

#### Status of HIV in Kenya

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### My intention - key questions

- what is the prevalence and how many people are living with HIV AIDS?
- which regions are most affected
- which age group is most affected
- How did the last 100,000 new HIV infections occur
- what do we need to do different?



(LA AMORE)

- Kenya demographic health survey
- ANC surveillance
- Incidence modeling
- Kenya Aids indicator survey





- Stratified two-stage cluster sample design
  - 8 provinces, urban and rural areas
- Eligibility:
  - HH sample: HH residents/visitors present night before survey
  - individual sample: Men and women age 15-64 from participating households
- Reported estimates weighted to account for sampling

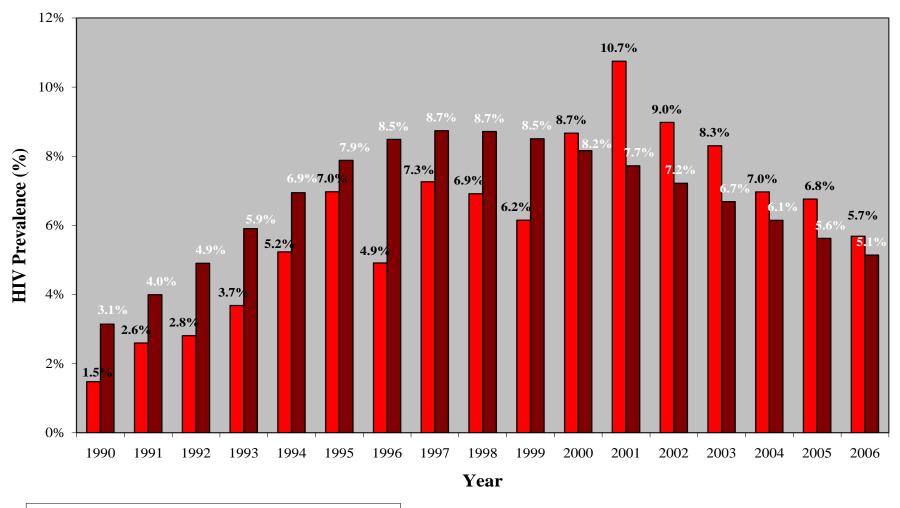
#### Data Collection Tools in KAIS 2007



- Household questionnaire
- Individual questionnaire
- Venous blood draw
  - HIV, CD4, HSV-2, syphilis
  - Finger-prick/dried blood spot sample as alternative
  - Serial testing algorithms
  - Quality control on all reactive specimens and 5% of nonreactive specimens



### HIV trends in Kenya



- Total (Actual HIV Prevalence of Pregnant Women)
- Total (Adjusted HIV Prevalence of Adult Population)

# HIV Prevalence by Gender (age 15-64)

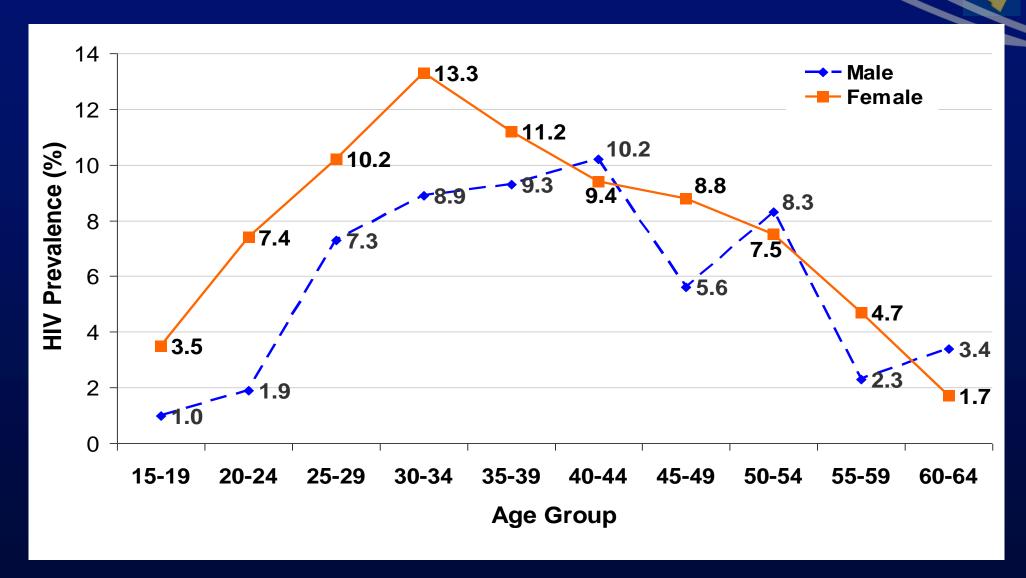


7.1% (1.3 million) Kenyans age 15-64 were infected with HIV.

