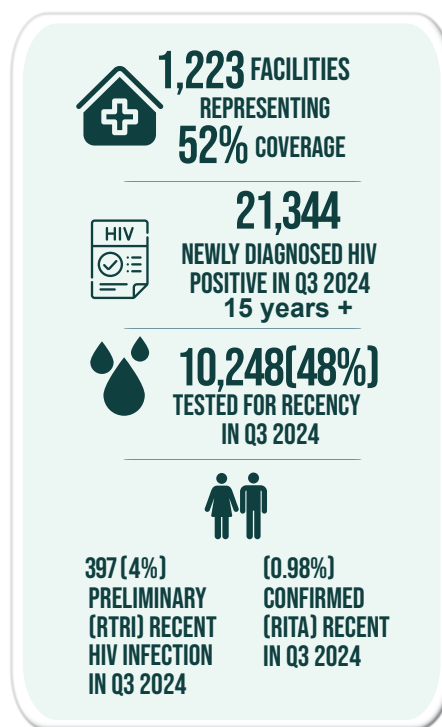
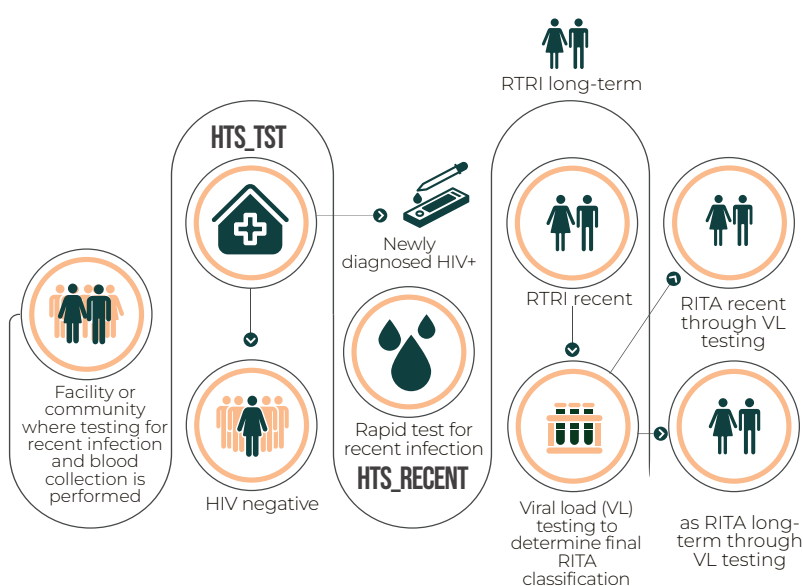


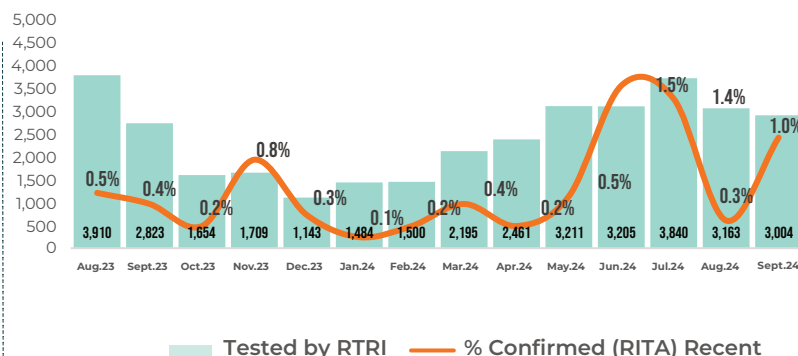
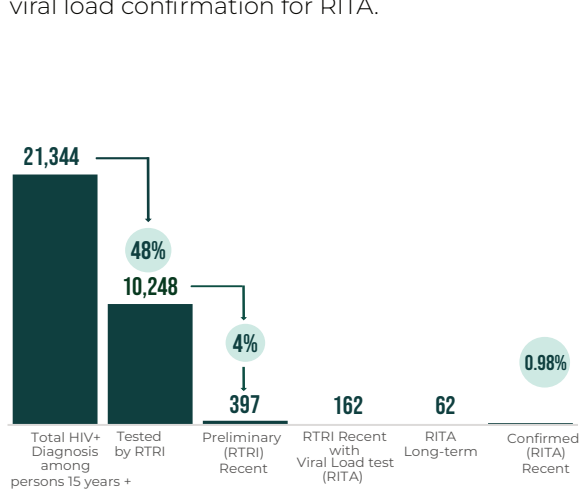


OVERVIEW

HIV-1 RECENT INFECTION SURVEILLANCE



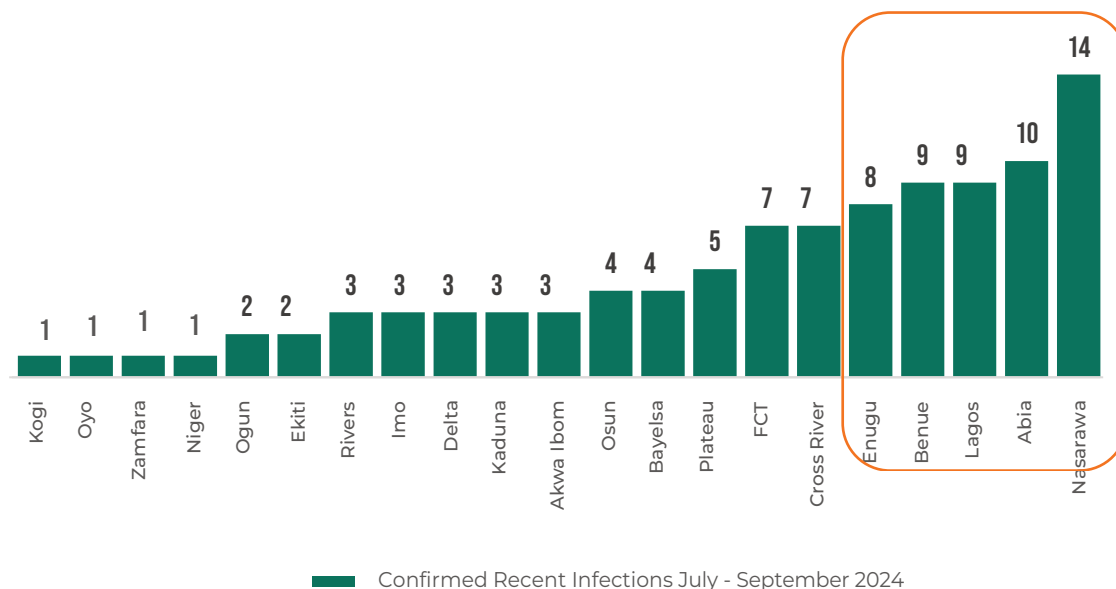
The chart below summarizes HIV-1 Recent Infection Surveillance in 1,223 activated facilities and it displays the number of clients with new HIV+ diagnosis, number of HIV+ clients who had RTRI, and number of RTRI recent clients who had viral load confirmation for RITA.



