

**A STUDY ON CURRENT TRENDS IN THE UTILISATION OF
HIV POST-EXPOSURE PROPHYLACTIC THERAPY AND
PREVENTION OF MOTHER TO CHILD TRANSMISSION AT
THIKA LEVEL 5 HOSPITAL.**

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ABSTRACT:

HIV/AIDS is a major cause of mortality and morbidity in Kenya. HIV Post-Exposure Prophylaxis is pharmacological intervention that reduces the risk of infection. WHO guidelines recommend that persons be administered HIV PEP within 72 hrs after exposure and continued for 28 days for optimum efficacy. PMCT is a program that aims to reduce the HIV infection of infants either at birth and/or during breastfeeding from HIV infected mothers. A dose of Niverapine is administered to a newborn 3 hours after birth and continued for 18 months after birth. The project studied the current trends on the utilisation of HIV PEP in Thika Level 5 Hospital. The study's objectives were to determine the patients' demographics, risk factors, compliance and therapeutic outcomes. The research method used was of cross-sectional design. This study is based on patient information collected at the Comprehensive Care Center of the Thika Level 5 Hospital. Data was on all patients seeking HIV PEP therapy in the period January-June 2013 after exposure to risk factors. Infant records were collected at The PMCT department of the Thika Level 5 Hospital. Patient demographic data was retrieved from the official ministry of health patient registers. Compliance data was retrieved from the ARV Dispensing Database[®] and the HIV exposed infant register. 342 persons accessed HIV PEP in period January-July 2013. The study showed that females had greater access (221 vs 121) and compliance (48%, 37.50% vs 32%, 35.15%) than males for both non-consented sex+occupational and consented sex risk factors. Patients with occupational exposure had greater compliance (75%) than those with non-occupational exposure (33.4%). The study showed high utilisation of PMTC pre-natal care. (Total patients \approx 2077 expectant women, monthly Av \approx 400 expectant women). Compliance rates of infants in the PMCT decreased with duration of therapy: (6weeks \approx 96%, 9months \approx 84% and 18months \approx 68%) and was attributed to patient attrition. Therapy effectiveness was very high for fully compliant infants: (6weeks \approx 90%, 9months \approx 100% and 18months \approx 100%). The method of infant feeding did not have significant impact of the effectiveness of the therapy. It is imperative that patient compliance is increased. Assessment and evaluation of practices in the comprehensive care center can help improve patient follow-up. There is need for more studies on utilisation of HIV PEP therapy in Kenyan health centers to promote evidence based practice.