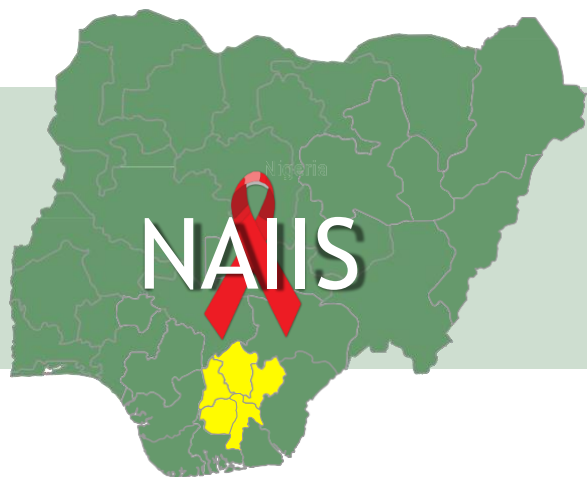


SOUTH EAST ZONE SUMMARY SHEET

KEY FINDINGS

MARCH 2019



The 2018 Nigeria HIV/AIDS Indicator and Impact Survey (NAIIS) was a national household-based survey that assessed the prevalence of human immunodeficiency virus (HIV) and related health indicators. Data collection in South East Zone was done from July through December 2018. Data were collected from household members age 0-64 years. Home-based HIV counseling and testing services were provided to people who participated in the survey. Participants receiving an HIV-positive test result were linked to treatment services. NAIIS data includes national, zonal, and state information on HIV control activities in Nigeria.

NAIIS was led by the Government of Nigeria through the Federal Ministry of Health (FMoH) and the National Agency for the Control of AIDS (NACA), conducted with funding from the United States (U.S.) President’s Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to Fight AIDS, Tuberculosis and Malaria with technical assistance from the U.S. Centers for Disease Control and Prevention (CDC). The survey was implemented by the NAIIS Consortium, led by the University of Maryland, Baltimore (UMB) under the supervision of the NAIIS Technical Committee.

SURVEY RESULTS



HIV Indicator	Female		Male		Total		Unweighted sample size
	%	95%CI*	%	95%CI	%	95%CI	
HIV prevalence †							
15-49	2.3	2.0-2.7	1.3	1.0-1.6	1.9	1.6-2.2	20,999
15-64 years	2.2	1.9-2.5	1.5	1.2-1.8	1.9	1.7-2.2	27,098
Viral load suppression ‡							
15-49 years	36.5	29.2-43.7	28.4	17.6-39.2	34.2	27.9-40.4	367
15-64 years	37.8	31.6-44.1	38.8	29.8-47.9	38.2	32.9-43.4	477

* The 95% CI (confidence interval) indicates the interval within which the true population parameter is expected to fall 95% of the time.

† The numerator for HIV prevalence is the number of people tested HIV-positive in each subgroup. The denominator is the number of people tested in each subgroup.

‡ Viral load suppression is defined as HIV RNA <1,000 copies per ml of plasma. The denominator for viral suppression is the number of PLHIV in each age group.

