



Results: The mean age of women was 30.7 years (SD 5.4 years), 62.5% had secondary or higher level of education and 43.1% were unemployed. Majority (85.7%) had sexual partners who had a lower unemployment rate (22.1%). HIV disclosure to the partner was at 91.3% and use of HAART before conception was at 89.3%. Pre-conception care counseling was reported among 35% (95% CI 28.9-40.7%) of the women. Those who sought preconception care counseling were those in employment, for women [OR 1.9 (95% CI 1.2-3.2), p=0.011] and their partners [OR 2.7 (95% CI 1.3-5.6), p=0.005], had disclosed their HIV status to the partner [OR 2.4 (95% CI 1.2-4.8), p=0.010] and had known their status for a longer duration (median of 75.5 months), p< 0.001.

Conclusions: There was low uptake of preconception care counseling services in HIV-infected women. Low socio-economic status is a likely barrier to access of the services. HIV disclosure has a positive influence on the preconception care uptake.

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Sustained elimination of mother to child transmission of HIV and predictors of residual adverse outcomes at a large teaching and referral centre in Nairobi, Kenya

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Background: Elimination of new pediatric HIV infections is possible with existing public health and medical armamentarium. The global community has set as a target the virtual elimination of mother to child transmission (eMTCT) to < 5% in the breastfeeding and < 2% in the non-breastfeeding populations. We sought 1) to demonstrate that sustained virtual eMTCT to < 2% can be achieved in the breastfeeding populations, and 2) to explore the factors contributing to residual adverse outcomes; under programmatic conditions.

Methods: This was a retrospective cohort analysis of data on HIV exposed infants (HEI) and their mothers followed up at Kenyatta National Hospital, Nairobi Kenya from 2013 to 2015. We extracted data from the electronic medical database. Mothers were categorized as adolescent girls and young women (AGYW) 15-24.9 years and adults ≥25. We calculated the MTCT rates by birth cohort. Chi-square was used to determine association between attrition and maternal characteristics, and Kaplan-Meier analysis to estimate time to attrition by age group.

Results: Among 607 HIV infected women with singleton live born infants, the mean age was 34.8 years (standard deviation [SD] 5.4), 15 (2.5%) being AGYW. The infant outcomes were; 484 (79.7%) HEI discharged as HIV uninfected, 14 (2.3%) transferred out, 101(17%) lost to follow-up and 8 (1.3%) HIV infected. The MTCT rate remained < 2% during the follow-up period. Among the eight women with documented vertical transmission, the mean CD4 was 446 cells/ml (range 113-760), six (75%) had not attended antenatal care (ANC) and 5 (62%) were transfer-in postpartum. Women who were lost to follow-up were more likely to have a viral load >1,000 copies/ml (aOR = 5.011, CI = 1.02-15.49), be AGYW (aOR = 3.112, CI = 2.322-5.18) and be unmarried (aOR = 2.02, CI = 1.02-4.44). Attrition at 12 months was higher among AGYW compared to adults (p 0.0001).

Conclusions: Virtual eMTCT of HIV at < 2% can be achieved and sustained in the breastfeeding population. The likely factors for adverse outcomes such as delayed access to ANC and PMTCT interventions and attrition remarkably with AGYW are preventable through optimized and case-based facility and community level intervention.

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Interactive Voice Response (IVR) messages and reminders increase completion of early infant diagnosis in a private sector PMTCT intervention in Southern India

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Background: Effective PMTCT interventions require that pregnant women living with HIV (PPW) and Mother-Baby (MB) pairs be retained in the care cascade. India's national PMTCT program shows attrition at all stages, a problem exacerbated when women visit multiple sites (e.g. private sector for maternity services, public sector for HIV treatment and early infant diagnosis). SAATHII is currently implementing Svetana, a 22-state Global Fund-supported PMTCT initiative in the private sector. m-Maitri, an IVR initiative, was bundled with the intervention and piloted in Andhra Pradesh and Telangana, with support from Janssen Pharmaceutical Companies of Johnson and Johnson, and technology partner Mahiti.

Description: Over 250 IVR messages on maternal and child health, and HIV, are delivered to PPW and mothers of exposed infants via m-Maitri, an adaptation of the Connect for Life™ platform developed by Janssen. From June-Nov 2016, content was developed, vetted, translated into Telugu, the platform was developed and User Tested in parallel. Beginning December 2016, consenting women were enrolled in m-Maitri. They registered through a toll-free number, and received three health messages weekly on self-selected days and times. Additionally, m-Maitri sent reminders for immunization, early infant diagnosis and confirmation. As part of concurrent evaluation, timely completion of early infant diagnosis was compared between mothers receiving m-Maitri and outreach (intervention group) and the non-intervention group, which only received outreach visits. Quantitative results were supplemented with in-depth interviews of 50 women receiving m-Maitri messages.

Lessons learned: By end of Jan 2018, 672 of 753 eligible PPW mothers had registered, and 509 had received m-Maitri messages as well as outreach. Completion of early infant diagnosis was higher (P < 0.05) in the intervention group for six (OR 1.86), 12 (OR 1.68) and 18 months (OR 2.22). In-depth interviews indicated that m-Maitri messages and reminders motivated women to visit the doctor for timely antenatal consultations, prepare for institutional delivery, complete EID, and follow recommended infant feeding practices.

Conclusions/Next steps: The intervention is being scaled up with requisite adaptation of content to local contexts and languages across the country. Further work will examine the role of m-Maitri in enhancing other elements of retention such as maternal adherence to ART.

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Formative research informs and guides intervention development for prevention of mother to child transmission of HIV: Barriers and strategies to improve adherence to Option B+ in urban and rural Uganda

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Background: Option B+ strategy is a recommendation by WHO to initiate all HIV-positive pregnant and breastfeeding women on antiretroviral therapy (ART) for life. Our aim was to conduct formative research to assess knowledge and attitudes regarding Option B+ among individual

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