The chart above shows the HIV recent infection trend for the period August 2023 to September 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 in Q3 2024.

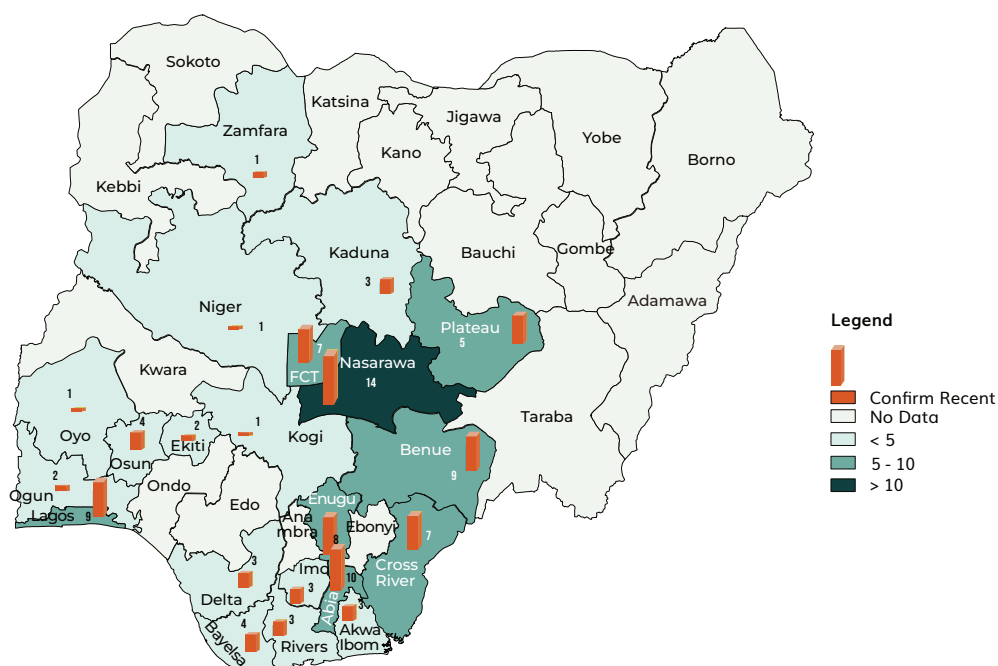
Figure 2
Trend of confirmed recent infection
as of September 2024.



The chart above 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.

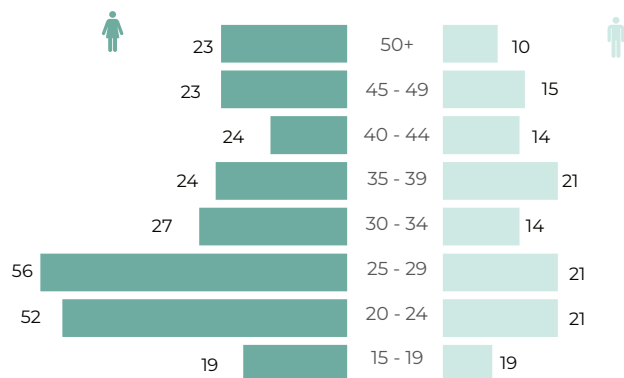
Figure 3

Clients tested with Rapid Test for Recent Infection (RTRI) and confirmed true recent using Recent Infection Test Algorithm (RITA) from July 2024 – September 2024.



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

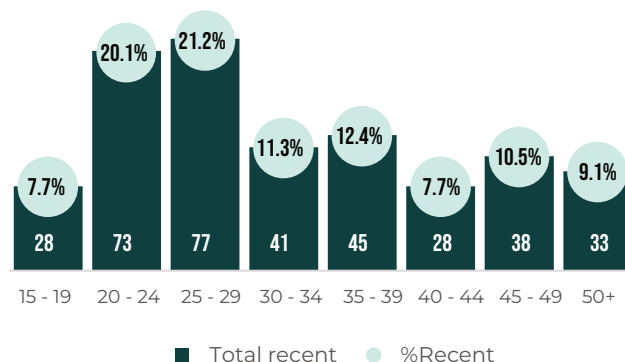
Figure 4a
Confirmed Recent infection cases by State from July 2024 to September 2024.



The figure above shows the distribution of confirmed recent infections by age and sex from January 2024 to September 2024

Figure 5a

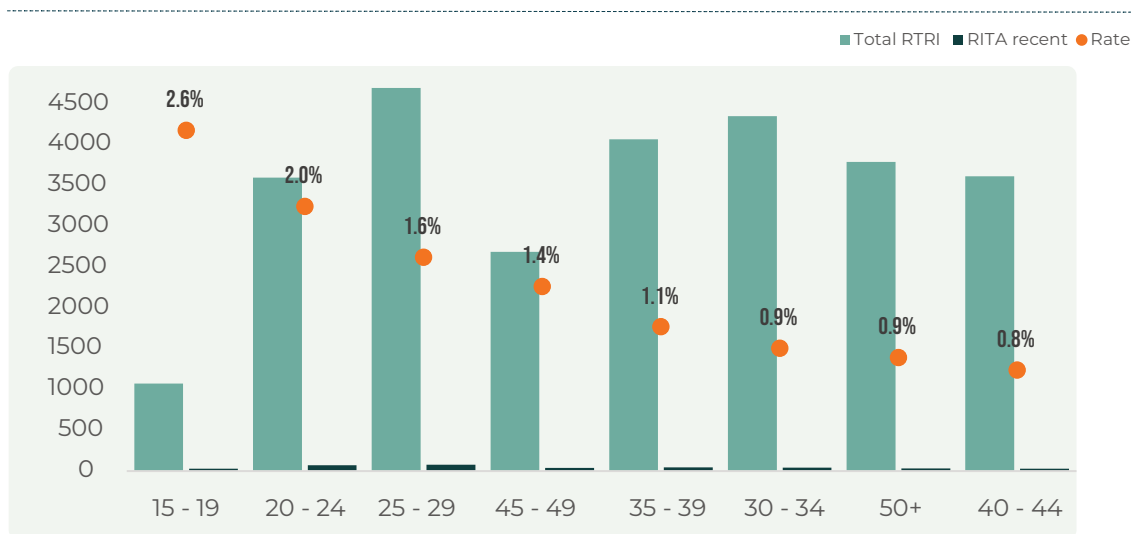
Recent infection by age and sex from January 2024 to September 2024



