Risk factors of HIV/AIDS Mortality Among HIV Recipients of Care in Southern Nigeria

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BACKGROUND

- HIV-related deaths remain a public health concern in Nigeria (~50,000 deaths in 2021)
- Survival outcomes vary by demographic and clinical factors
- This study assessed all-cause mortality among adults on ART in Delta, Ekiti, and Osun states.
- **Hypothesis:** Older age, male sex, and advanced HIV disease at initiation are associated with higher mortality.

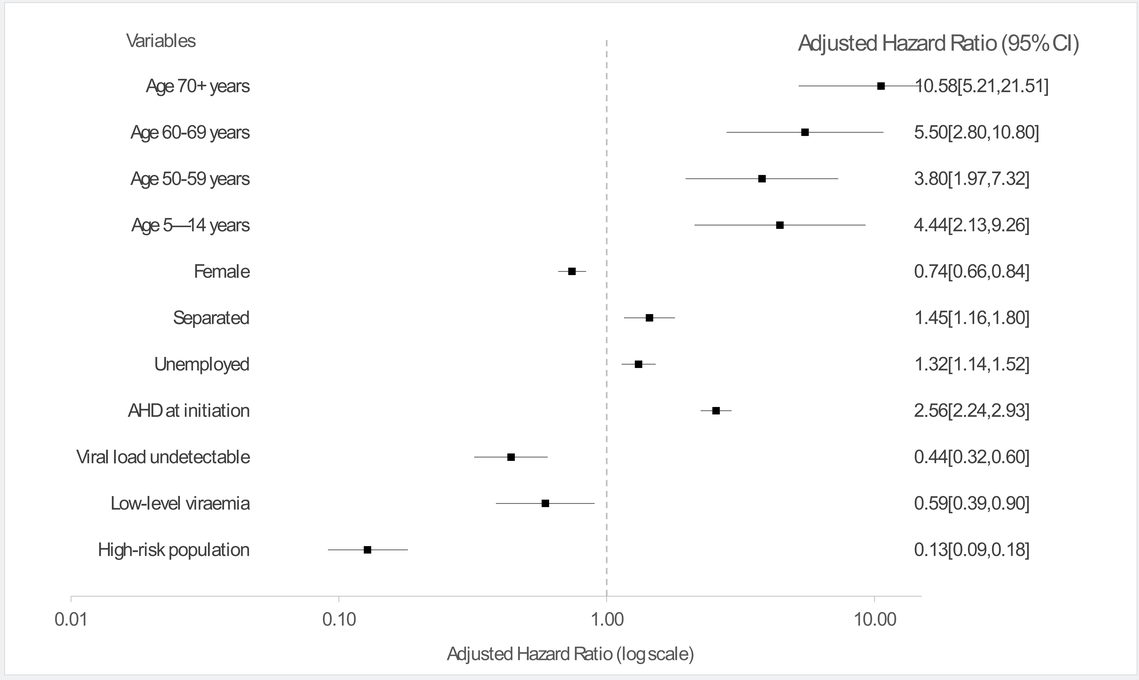
METHODS

- Retrospective cohort analysis of adults who started antiretroviral therapy (ART) between January 2022 and December 2023
- **Follow-up:** Until September 2024, with death as the outcome
- **Data Sources:** National Medical Record System and patient files
- **Death Ascertainment:** Verbal autopsy or death certificates
- **Primary Exposure:** High-risk vs low-risk population
- **Key Variables:** Age, sex, marital status, employment status, last ART regimen, viral load status (unsuppressed, low-level viraemia, undetectable), AHD status at initiation
- **Analysis:** Kaplan –Meier survival curves and Multivariate Cox proportional hazards regression

Protective factors included being a female, high-risk population, and viral load undetectability

RESULTS

- 37,960 persons (M=39%) followed up for 58,731 person years (PYs)
- Mortality rate at end point was 1,982 cases per 100,000PYs
- Mean survival differed significantly ($p < 0.05$): Low-risk 34.8 months, High-risk 35.9 months, over all 35.2 months.



CONCLUSIONS

There is a higher likelihood of mortality among Recipients of Care if diagnosed as advanced HIV disease at initiation, at a younger and advanced age and, within low-risk population. Improved client-centric interventions are needed to reduce mortality

ADDITIONAL KEY INFORMATION

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PLAIN LANGUAGE SUMMARY

Our assessment of the predictors of mortality among HIV recipients of care showed that being virally suppressed generally, being female and being married were protective.