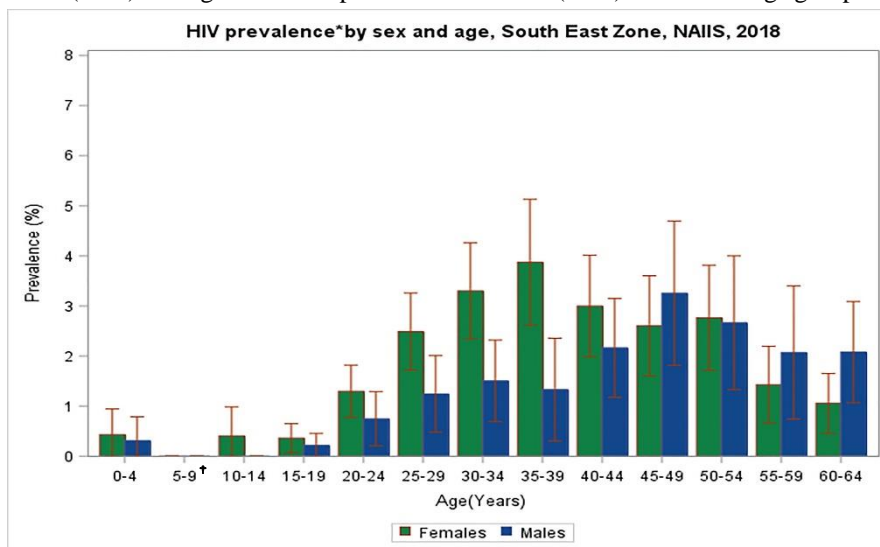
Prevalence of HIV among adults age 15-64 years was 1.9%, 2.2% among females and 1.5% among males.

Prevalence of viral load suppression (VLS) among people living with HIV (PLHIV) age 15-64 years in South East Zone was 38.2%, 37.8% among females and 38.8% among males.

HIV PREVALENCE BY SEX AND AGE



HIV prevalence was highest among females age 35-39 years at 3.9% and the highest among males age 45-49 years at 3.3%. The HIV prevalence gender disparity between females and males was greatest among adults age 35-39 years, with females (3.9%) having 3 times the prevalence of males (1.3%) in the same age group.

