

# Factors associated with HIV infection despite overall low transmission rates in HIV Exposed Infants in rural Kenya

The National EMTCT and KMA Implementers Forum  
14th November 2013  
Olesereni Hotel

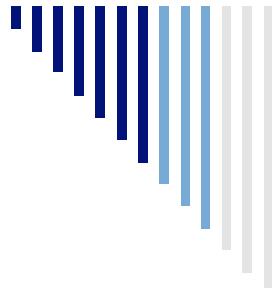


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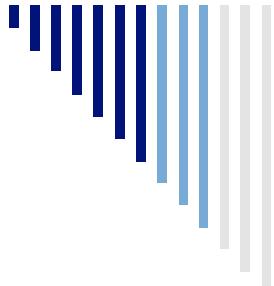
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# Affiliations

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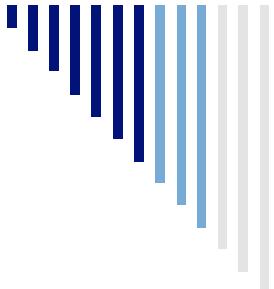


# Background

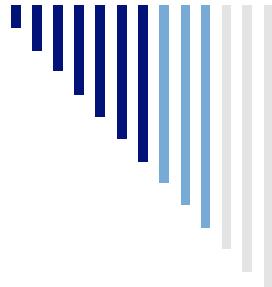


- Despite the availability of Prevention of Mother-to-Child HIV Transmission (PMTCT) interventions and donor and government investments in developing country implementation, the problem of vertical HIV transmission persists



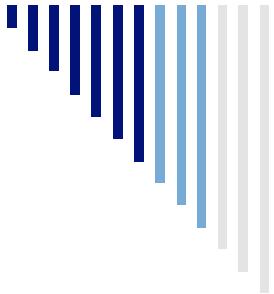


- To explore the reasons for MTCT persistence in areas with overall low transmission rates and PMTCT service provision

