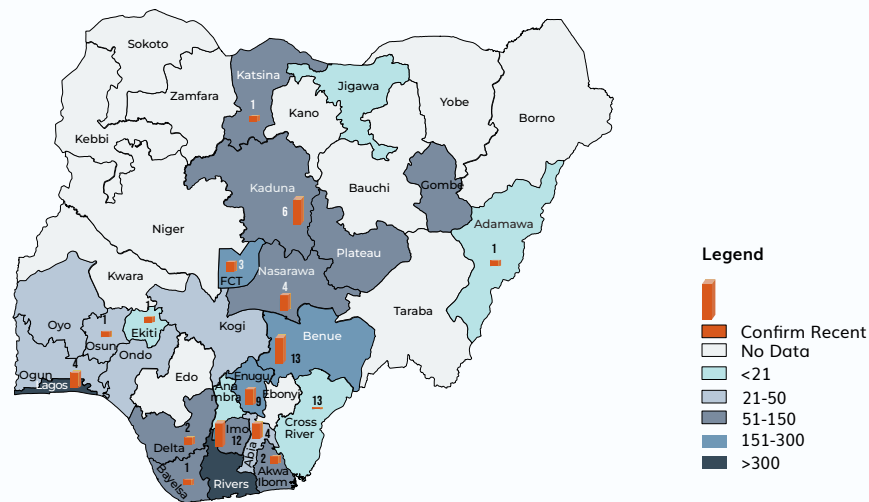

The chart above shows the HIV recent infection trend for the period January 2023 to April 2024. It shows the percentage of clients tested with rapid test for recent infection and have been confirmed recent.
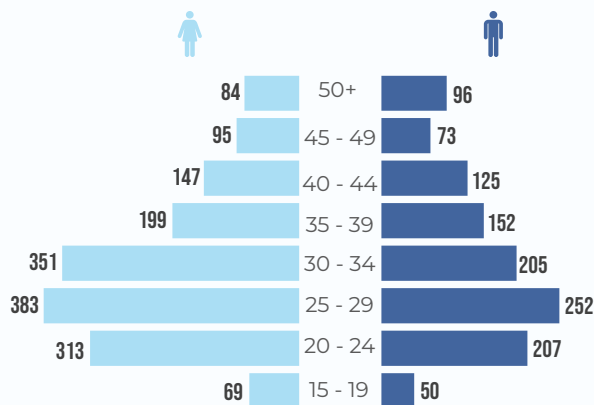
Figure 1
HIV-1 Recent Infection Surveillance Cascade as of April 2024.

Figure 2
Confirmed recent infection as of April 2024.

The chart above highlights the distribution of HIV recent infection cases by states between January to April 2024.
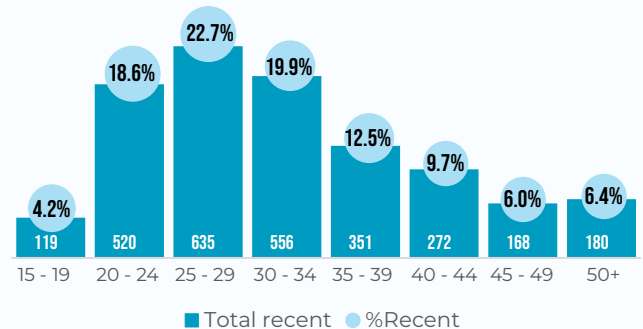
Figure 3
Distribution of confirmed recent infection cases by State from January 2024 to April 2024

The figure above shows the distribution of confirmed recent infections by age and sex as of April 2024.
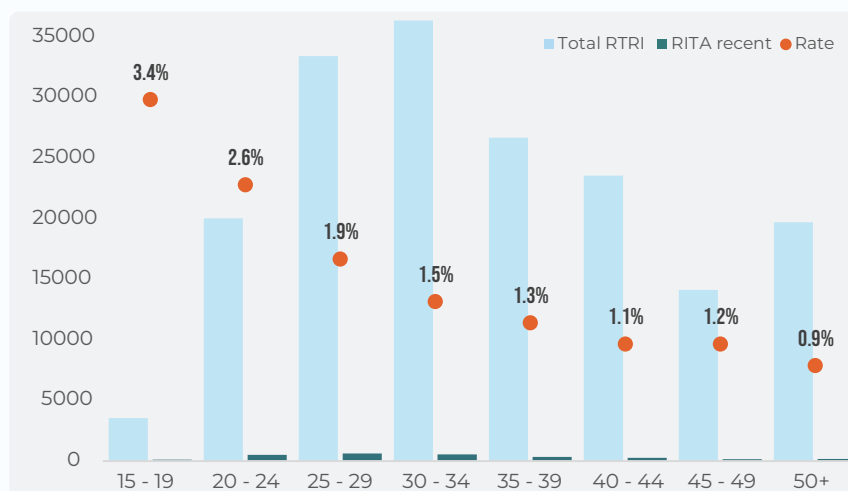
Figure 4a
Recent infection by age and sex as of April 2024

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

Figure 4b
Percentage of Recent Infections by Age as of April 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 lowest amongst the age band 50 and above.