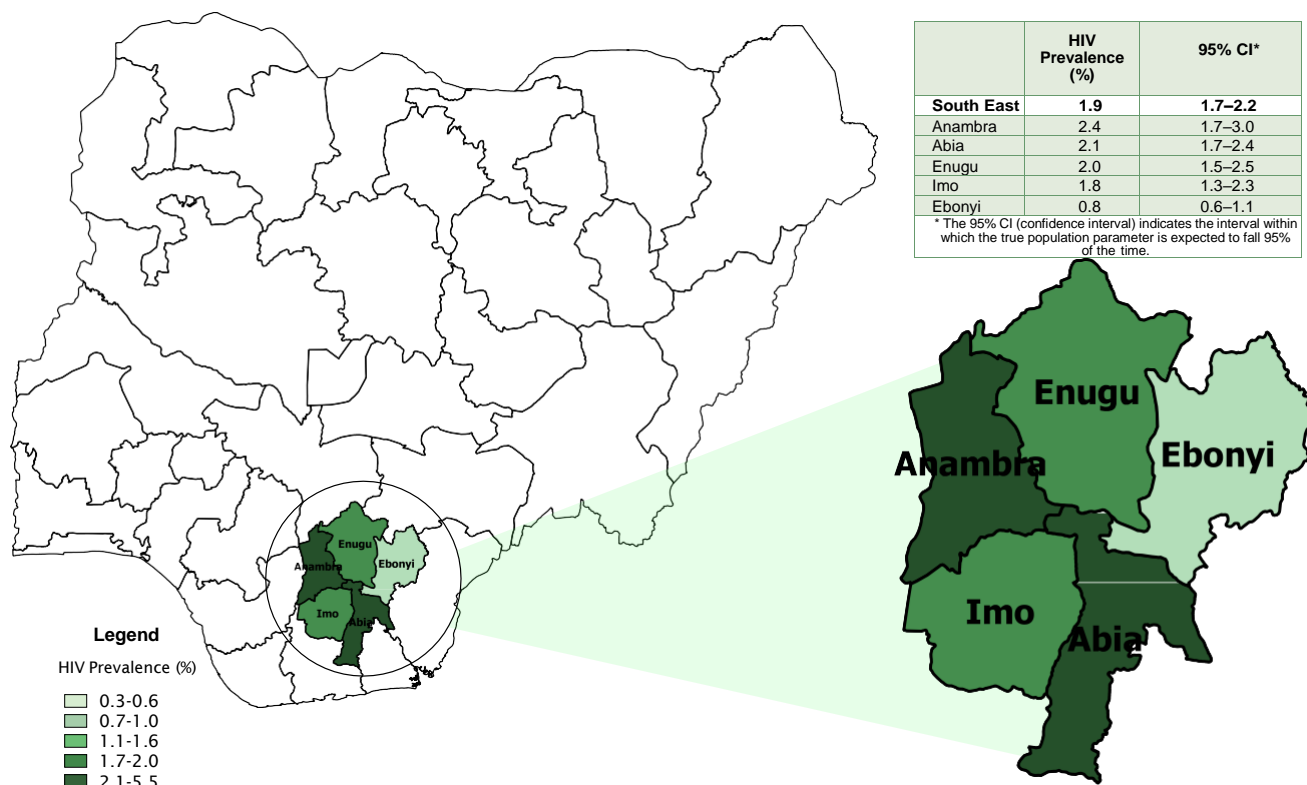


* The error bars show the 95% confidence intervals (CIs), the intervals within which the true population parameter is expected to fall 95% of the time.
 † Data not available due to zero positives in the numerators.

HIV PREVALENCE AMONG PERSONS AGE 15-64 YEARS BY ZONE AND STATE



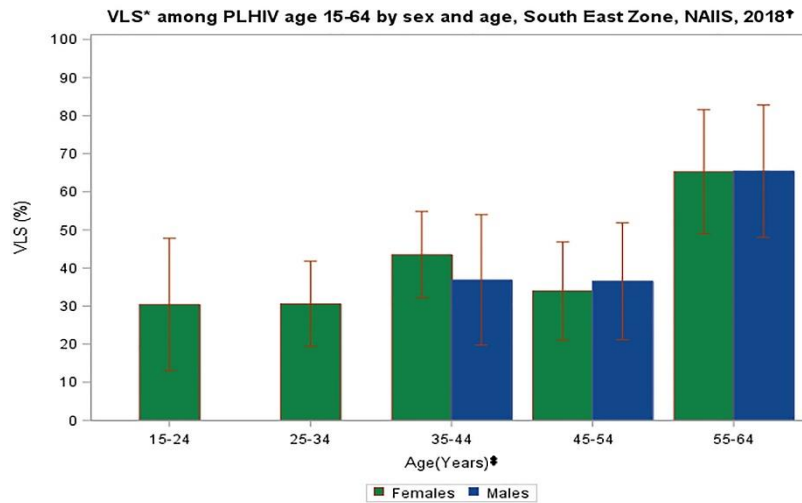
Among adults age 15-64 years, HIV prevalence varied by state across South East Zone, ranging from 2.4% in Anambra State to 0.8% in Ebonyi State.



VIRAL LOAD SUPPRESSION AMONG PLHIV AGE 15-64 YEARS BY SEX AND AGE



VLS among PLHIV was the highest among males age 55-64 years at 65.4%, compared with the highest VLS among females age 55-64 years at 65.3%.



* VLS (viral load suppression) is defined as HIV RNA <1,000 copies per ml of plasma. The denominator for viral suppression is the number PLHIV in each age group.