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

Figure 5b

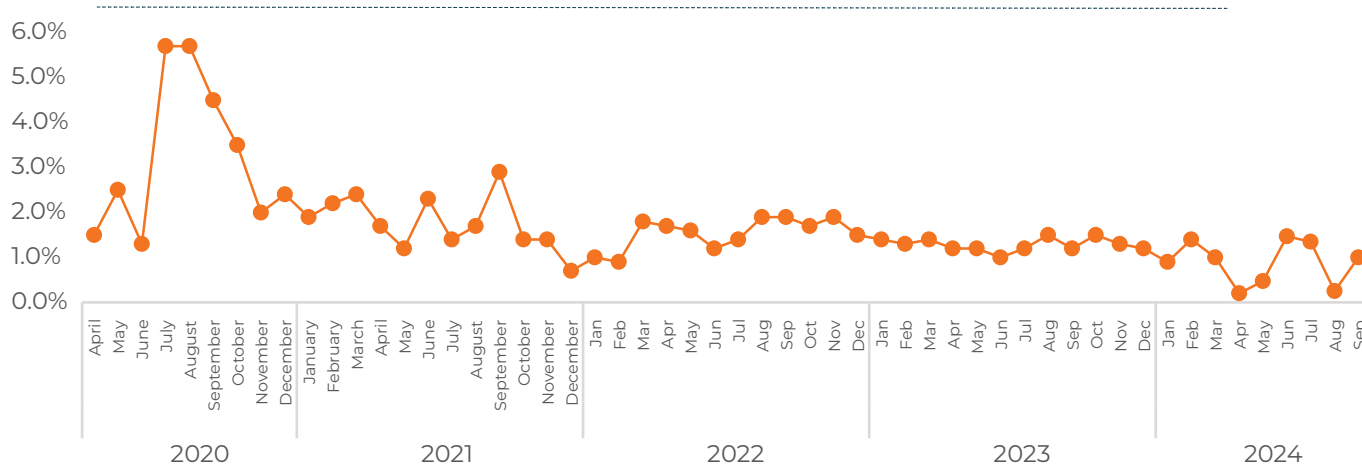
Percentage of Recent Infections by Age from January 2024 to September 2024



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 in 2024.



The chart above depicts the trend of recent infection rates in Nigeria, the chart depicts a consistent downward trend from 2020 to Q3 of 2024.

Figure 7

Trend and Percentage of clients with confirmed RITA recent from 2020 to Q3 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.