Figure 5
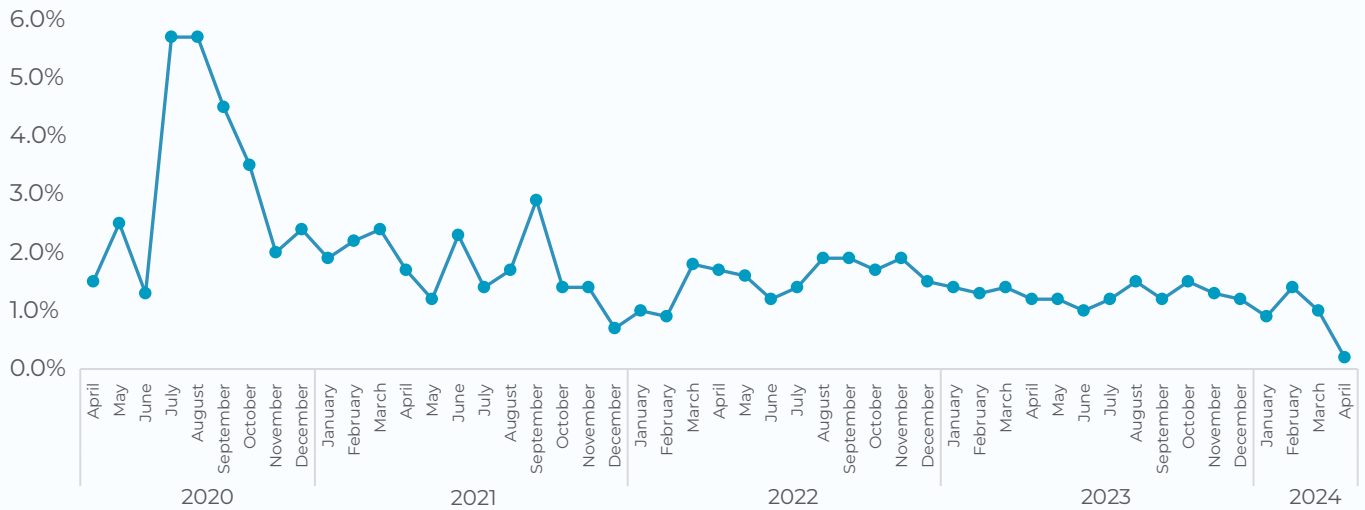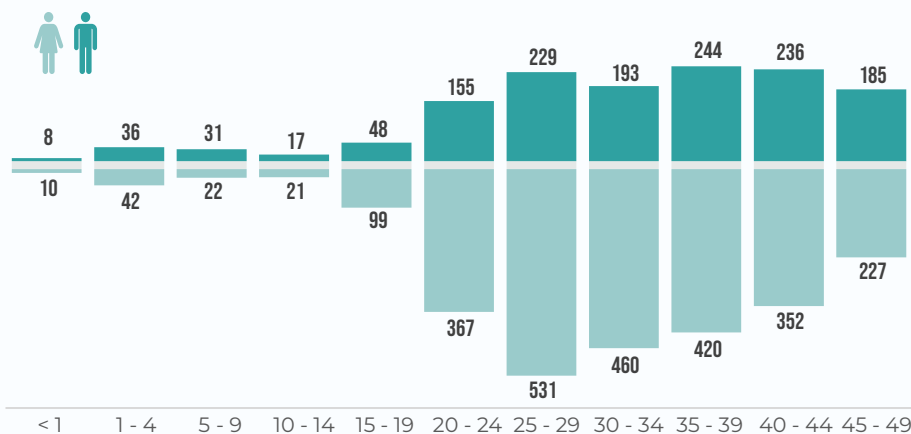The proportion of confirmed recent infections by age as of April 2024.

Figure 6
Monthly trend of recent infection rates from 2020 to date.