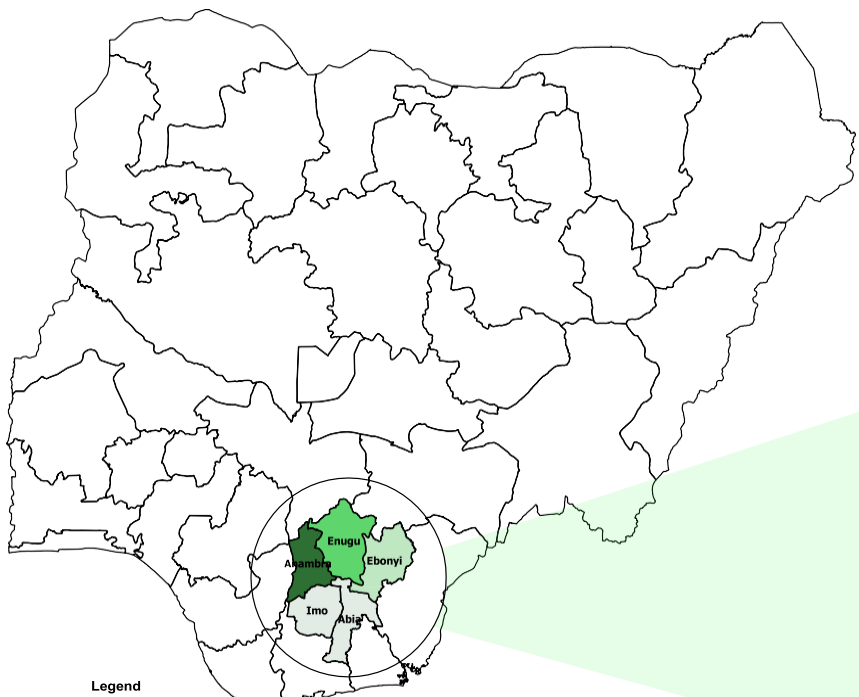
† The error bars show the 95% CIs (confidence intervals), the intervals within which the true population parameter is expected to fall 95% of the time.

‡ The estimates for males age 15-24 years and 25-34 years, and 25-34 years were not presented because the unweighted sample size was <30 people. The estimates for females age 15-24 years, 55-64 years and males ages 35-44, 45-54 and 55-64 years were based on an unweighted sample size of 30-49 people and should be interpreted with caution.

VIRAL LOAD SUPPRESSION AMONG PLHIV AGE 15-64 YEARS BY ZONE AND STATE, NAIIS 2018

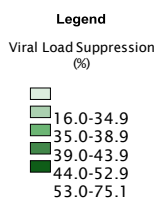


Among PLHIV age 15-65 years, VLS varied by state across South East Zone, ranging from 45.9% in Anambra State to 30.3% in Abia State.



	Viral Load Suppression (%)†	95% CI†
South East	38.2	32.9–43.4
Anambra	45.9	35.8–56.0
Enugu	40.8	30.0–51.5
Ebonyi	38.1	26.8–49.5
Imo	30.5	19.7–41.4
Abia	30.3	22.1–38.4

* Viral load suppression is defined as HIV RNA <1,000 copies per ml of plasma. The denominator for viral suppression is the number PLHIV age 15-64 years.
 † The 95% CI (confidence interval) indicates the interval within which the true population parameter is expected to fall 95% of the time



CONCLUSIONS



- HIV prevalence estimates varied by state in South East Zone, with the highest prevalence in Anambra State and the lowest prevalence in Ebonyi State.
- In South East Zone, approximately 8 out of 20 PLHIV achieved viral suppression PLHIV.
- South East Zone will focus efforts on ensuring those infected with HIV achieve viral suppression, minimizing the risk for HIV transmission and moving Nigeria closer to controlling the HIV epidemic.

RESPONSE RATES AND HIV TESTING METHODS



Of 13,211 eligible households in South East Zone, 94.8% completed the household interview. Of 19,148 eligible women and 13,368 eligible men age 15-64 years, 85.9% of women and 79.7% of men were both interviewed and tested for HIV.

HIV prevalence testing was conducted in each household using a serological rapid diagnostic testing algorithm based on Nigeria's National HIV Testing Guidelines, with laboratory confirmation of seropositive samples using a supplemental assay.

The Government of Nigeria is grateful to all citizens who agreed to be part of NAIIS. Their dedication and willingness will help improve the lives of all Nigerians.



NAIIS is supported by PEPFAR through CDC under the terms of cooperative agreement GH18-1813, GH002108 and by the Global Fund to Fight AIDS, Tuberculosis and Malaria under contract NGA-H-NACA. The findings in this report should be considered preliminary and are subject to change. The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the funding agencies.