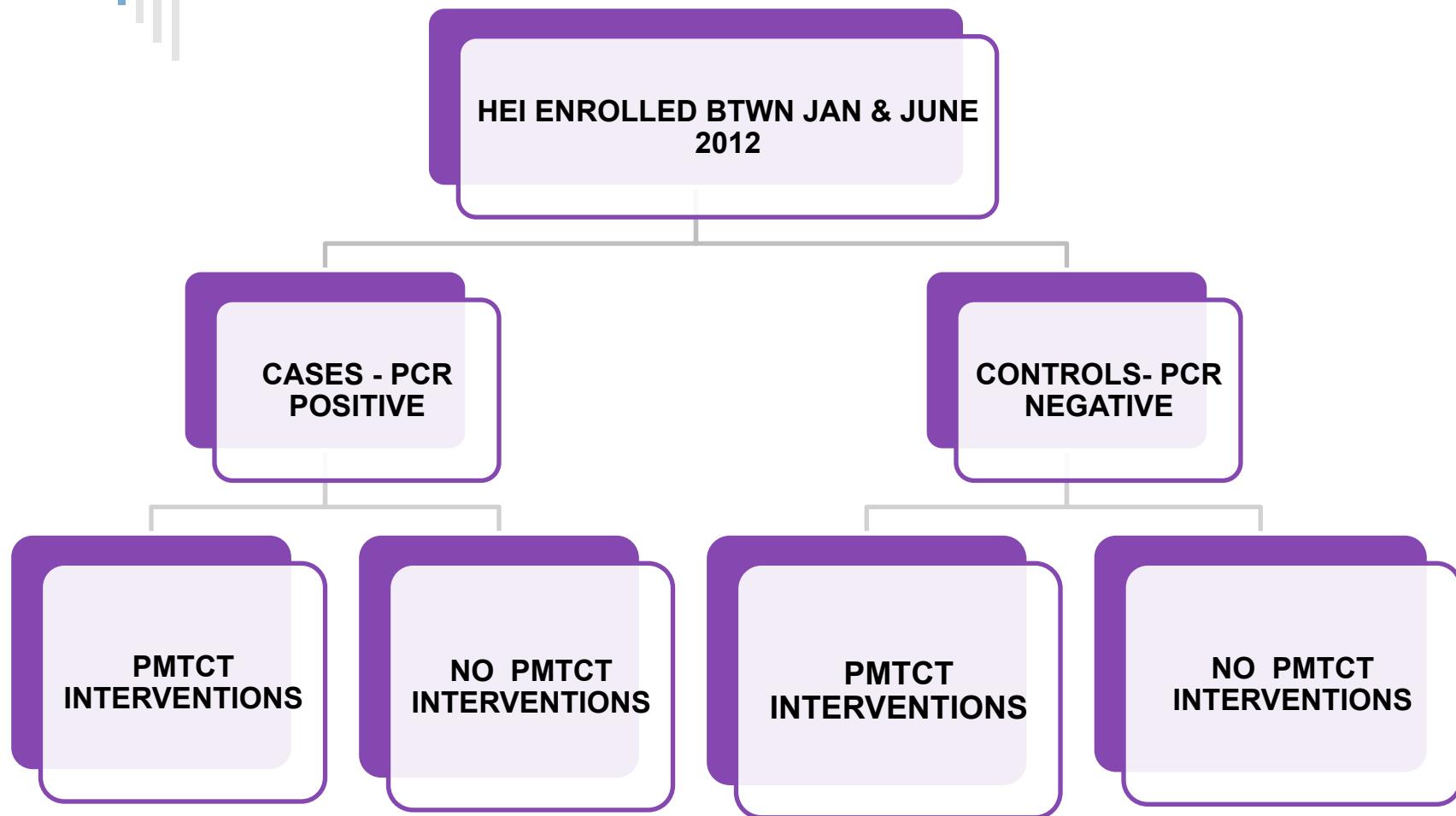


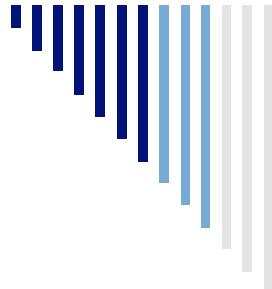
## Methods

- A case-control study
- HIV-exposed infants (HEI) enrolled in follow-up care between January and June 2012
- Conducted at 20 rural health facilities in Rongo District, Nyanza Province, Kenya
- All facilities supported by Family AIDS Care and Education Services (FACES), a comprehensive HIV prevention, care, and treatment program



# Methods





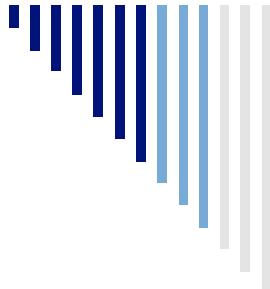
# Methods

## □ Cases

- HEI who turned HIV positive and controls were HEI who remained negative at last test

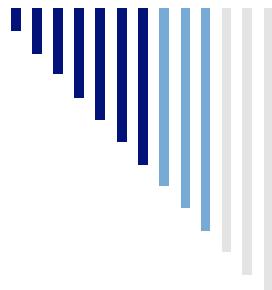
## □ Controls

- Randomly selected after matching based on birth month and gender to identify a number equal to cases