The chart above depicts the monthly trend of recent infection rates in Nigeria, the chart shows a consistent downward trend from Q4 of 2020 to date.
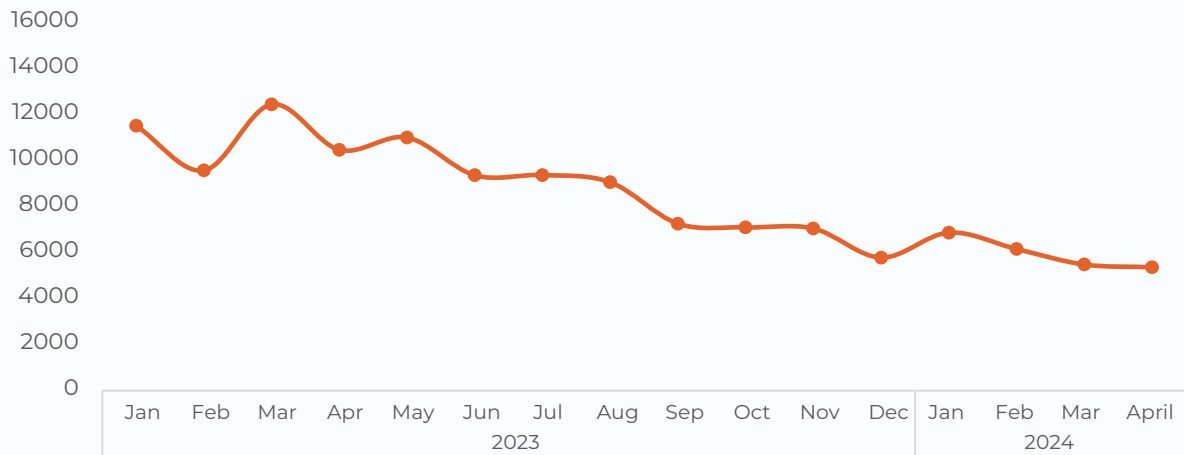
CASE-BASED SURVEILLANCE

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 7a
Number of clients newly diagnosed HIV+ in April 2024.

The chart above shows a downward trend of clients newly diagnosed HIV+ from January 2023 to April 2024.
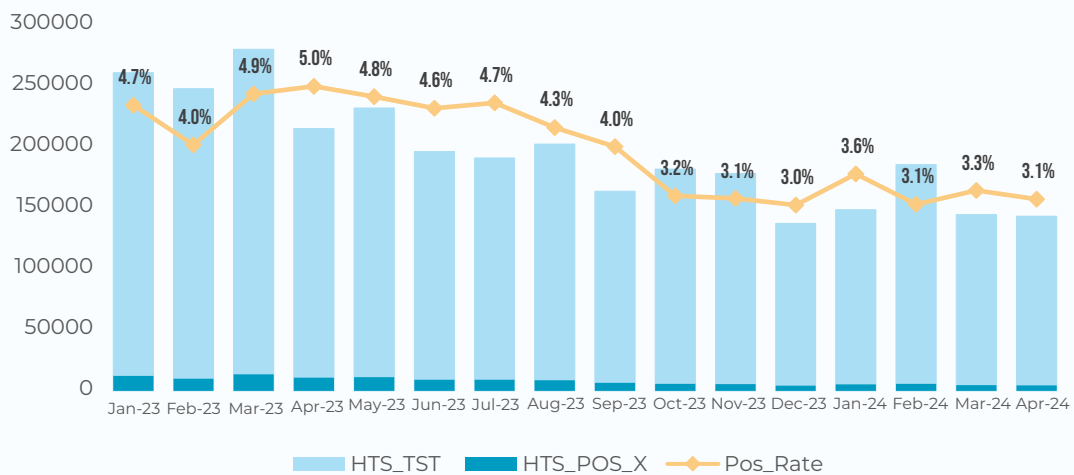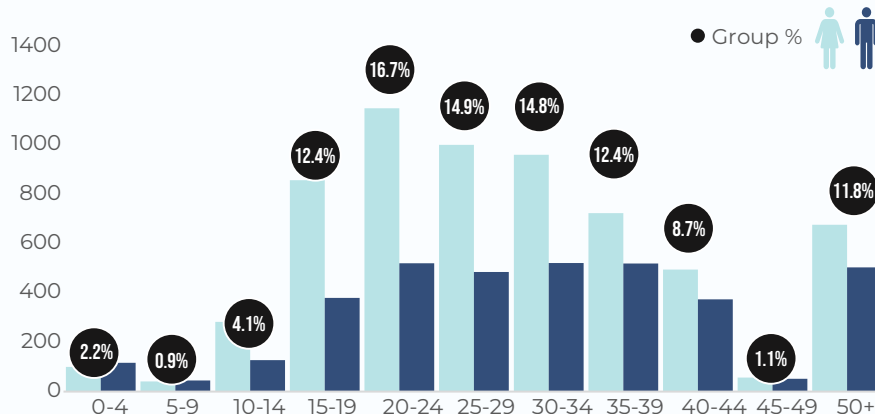
Trend of Newly Diagnosed HIV Positive Cases.

