Family Approach to Identify, Test, and Enroll Children (0-14)  
May – October 2015 (60 sites)

Geographical Positive Variability

<table>
<thead>
<tr>
<th>County</th>
<th>Number of Sites</th>
<th>Child HIV positivity 0 – 14 years</th>
<th>HIV positivity range 0 – 14 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kisumu</td>
<td>10 sites</td>
<td>22/416 (5.3%)</td>
<td>0 – 15%</td>
</tr>
<tr>
<td>Homa Bay</td>
<td>20 sites</td>
<td>27/593 (4.5%)</td>
<td>0 – 100%*</td>
</tr>
<tr>
<td>Migori</td>
<td>30 sites</td>
<td>51/610 (5.9%)</td>
<td>0 – 30%</td>
</tr>
</tbody>
</table>

Comparison: 3 Approaches

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</thead>
<tbody>
<tr>
<td>484</td>
<td>33/860 (3.8%)</td>
<td>1164 (38%)</td>
<td>148</td>
<td>100/1699 (5.9%)</td>
</tr>
</tbody>
</table>

Conclusions

The family approach leads to high identification, linkage, and ART initiation for HIV-positive children.

Although HIV positivity among children was lower than observed in previous family approach studies and appear to be declining, it continues to be a high-in-contrast to programs without infant and outpatient testing.

The family approach offers an important entry point for identification of children and adolescents at risk of HIV and the opportunity for targeted follow-up through the HIV care cascade.

Acknowledgments

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References

2. If you build it, will they come? Kenya healthy start pediatric HIV study: A diagnostic study investigating barriers to HIV treatment and care among children.
3. Prior studies that used the family approach in the same region
4. Outpatient and inpatient testing data performed in the same region respectively
5. HIV testing positive went from 18% in 2009 to 7.4% in 2012 to 5.4% in 2015 (p<0.001).

The findings and conclusions in this poster are those of the authors and do not necessarily represent the official position of the U.S Centers for Disease Control and Prevention or the Government of Kenya.

For more information, please visit:

CIF www.faceskemri.org
CDC www.cdc.gov/hiv
USAID www.usaid.gov

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