Infant HIV Outcomes at 18 Months and PMTCT service factors at Lumumba Health Centre, Kisumu, Kenya

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Background

- Every year 3.2 million children get infected with HIV worldwide 90% of the infections occur in Africa
- In Kenya, of approximately 1.5 million children born annually:
  - an estimated 50,000 to 60,000 infants are exposed to HIV and in need of Prevention of Mother-to-Child Transmission (PMTCT)
- Nearly all infant HIV infections occur through mother-to-child transmission (MTCT)
- Without PMTCT interventions, 20% of infants infected with HIV will ultimately die before their second birthday

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Objectives

- To determine the HIV point prevalence among exposed infants born to HIV-infected mothers who attended a PMTCT clinic
- To evaluate predictors for HIV acquisition

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Methods

- Retrospective cross sectional study
- Lumumba Health Centre, Kisumu East
- 80 women seen daily in antenatal (ANC)
- Sample randomly selected using STATA
- Inclusion criteria: HIV exposed infants (HEI) who attended PMTCT clinic within 27 months retrospectively from the time of evaluation – Jan 2012
- Data abstracted from HEI electronic database, mother & baby patient charts and registers

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Cont. Methods

- Infant HIV outcome
  - 18-month antibody test postnatally
- Predictors
  - Delivery location
  - Infant feeding mode
  - Infant ARV prophylaxis
- Analysis
  - Fisher's exact
  - Epi Info

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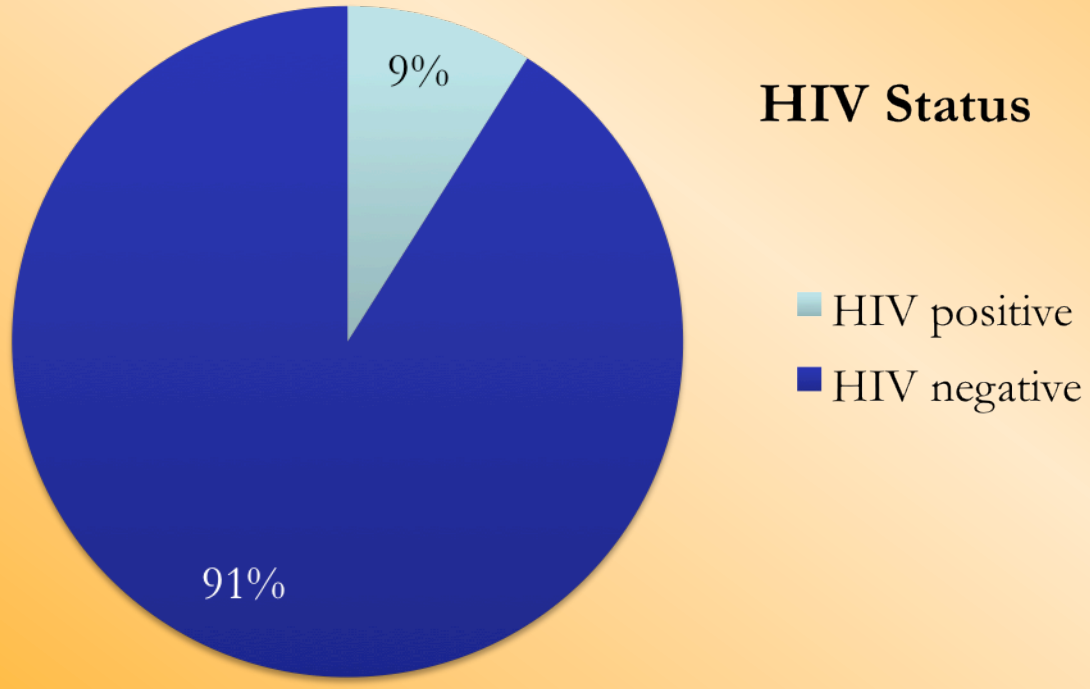
Results – Point Prevalence

- 138 HEI examined
  - Of which 12 (9%) were HIV positive



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Results - Predictors

Table 1: Findings	HIV Status		Fisher's Exact test
Predictor	**Positive**	**Negative**	**p-value**
Delivery Location	N=12 (9 %)	N=126 (91 %)	
Hospital	3	89	p<0.001
Home	9	37	
Infant feeding			
Exclusive Breastfeeding	2	100	p<0.001
Other	10	26	
ARV prophylaxis given to infant			
Yes	3	96	p<0.001
No	9	30	

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Conclusions

- Infants born to HIV positive mothers are significantly less likely to acquire HIV if:
  - Delivered in a hospital,
  - Receive ARV prophylaxis, and
  - Practice exclusive breastfeeding
- Uptake of these proven preventive interventions needs strengthening to accelerate elimination of MTCT

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Limitations of the Evaluation

- The sample size was small, hence it is hard to generalize the findings
- The study was conducted in one facility
- There was no comparison group in this study

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- **For more information on the FACES programme, please visit 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