Legend: HTS_TST | HTS_POS_X | Pos_Rate

Figure 7c
Trend of clients newly diagnosed HIV+ and their positivity rate from January 2023 to April 2024

● Group %

This chart shows the number of clients who tested HIV+ and commenced treatment (linkage) in April 2024. The number of clients who commenced treatment is highest in the **20-24** age band with **(16.7%)**, closely followed by age band **25-34** age range, the lowest is amongst the age band **5-9 (0.9%)**.

Figure 8a
The number of clients started on treatment in April 2024.

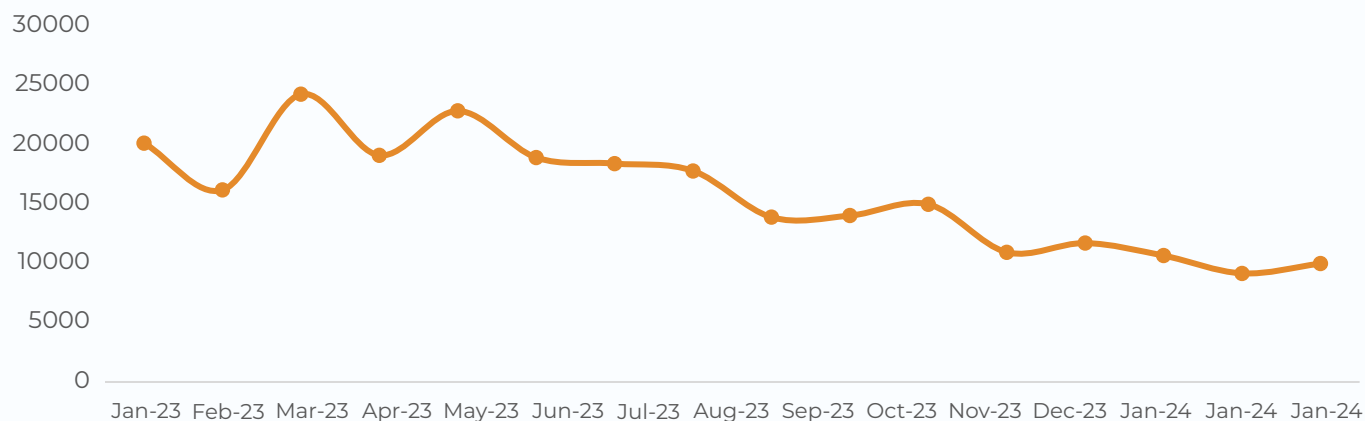**Figure 8b**
Trend of clients who commenced treatment from January 2023 to April 2024.