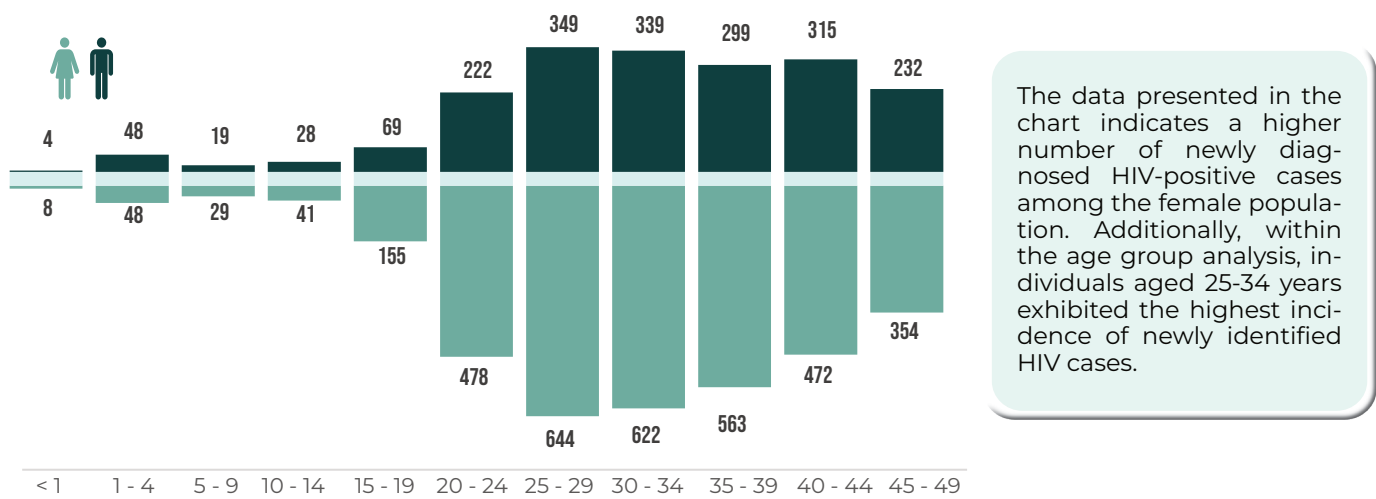


Figure 8a
Number of clients newly diagnosed HIV+ in September 2024

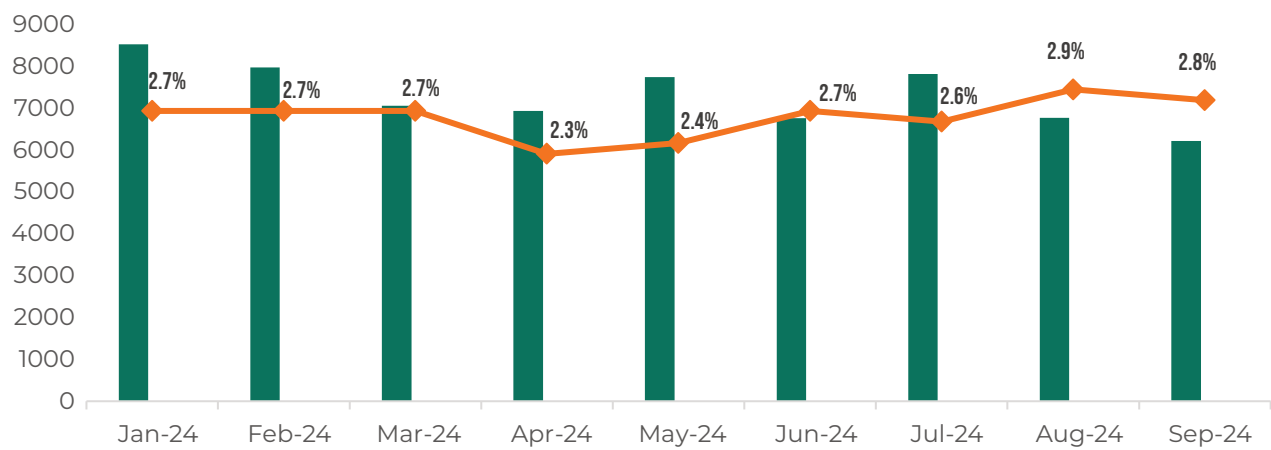


Figure 8b
Trend of clients newly diagnosed HIV+ and their positivity rate as of September 2024

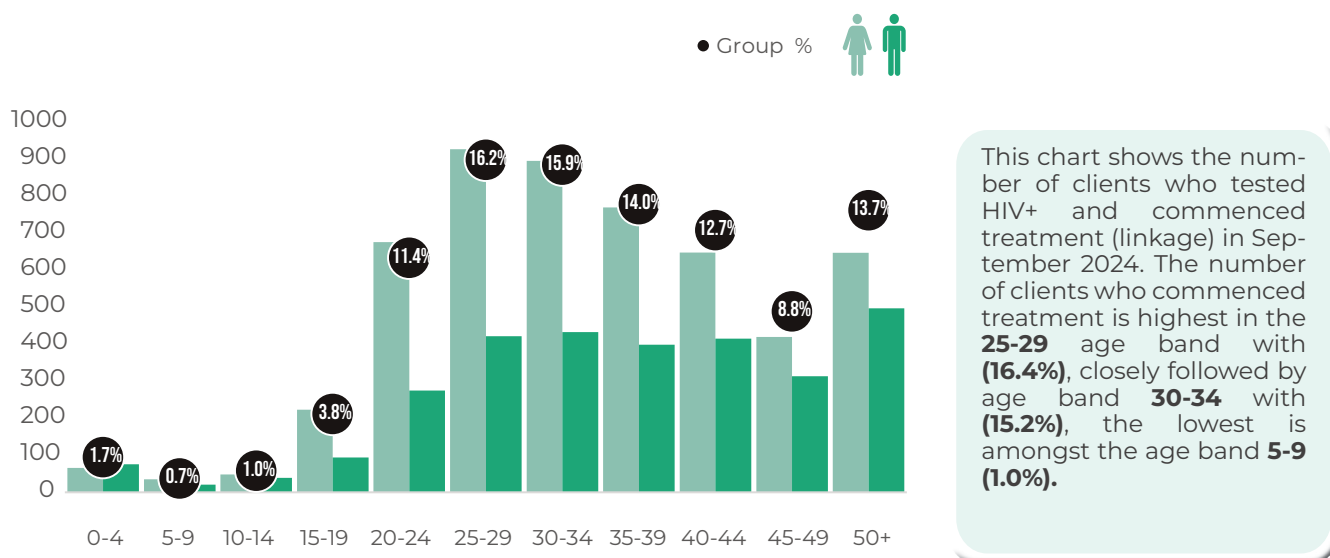


Figure 9a

The number of clients started on treatment in September 2024.