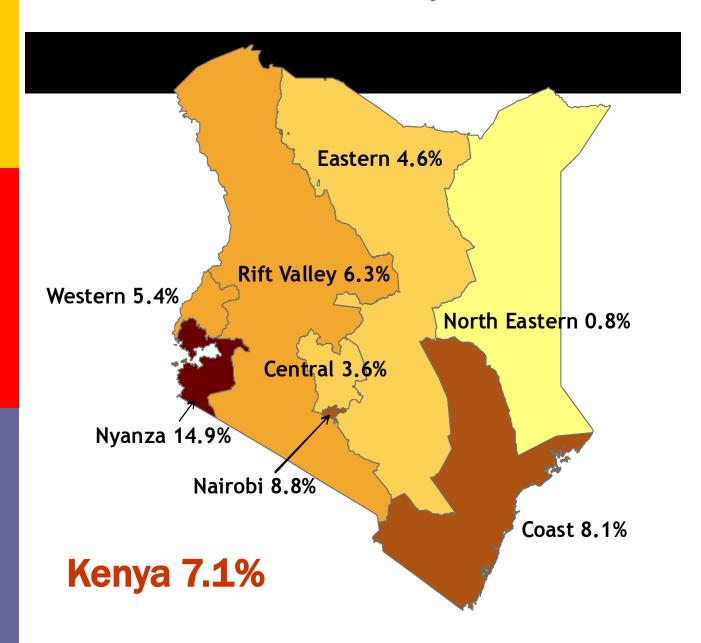
% HIV Infected		
TOTAL	FEMALES	MALES
7.1	8.4	5.4

