



FEDERAL MINISTRY OF HEALTH

NATIONAL AIDS/STD CONTROL PROGRAMME

**REPORT OF 1995/96 HIV SENTINEL
SERO-SURVEILLANCE IN NIGERIA.**

May, 1997.



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NASCP SENTINEL SURVEY TEAM

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Note:

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- *** Provided Technical Assistance on Data Analysis.

Acknowledgement

The NASCP, Federal Ministry of Health wishes to thank all those who made this round of sentinel surveillance a success. The Federal Ministry of Health wishes to specifically note with appreciation the continued assistance of the World Health Organisation in ensuring that the sero surveillance activity is continuous. We wish to use this opportunity to call on all those who have been of great assistance during past exercises to renew the spirit of cooperation and collaboration.

We are indebted to the various states Ministries of Health, especially those staff who had to combine the sero surveillance activity with their other schedules.

Finally we wish to give glory to God Almighty for making it possible for us to serve humanity in our own little ways.

Dr. Nasiru Sani-Gwarzo

National Coordinator, NASCP,
for: Hon. Minister of Health

December, 1996

EXECUTIVE SUMMARY

Surveillance is a process of collection and analysis of data needed to take appropriate action. The 1995/96 sentinel sero prevalence was the fourth since the advent of AIDS in Nigeria, the first was conducted in 1990/91. From four states in 1991, twenty states were involved in 1994/95.

The prevalence rates among the sentinel groups for 1995/96 were as follows:

1. Antenatal Clinic attendees (ANC) 4.5% as against 1.4% in 1991/92.
2. Patients with Tuberculosis (TB) 13.1%, as against 2.2% in 1991/92.
3. Patients attending STD Clinics (STD) 15.1%, as against 4.6% in 1991/92.
4. Commercial Sex Workers (CSW), 35.6%, as against 17.5% in 1991/92.

It is obvious that the rate of spread of HIV in Nigeria is alarming. More worrisome however is the declining capacity to carry out prevention and control activities principally due to lack of adequate funding which seems to be a reflection of poor commitment. It is ironical that even in health administrative circles, HIV and STD does not seem to be well understood and appreciated as a great scourge which is ravaging our country and whose effects transcend health to all facets of human life.

There was a wide difference between prevalence rates in various states. While some level of difference is expected due to socio-cultural and economic variations in a country as large as Nigeria, standardization of surveillance procedures in the states by the NASCP is becoming more difficult due to financial constraints.

However, within the limitations of the survey, the results provide adequate data for "reactivation" of the AIDS/STD Control in Nigeria. The alternative, which we seem to be embarking upon, is not worth contemplating.

We hope this report will spur our conscience to take action. Even if we claim to be free, what of our children, brothers, sisters, cousins, nieces and members of our communities whom we are denying education and services due to our inactions or negative actions? HIV we are aware is no respecter of persons.

1. Introduction

From the official one case reported by Dr. Abdulsalam Nasidi and Dr. T. Harry, by December 1996, 6841 cases had been reported to the NASCP. This we know is just a tip of the iceberg.

The low level of AIDS case reporting due to among other reasons; the passive nature of reporting, low index of suspicion for diagnosis, delayed reporting and no reporting at all, make periodic sero surveillance more necessary. Further more, AIDS case reporting is an index of HIV infection of up to ten previous years past making it inappropriate for adequate planning.

Lessons of this, being the fourth so far in a series, are going to be put to use in reviewing the survey protocol that has been in use with a view to improving standardization and reducing cost. From four states in 1990/91, the 1995/96 sentinel survey attempted to cover twenty states. In view of logistic problems, the rapid increase in number of sentinel states will have to be put on hold for now to give room for proper stock taking. However, for purposes of planning and replanning, we believe that there is enough data for Nigeria now to be able to look at the trend and spatial distribution of the infection in Nigeria. As we however enter the second decade of HIV Prevention and Control in Nigeria, it is expected that lessons learnt within the past decade can be used to plan specifically for Nigeria and sub Saharan Africa.

2. Methodology

Preparatory to the commencement of the 1995/96 Sentinel Sero Surveillance the following activities were undertaken.

1. In an effort to gradually cover the country as much as possible, the number of participating states were increased from sixteen to twenty.
2. A refresher course was conducted for Senior Staff of the NASCP and other divisions who had been involved in previous surveys. This group of people were to serve as national facilitators at state training.
3. Training were conducted in all the participating states for SAPCs, State Lab Technologist, and site Medical Officers. For those states who had been involved in the survey in the past, the training was mainly a refresher course. These training took place at different times and different facilitators went to various states. The training content was however similar and essentially a review of the sentinel protocol as outlined in the manual.