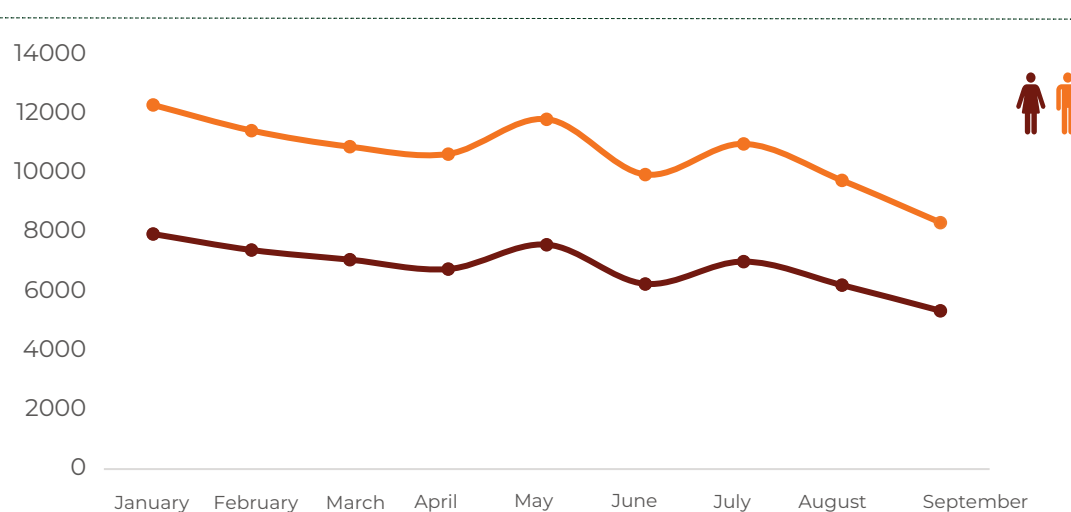


Figure 9b

Trend of clients who commenced treatment from January 2024 to September 2024

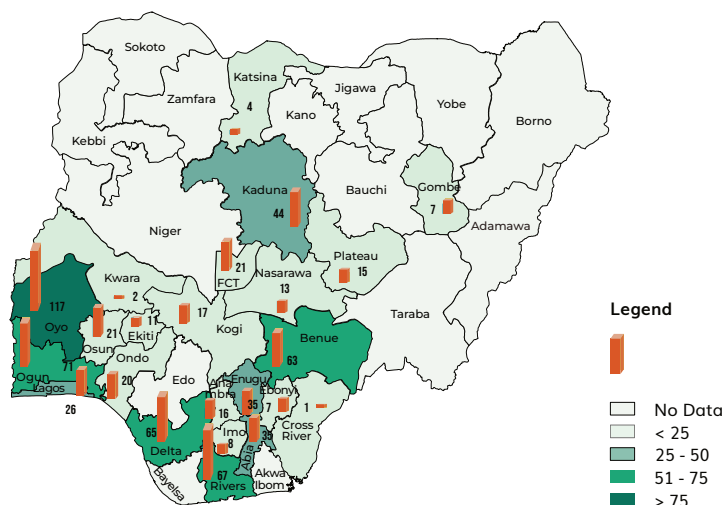


Figure 10

Geographical Distribution of clients who commenced treatment from July 2024 to September 2024 with AHD using clinical Stage III and IV in Nigeria .



Figure 11a
Client CD 4 COUNT < 200 and ≥ 200 At initiation from July 2024 to September 2024

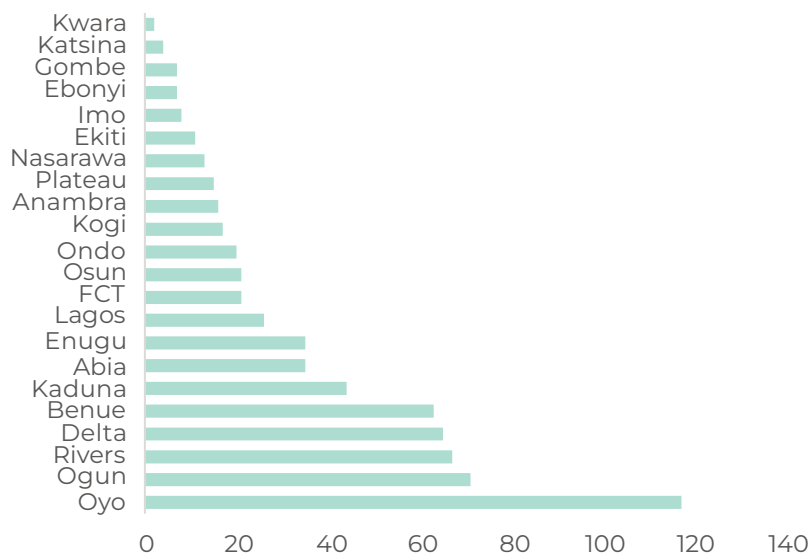


Figure 11b

AHD using clinical stage three and four of clients from July 2024 to September 2024

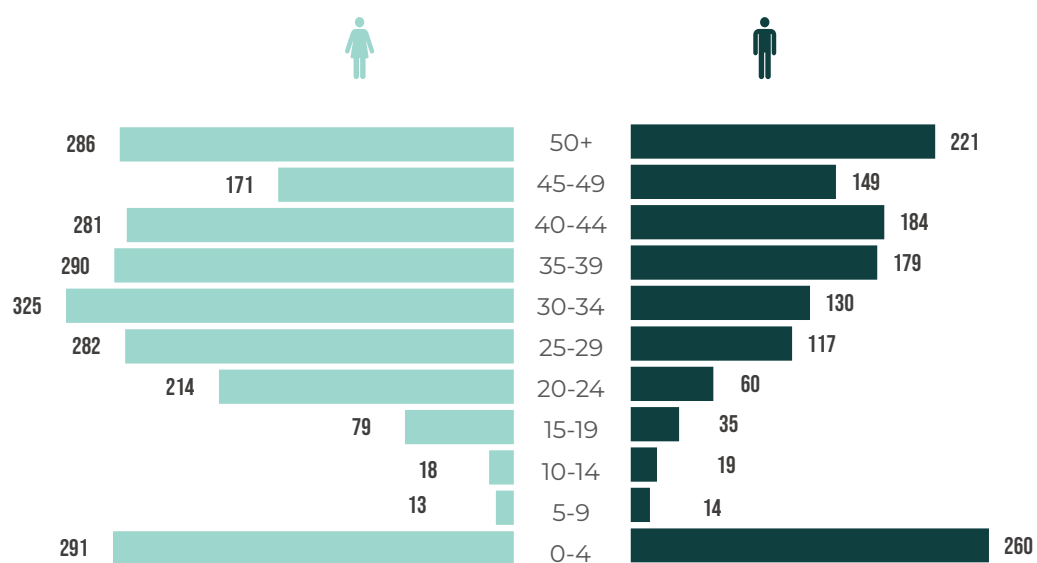


Figure 12a

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

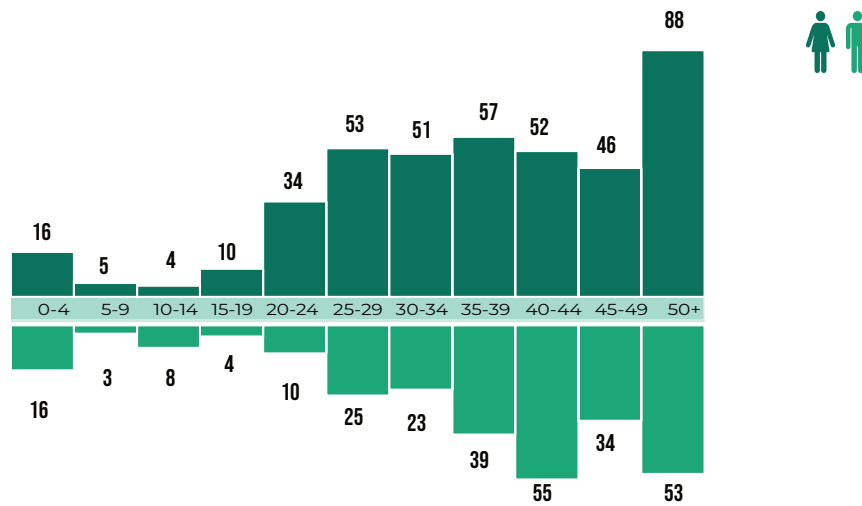


Figure 12b

Distribution of newly diagnosed HIV+ clients with WHO stage III and IV HIV disease in Q3 2024.