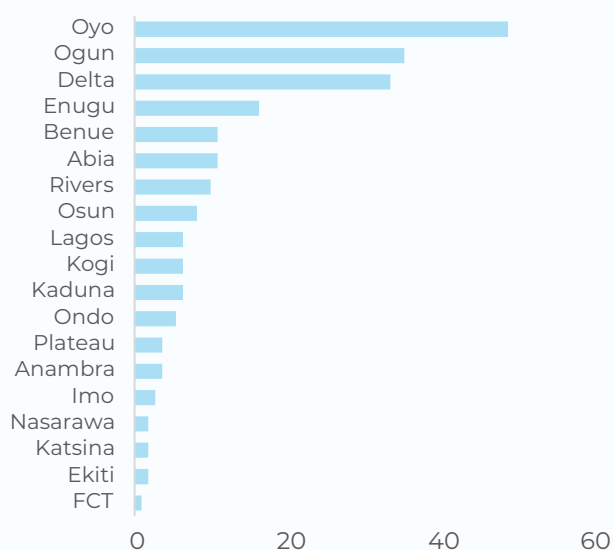CD4 ≥ 200

66%

CD4 < 200

34%

Figure 9b
Advanced HIV Disease (AHD) using clinical stage three and four of clients who commenced treatment in April 2024..
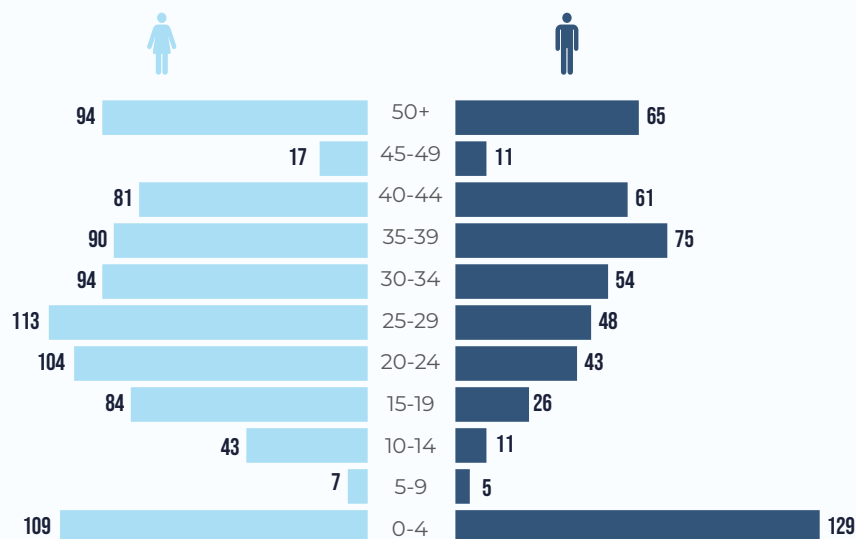
Figure 10a
Distribution of Advanced HIV Disease (WHO stage III and IV HIV disease, CD4 less than 200 and children under five) by age and sex of clients who commenced treatment in April 2024
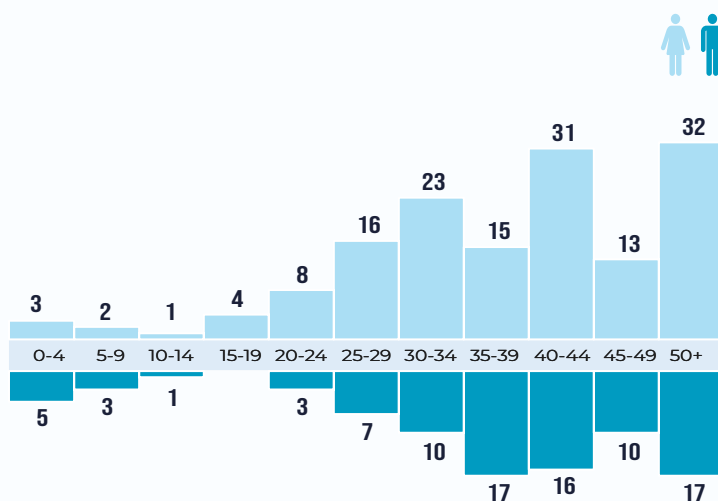
Age	Female	Male
50+	94	65
45-49	17	11
40-44	81	61
35-39	90	75
30-34	94	54
25-29	113	48
20-24	104	43
15-19	84	26
10-14	43	11
5-9	7	5
0-4	109	129

Figure 10b
Distribution of newly diagnosed HIV+ clients with WHO stage III and IV HIV disease by state in April 2024.

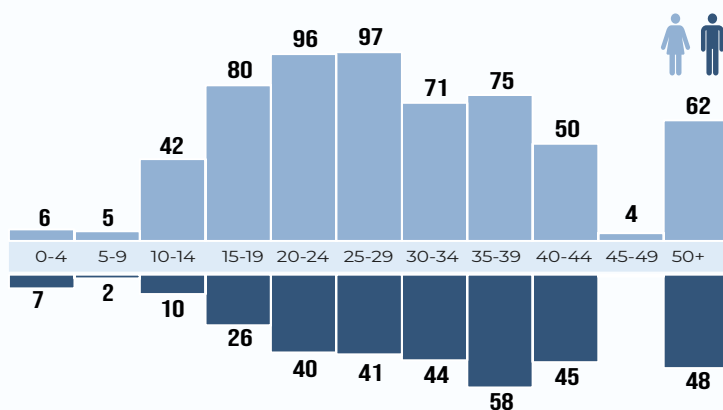| Age	Female	Male
0-4	3	5
5-9	2	3
10-14	1	1
15-19	4	
20-24	8	3
25-29	16	7
30-34	23	10
35-39	15	17
40-44	31	16
45-49	13	10
50+	32	17

Figure 10c
Clients CD4 Count less than 200 at ART initiation in April 2024.