### **HIV Prevalence by Age & Gender**



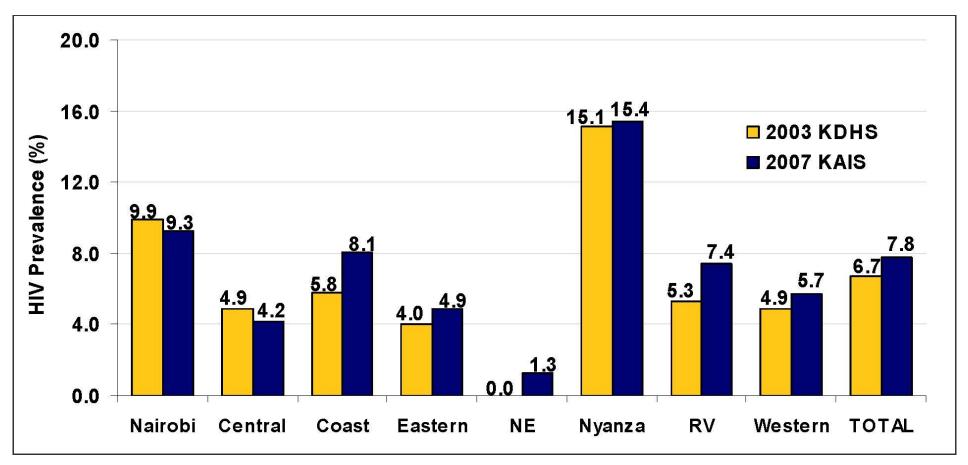


### HIV Prevalence by Province



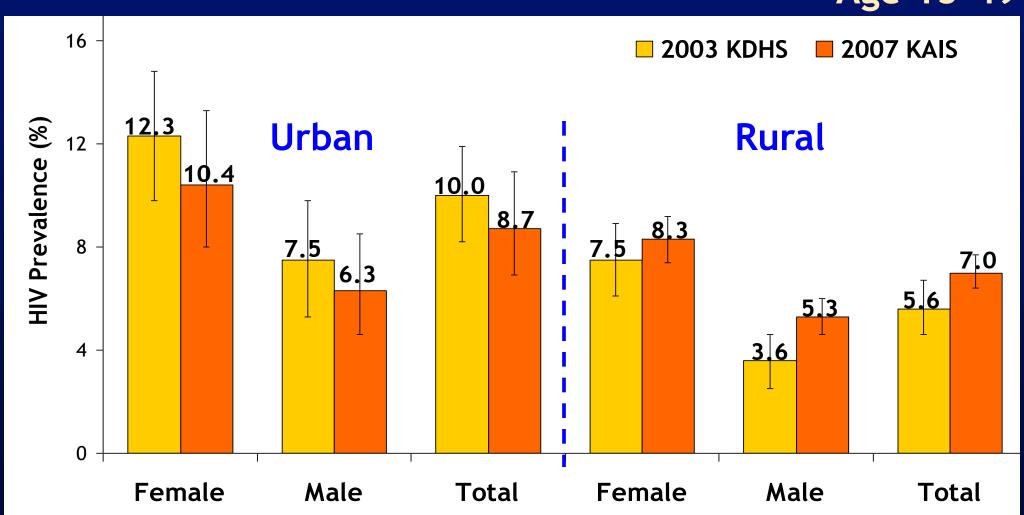
Great variation
by geography
ranging from
1% to 15%
across provinces

# HIV prevalence by Province comparing KDHS & KAIS



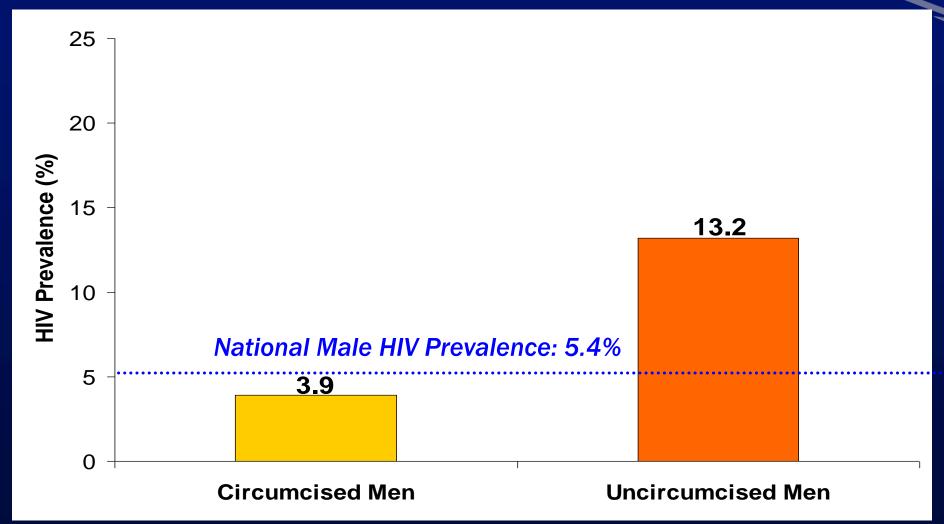
## HIV Prevalence by Residence & Gender 2003 KDHS and 2007 KAIS