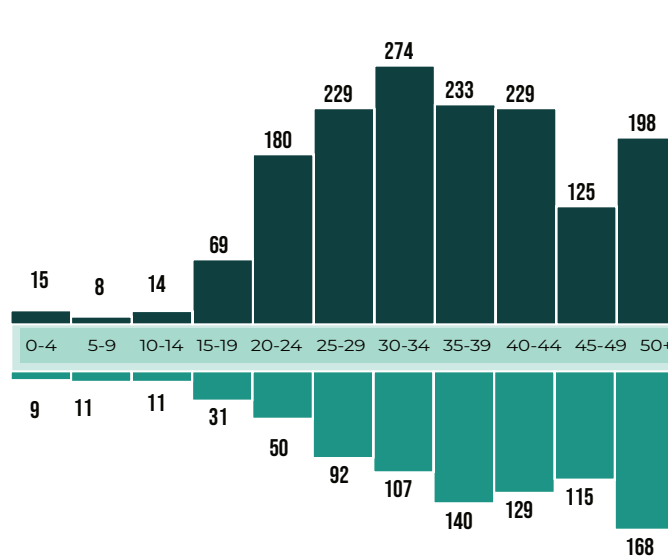


Figure 12c

Clients CD4 Count less than 200 at ART initiation in Q3 2024

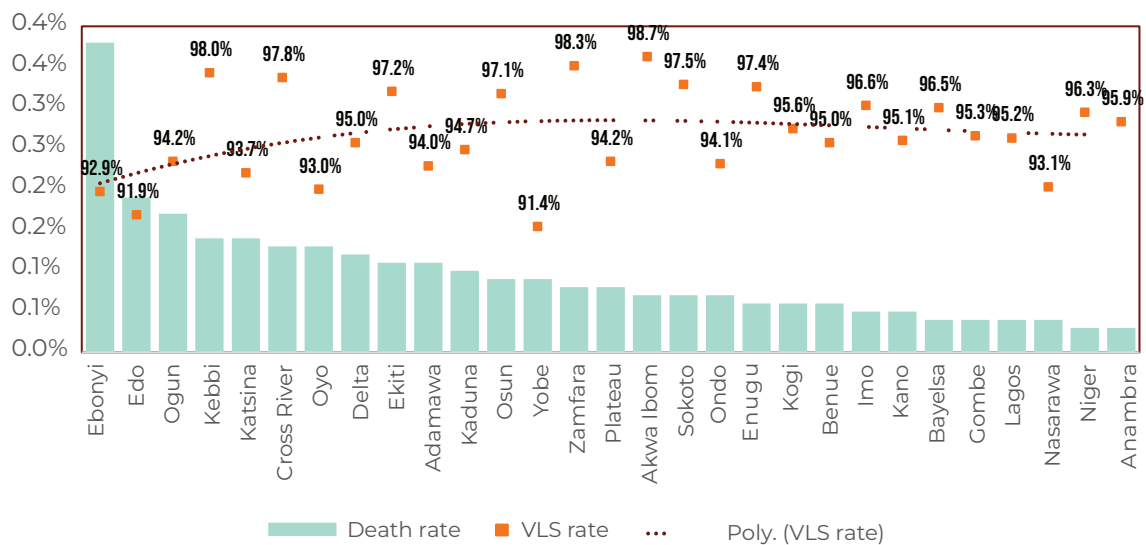
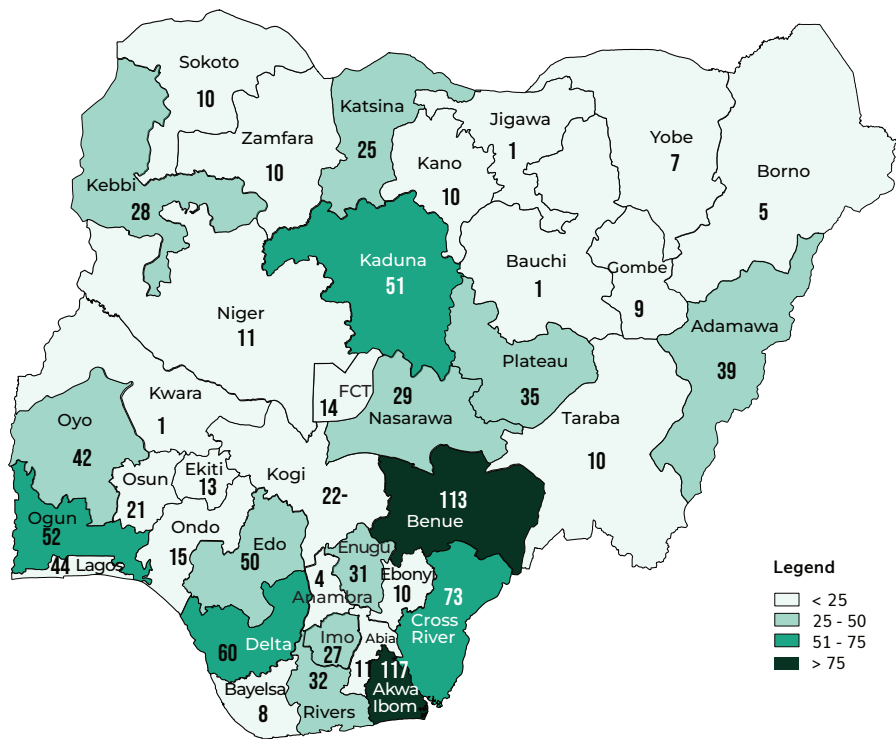


Figure 13

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

Figure 14
Distribution of deaths by States in September Q3 2024.