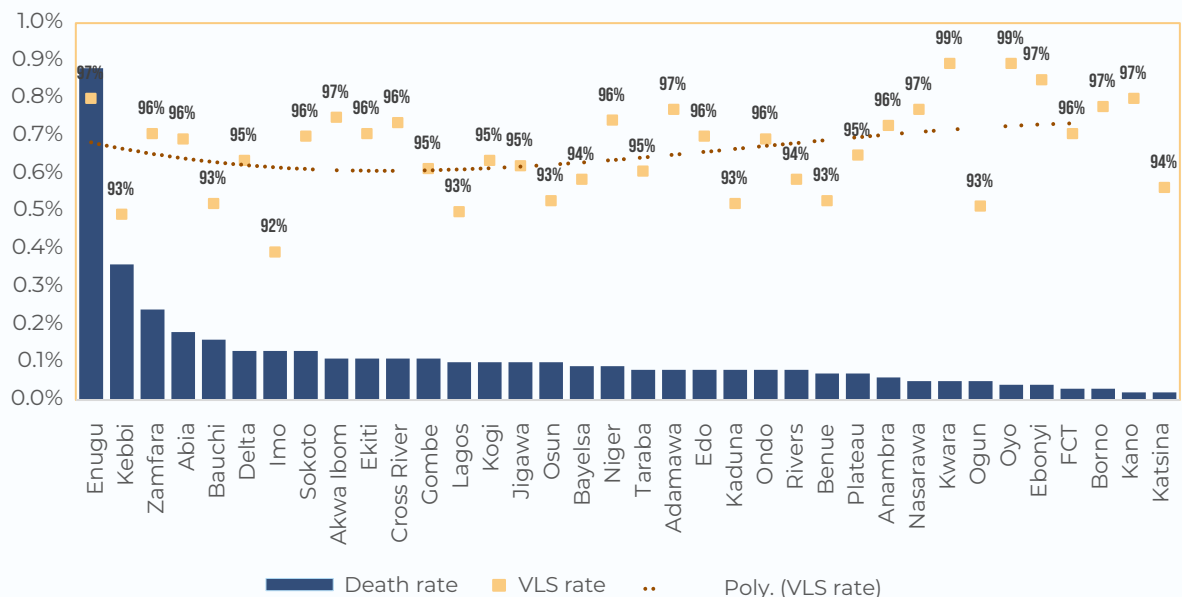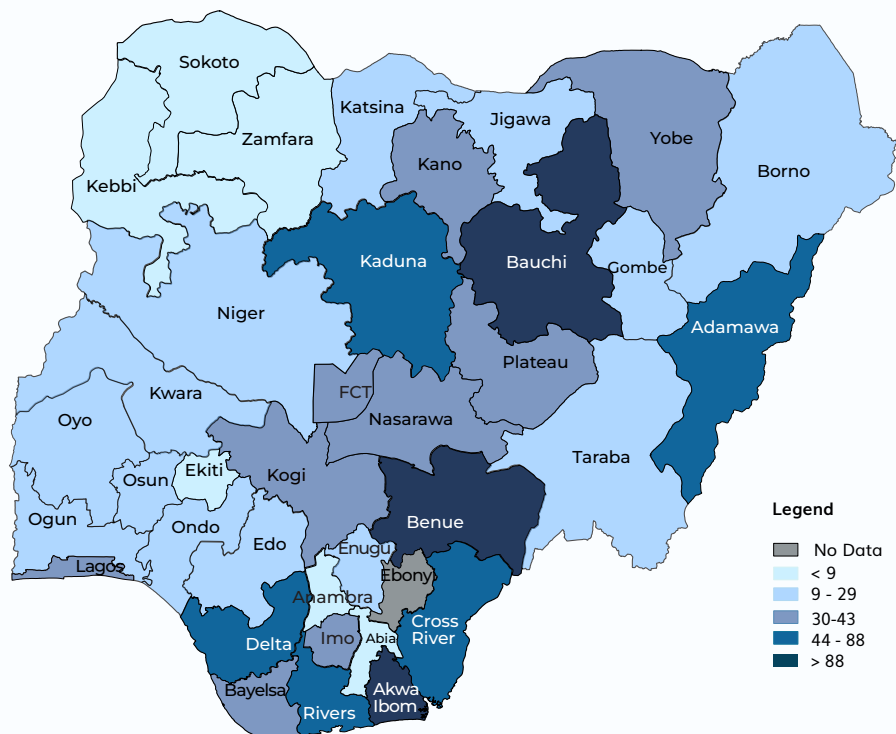| Age	Female	Male
0-4	6	7
5-9	5	2
10-14	42	10
15-19	80	26
20-24	96	40
25-29	97	41
30-34	71	44
35-39	75	58
40-44	50	45
45-49	4	
50+	62	48

Figure 11
Death rate among states with high viral load suppression rate as of April 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 April to 30th of April 2024.