Age 15-49



### HIV Prevalence by Male Circumcision Status

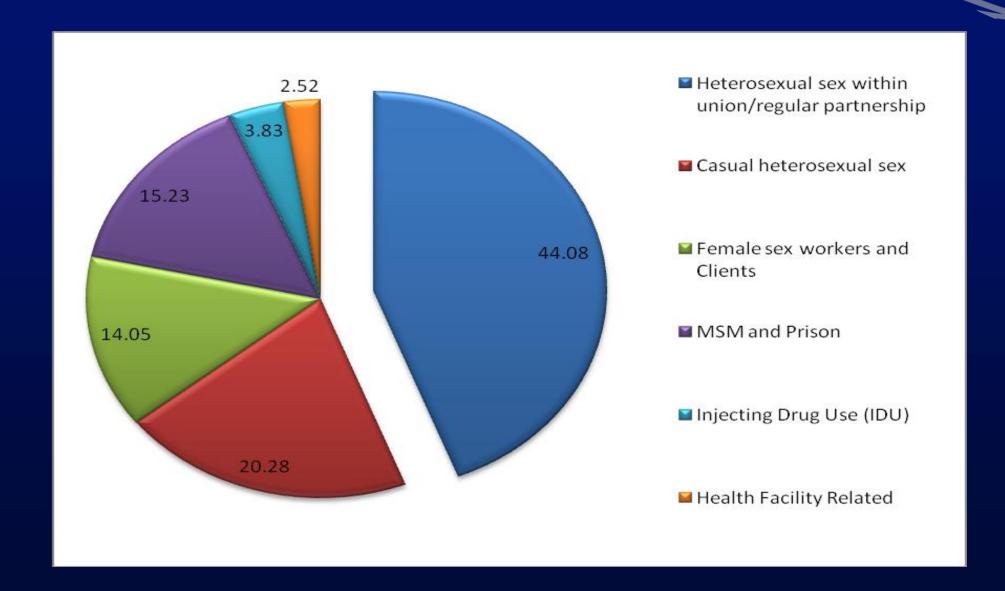




HIV prevalence among <u>un</u>circumcised men is <u>3.4 times greater</u> than the prevalence among circumcised men.



#### Where did new infections occur?



#### Key findings



- 2/3 of new infections are through heterosexual and partner contact.
- IDUs and MSM combined contribute up to 19% of new infections.
- Highest proportion of new infections in western part of Kenya (Nyanza Province) 30% – most likely linked to lack of circumcision.
- There is evidence of increased risk of HIV transmission in regular partners of sex workers, and regular partners of sex worker clients.



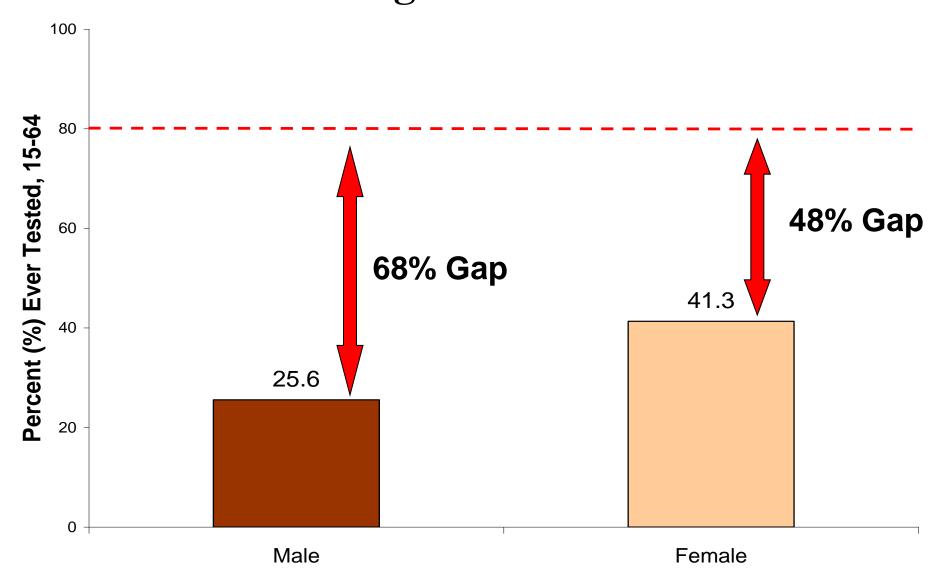


- Sex workers and their partners remain a key population at risk of HIV infection, because of the frequency of concurrent partners and lack of consistent condom use.
- The clients of sex workers form a bridge population with the general population.
- Two factors which are considered as chief determinants of the HIV epidemic level in Kenya are strongly associated with culture:
  - 1. male circumcision, and
  - 2. societal acceptance of concurrent/multiple partnerships.



