

## Abstract

### VERTICAL TRANSMISSION ELIMINATION –THE OPTION B PLUS EXPERIENCE AT UNIVERSITY TEACHING HOSPITAL

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**Background:** The world Health Organization (WHO) has called for the elimination of mother-to-child transmission of HIV. Option B plus entails provision of maternal highly active anti retroviral therapy (HAART) as prophylaxis during antenatal, intrapartum and postpartum periods and continued for life. From 2010, mothers testing HIV positive at Kenyatta National Hospital (KNH) are offered option B plus.

**Methods:** Cross sectional study using program data. Data was abstracted from patients' files and registers.

**Results:** Between Jan 2012 and March 2013, 6,708 women attended antenatal clinic and 13,029 women delivered in the hospital ,and 440 HIV-exposed infants (HEI) were attended to in the clinic 6 weeks after delivery

In the antenatal clinic 6382 (95.1%) tested HIV negative while 286 (4.3%) were HIV positive; 189 (2.8%) were known to be HIV positive and 40 (0.6%) were not tested. The median CD4 cells count was 430 cells (IQR 319-583 cells) and 83.9% received maternal antiretrovirals. The maternal antiretroviral regimen the mothers received were Option B plus 97.5% and AZT only 3%.

All the 928 mothers admitted with unknown HIV for delivery were tested for HIV and 22 (2.4%) tested HIV positive. Overall 454 HIV positive mothers delivered in the hospital of which 417 (91.9%) were known to be HIV infected at entry to maternity. Maternal antiretroviral regimens received were Option B plus 93.7% and single dose nevirapine plus AZT+3TC 6.3%.

All infants had HIV DNA PCR test and only 4 infants tested HIV positive transmission rate of 0.9% at 6 weeks.

**Conclusion:** Vertical transmission elimination is feasible with use of Option B plus.