Figure 12
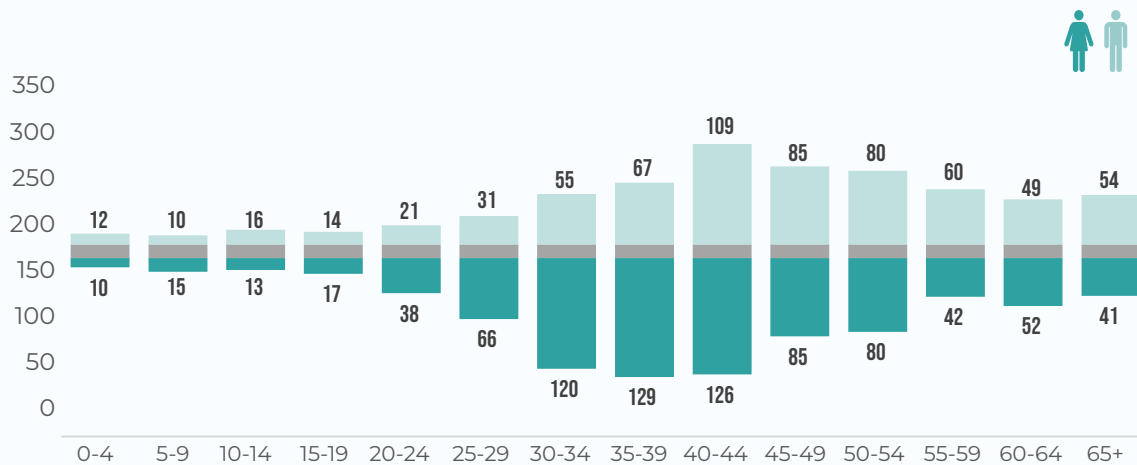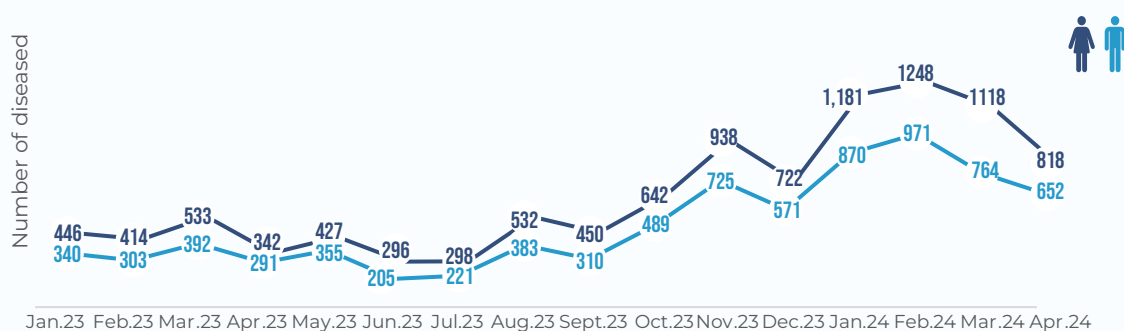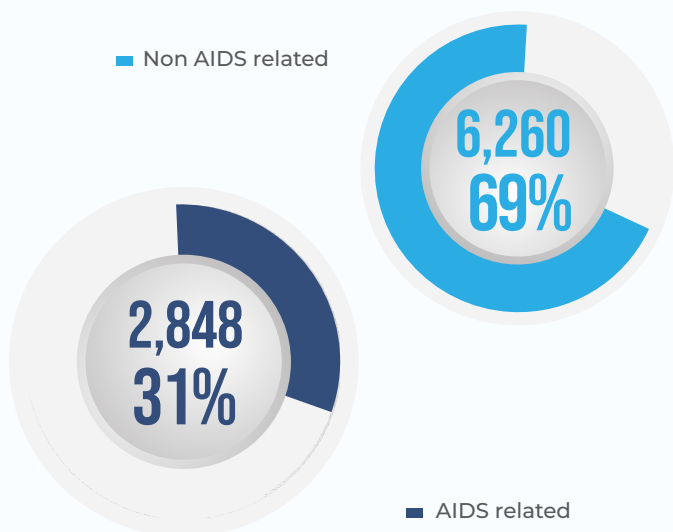Distribution of deaths by States in April 2024.

Figure 13a
Distribution of Deceased clients by age and Sex in April 2024.

The chart above provides insights into the monthly distribution of client on ART who died as of April 2024, the number of reported deaths increased from January to March and begins to decline in April

Figure 13b
Trends of death by Sex as of April 2024.

1,497 Total Deaths recorded in April 2024.

👩 **834**   👨 **663**

30 Total number of states where mortality surveillance is activated.

473 Total number of activated facilities in these states.

9,108 VAs conducted as of April 2024 to determine the causes of death.

1,470 Deaths were recorded in Mortality surveillance activated facilities in April 2024.

