Background HIV pandemic has continued to be a huge challenge in Nigeria, with the problem of stigmatization reducing the chances of early determination of the HIV status of pregnant women. Hypotheses tested were the influence of maternal antiretroviral therapy (ART) use and infant’s feeding option on baby’s final early infant diagnosis (EID) outcome. The study was aimed at evaluating the variables associated with mother-to-child transmission of HIV & the factors associated with the transmission of the infection from the mothers.

Methods This study was a prospective cohort study of HIV-exposed infants conducted in Western Nigeria, between January 2015 and September 2017. Dried Blood Spots (DBS) were analysed using polymerase chain reaction technique. All data collected using Epidata and were statistically analysed, using statistical package for the social sciences (SPSS).

Results A total of 197 pregnancies resulting in 200 live births, 91 (45.5%) female and 109 (54.5%) male exposed to HIV were recruited. The overall MTCT rate was found to be 1.5% after cessation of all exposures, with two of these babies given mixed-feeding and their mothers not taking anti-retroviral therapy during pregnancy. The factors associated with MTCT in the univariate analysis include HIV diagnosis late during pregnancy, virological suppression & late ART commencement. Maternal antiretroviral therapy (ART) use & infant feeding option were found to have significant effect on baby early infant diagnosis (EID) outcome ($\chi^2 = 15.40$, df = 2, $P = 0.001$; $\chi^2 = 12.67$, df = 2, $P = 0.001$).

Conclusion The diagnosis of HIV and antiretroviral therapy coverage prior to pregnancy are the main factors in the prevention and elimination of mother-to-child transmission of HIV, thus, the achievement of the 90–90–90 goals in HIV-infected women would make it possible to achieve the goal of eliminating perinatal HIV transmission in Nigeria.

Disclosure No significant relationships.

P289 SYphilIS TESTING AT ANC IN KENYA: DUAL TESTING AS A GAME CHANGER TOWARDS EMTCT

Background The ANC guidelines advocate every woman in the ANC to get tested of both HIV and Syphilis in Kenya. Despite these recommendations, the level of coverage of Syphilis testing has been low, as a result woman are supported to protect their babies from HIV, only for them to lose their babies due to pregnancy loses and babies dying from congenital syphilis. In addition, the HIV negative pregnant women who have undiagnosed and untreated STIs have an increased risk of acquiring HIV. In July 2017, Kenya launched an elimination of MTCT of HIV and Syphilis Strategic Framework 2016–2022. This paved way to the investment and introduction of HIV & Syphilis Dual test kit use in ANC from March 2018. We thus, sought to know the extent of adherence to syphilis testing among pregnant women at ANC.