used to determine the risk of acquiring HIV infection at 18 months among the exposed infants.

**Results** A total of 170 exposed infants were recruited and more than two-thirds of the infants were males (74.1%) with median age was 4±2.1 months. One hundred and fifty (88.2%) received infant prophylaxis and 116 (68.2%) had EID done at 6 weeks. Of the 170 exposed infants 19(11.1%) were positive at 18 months final outcome of which 4(21.1%) died. Time from being confirmed HIV positive to starting ART was 4.0 ±2.1 months. COX regression showed that the risk of acquiring HIV infection in females (Adjusted HR = 0.56, 95% CI 0.37–0.87), babies who received infant prophylaxis (Adjusted HR = 0.5, 95%CI 0.1 –0.9), infants whose maternal CD4 count < 500(Ajusted HR = 1.1, 95%CI 0.4 –2.6) and time of starting ART > 3 months (Adjusted HR = 3.5, 95%CI 1.8–11.5).

**Conclusion** The positivity rate among studied exposed infants was high. Continuous placement of HIV positive mothers and exposed infants on prophylaxis, timely initiation of ART will go a long way in reducing the burden of pediatric HIV.

**Disclosure** No significant relationships.