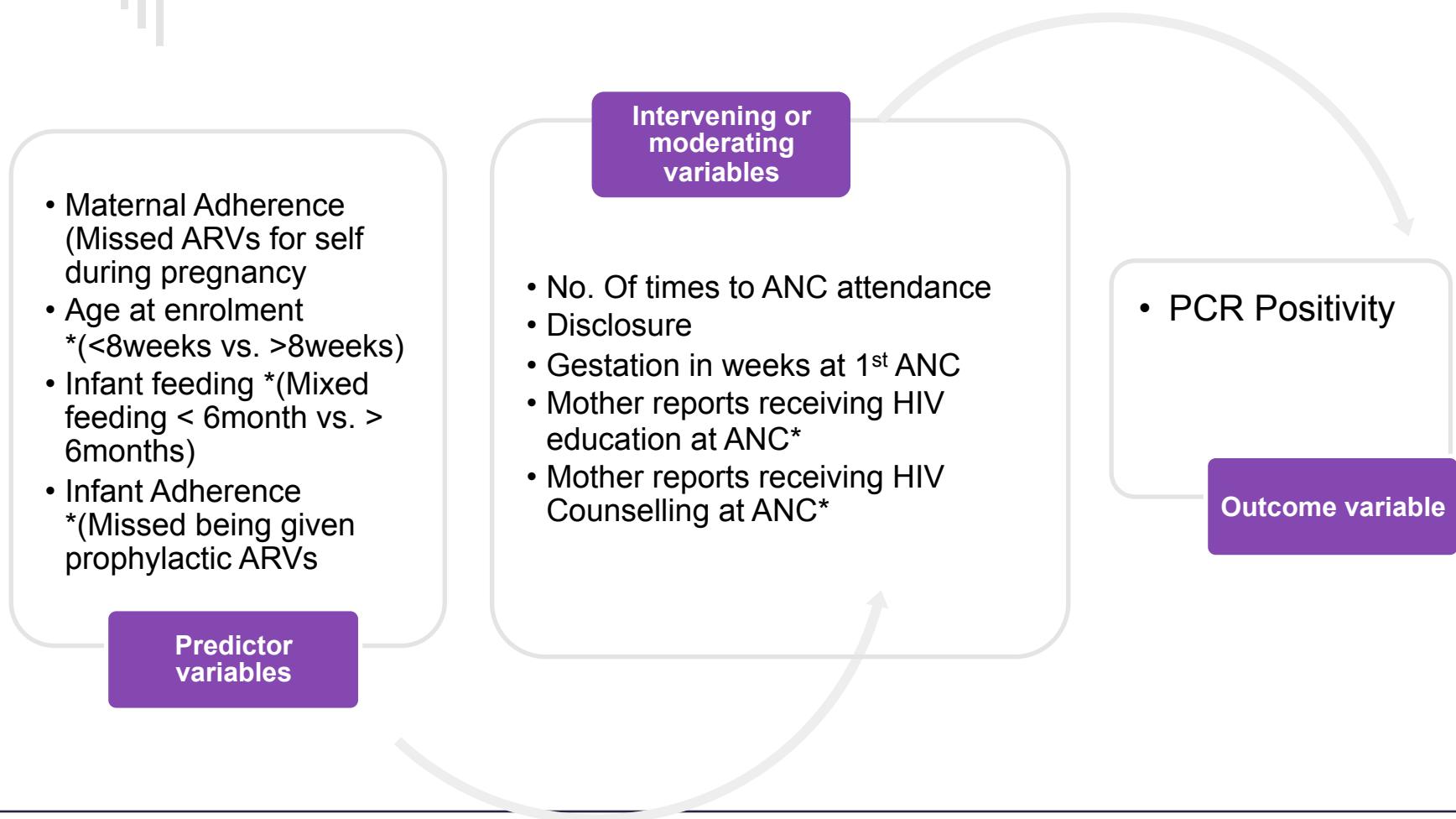


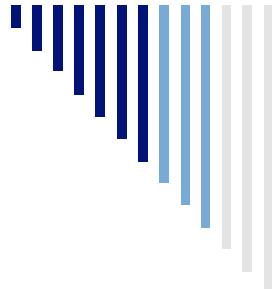
# Methods

- Data abstracted from:
  - Routine PMTCT registers
  - HEI cards
  - Infant forms
  
- Data analysis:
  - Logistic regression performed to determine factors associated with HIV infection



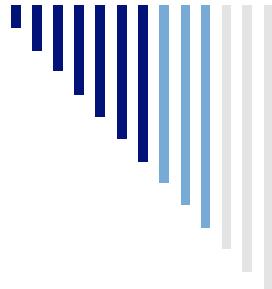
# Logical framework





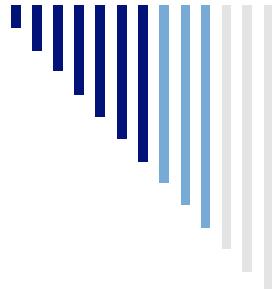
# Results

- 45 cases and 45 controls compared
- Maternal, clinical and infant factors associated with HIV-infected infants:
  - Poor PMTCT service uptake including late enrolment of infant to follow up, (OR = 0.14, 95%CI: 0.06 - 0.38)
  - Poor adherence to infant prophylaxis (OR=8.32, 95%CI 3.24 –21.38)
  - Fewer antenatal (ANC) visits (OR = 0.62, 95% CI: 0.41 - 0.96)



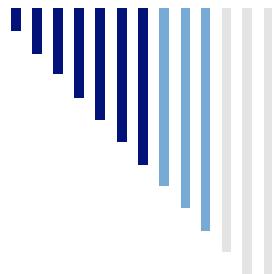
## Results

- Mothers of cases were also significantly less likely to report
  - Having received clinic level HIV education and counselling compared to the controls (OR 0.13, 95%CI 0.04 - 0.54 and OR 0.12, 95% CI 0.03 -0.46)
- Maternal disclosure, gestation at first ANC visit, and infant feeding type were not associated



# Conclusion

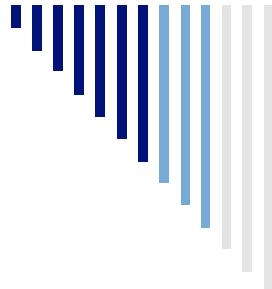
- Poor uptake of PMTCT services and a reported absence of HIV education and counselling at the clinic level were associated with MTCT
- More emphasis on PMTCT service provision including counselling and education are urgently needed to minimize opportunities for HIV transmission to infants



# An Island on land



**Ongito Dispensary – Uriri District  
Migori County**



# Acknowledgment

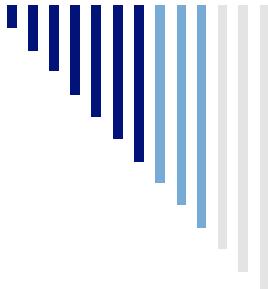
- MoH
- KEMRI
- CDC
- FACES
- Clients and staff for working together to put up this abstract to help improve the HIV situation



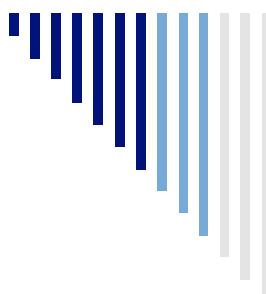
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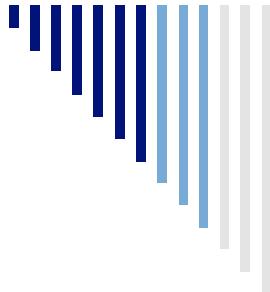


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- For more information on the FACES programme, please visit [www.faces-kenya.org](http://www.faces-kenya.org)
- *The findings and conclusions in this presentation are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention(CDC)*





*“If you always do what  
you’ve always done, you’ll  
always get what you’ve  
always got”*