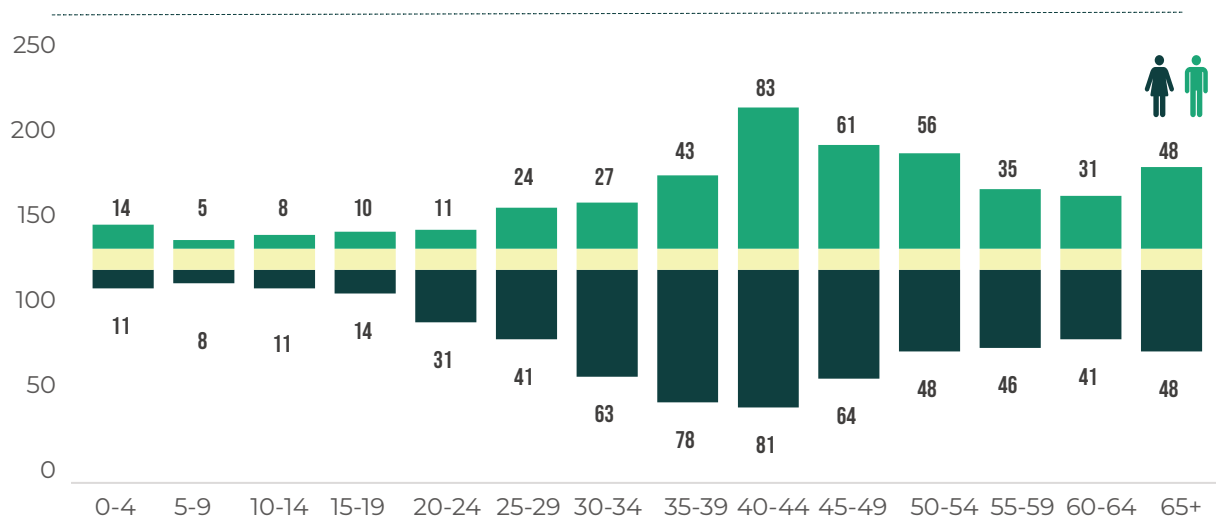
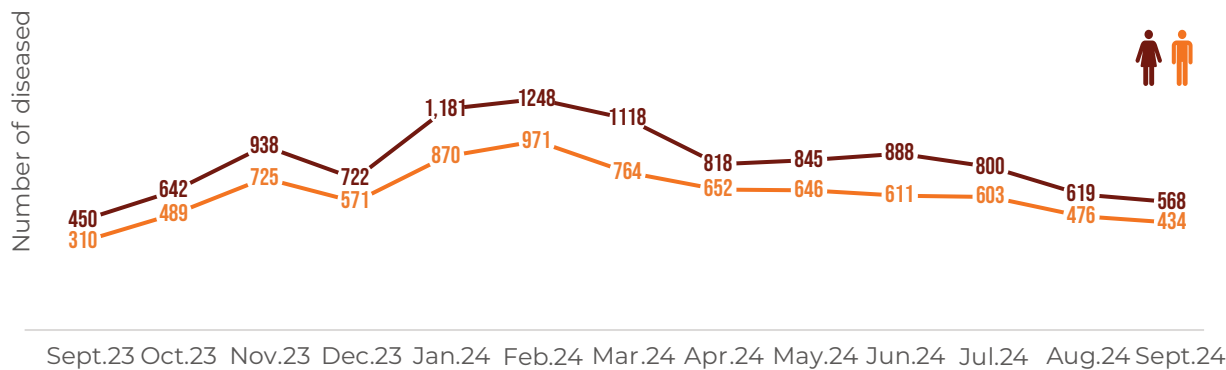


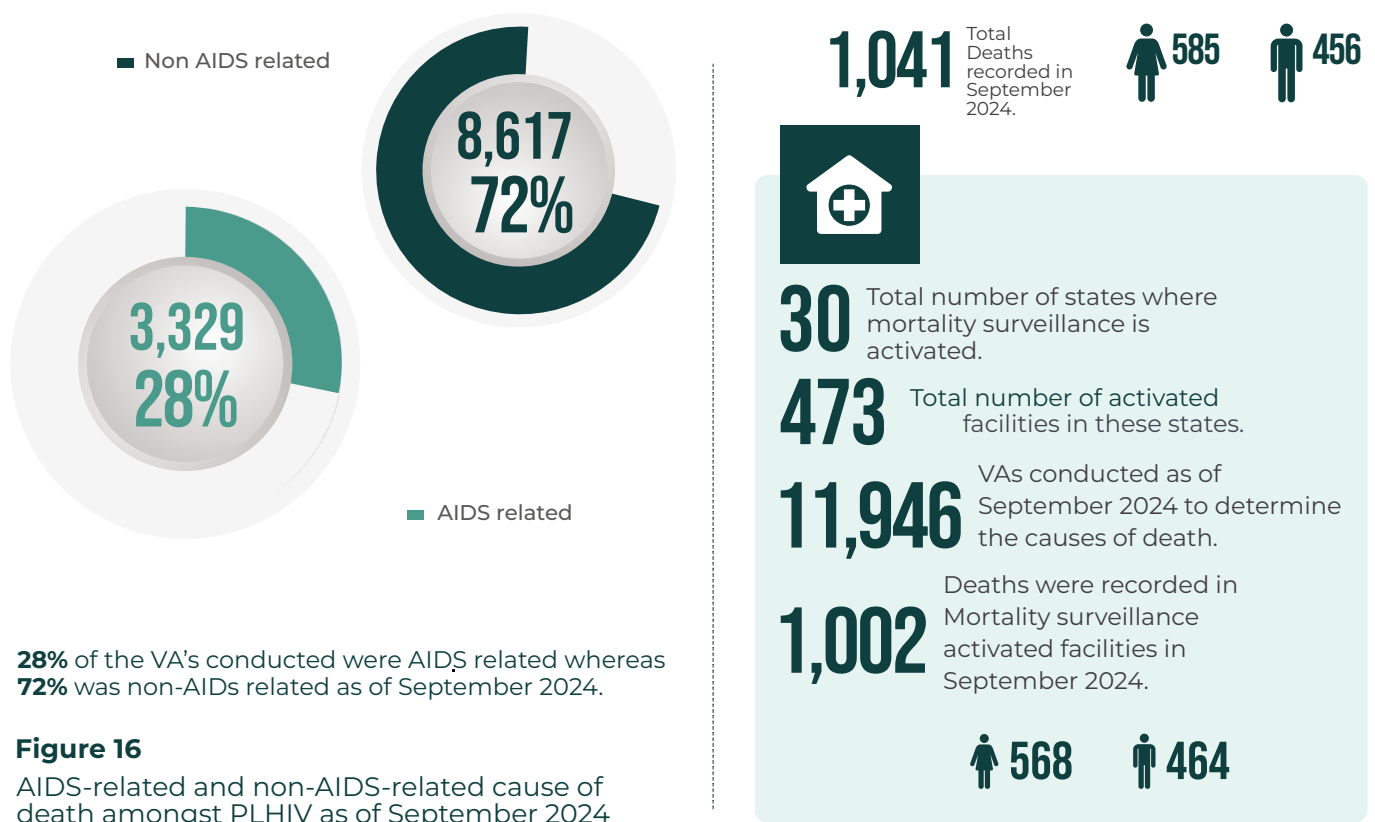
Figure 15a
Distribution of Deceased clients by age and Sex in September 2024.