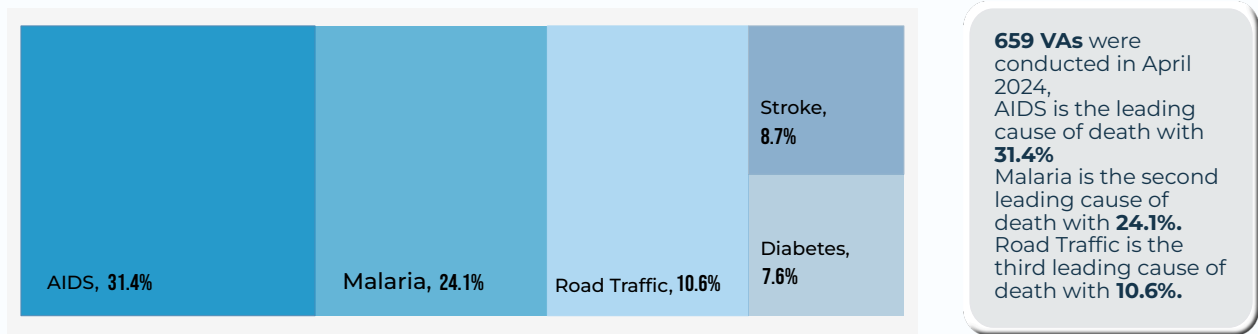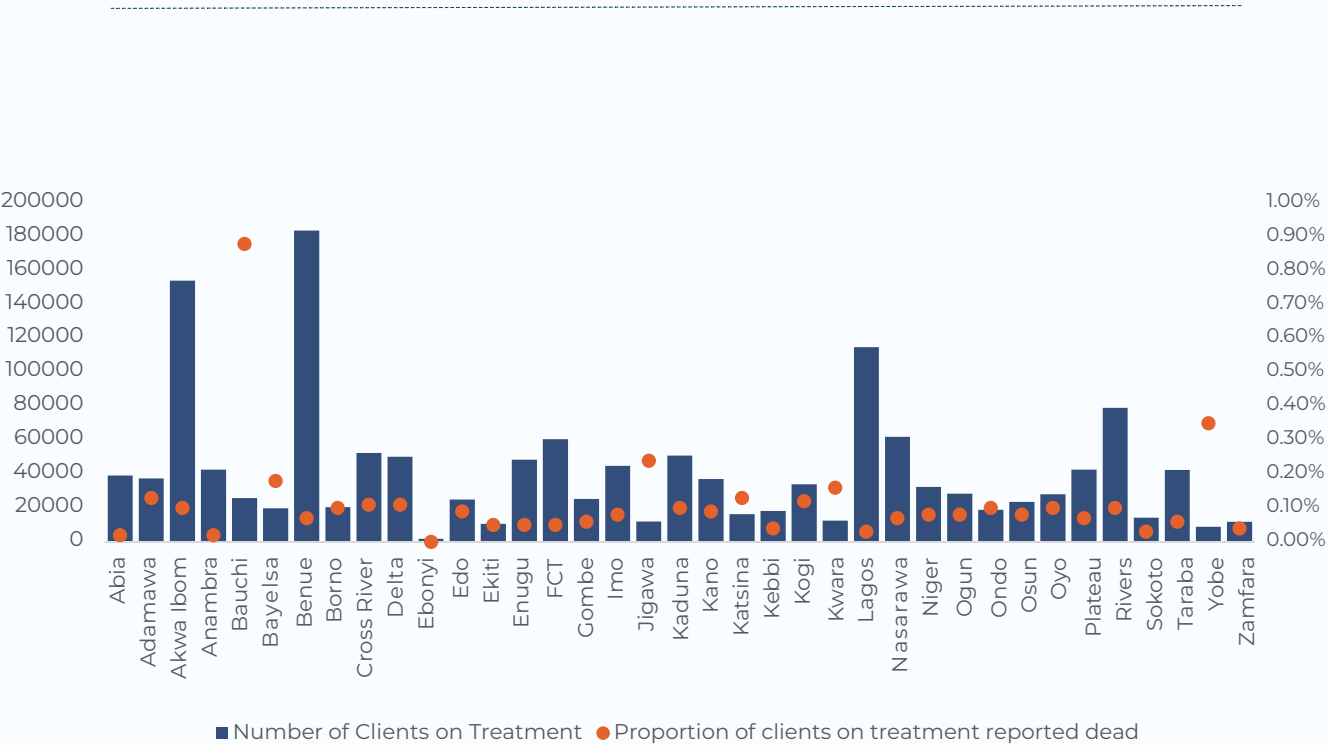👩 **818**   👨 **652**

6,260 69% Non AIDS related
2,848 31% AIDS related

31% of the VA's conducted were AIDS related whereas **69%** was non-AIDs related as of April 2024.

Figure 14
AIDS-related and non-AIDS-related as of April 2024.

659 VAs were conducted in April 2024, AIDS is the leading cause of death with **31.4%** Malaria is the second leading cause of death with **24.1%**. Road Traffic is the third leading cause of death with **10.6%**.

Figure 15
Top 5 causes of death among PLHIV in April 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 April 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 16
The proportion of clients on treatment reported dead in April 2024