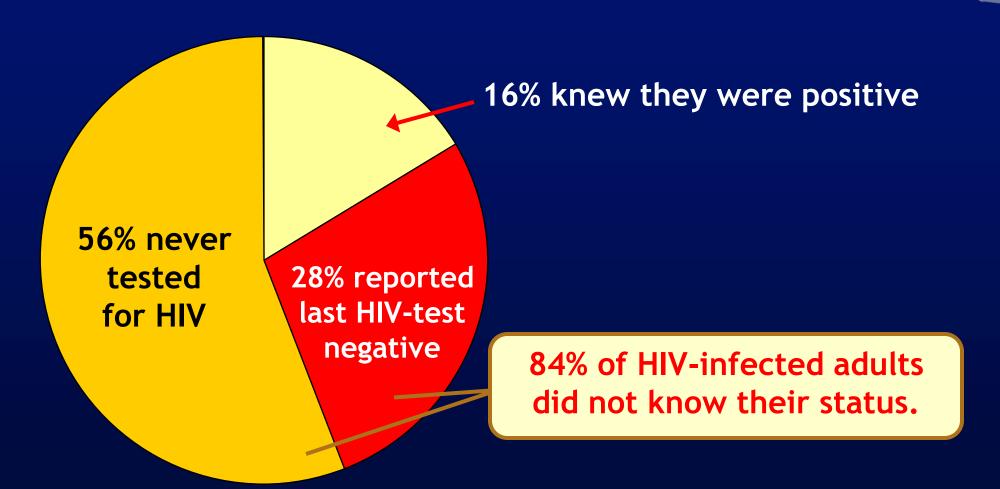
# HIV Testing, Knowledge of Status & Discordance

### ...but we are far from the 2010 target of 80% universal CT coverage



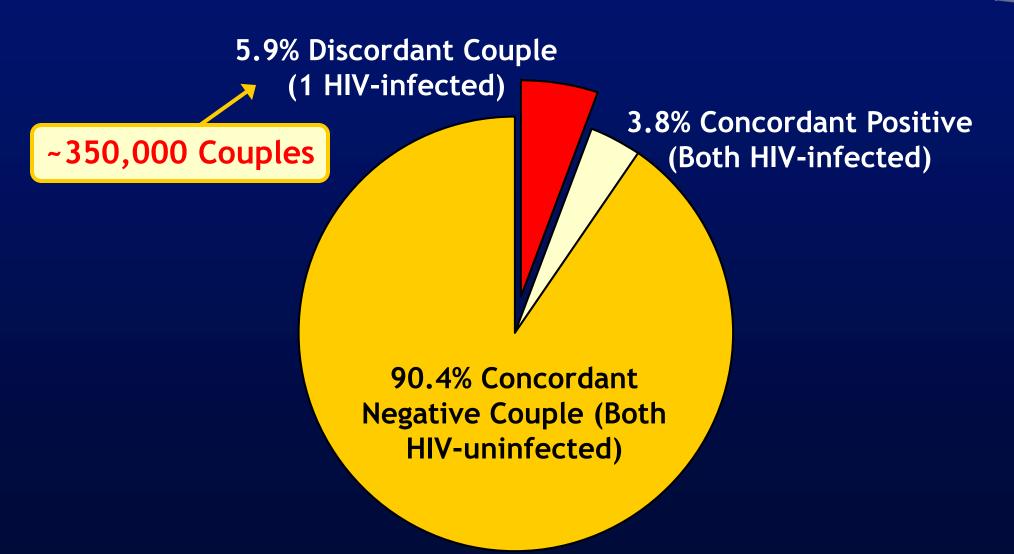
### Knowledge of HIV Status among <u>HIV-Infected</u> Participants





Denominator: Lab-confirmed HIV infected participants (2% missing data on HIV testing history or known HIV status; 1% chose not to disclose status)

## HIV Concordance and Discordance among Married or Cohabitating Couples



## HIV Status of Married or Cohabitating & partners of HIV-Infected Individuals

44% of married/cohabitating HIV-infected persons had an HIV-uninfected partner

In 77% of all partnerships, respondents did not know their partner's HIV status.

Partner testing should be a core component of our HIV programs





- Overall, no significant increase in prevalence since 2003, but increase among rural men; older adults and married persons at risk
- HIV testing increased since 2003; however, 84% of HIVinfected Kenyan adults did not know their status
- 350,000 HIV-discordant couples need targeted HIVtesting and prevention
- Modifiable risk factors for HIV: HSV-2 common, and lack of male circumcision tripled HIV prevalence



Thank you