The chart above provides insights into the monthly distribution of client on ART who died in September 2024.

Figure 15b

Trends of deceased amongst PLHIV in Mortality Surveillance activated sites disaggregated by Sex in September 2024.



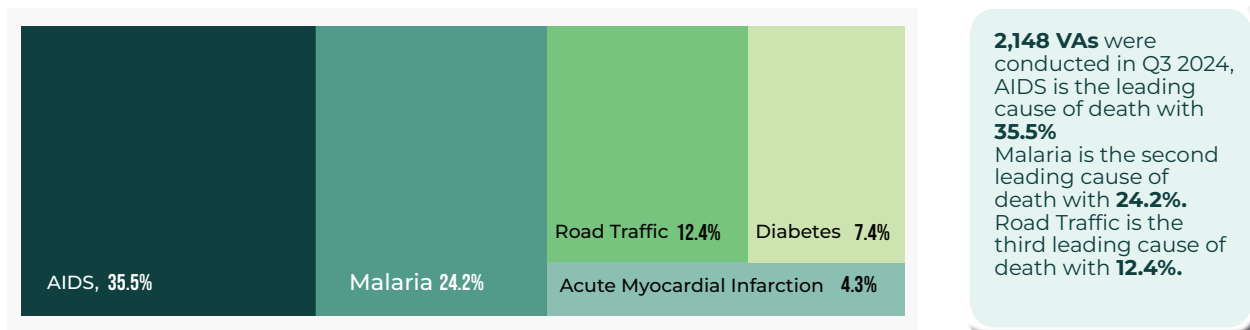
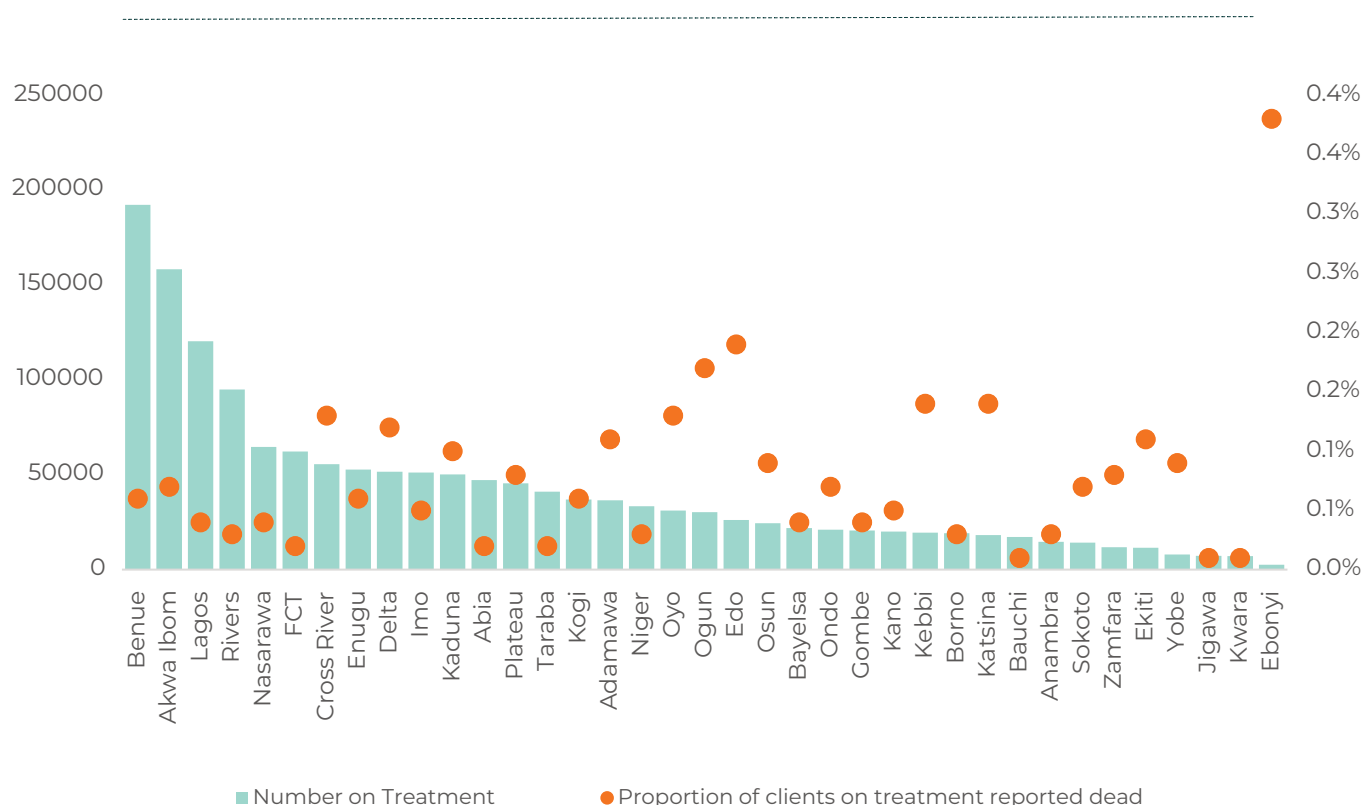


Figure 17

Top 5 causes of death among PLHIV in Q3 2024.



This chart shows the proportion of clients who were reported dead in September 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 18

The proportion of clients on treatment reported dead in September 2024.