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All County Directors for Health

Thro' Chief Executive Officer
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NAIROBI



19th June 2025

**RE: CIRCULAR ON IMPLEMENTATION OF BASELINE VIRAL LOAD TESTING
FOR NEWLY IDENTIFIED HIV POSITIVE PREGNANT AND
BREASTFEEDING MOTHERS**

The Ministry of Health, through the National AIDS and STI Control Programme (NASCOP), has been at the forefront of efforts to eliminate mother-to-child transmission (eMTCT) of HIV. According to the latest Spectrum estimates (2023), Kenya's mother-to-child transmission (MTCT) rate stands at 7.2%, significantly higher than the <5% elimination target. The Ministry of Health is therefore reviewing the National ART Guidelines to align them with emerging evidence and international best practices.

The current Kenya ART guidelines (2022 Edition) recommend that the first HIV viral load (VL) test should be done **three (3) months after starting antiretroviral therapy (ART)**. However, new information and changing program priorities indicate that it would be beneficial to conduct the VL test earlier. This is especially important for high-risk groups, such as pregnant and breastfeeding women, for better monitoring of treatment response and to help achieve goals like Undetectable = Untransmittable (U=U) and the elimination of mother-to-child transmission of HIV.

In light of this, and supported by guidance from the WHO's 2021 Consolidated Guidelines on HIV Prevention, Testing, Treatment, Service Delivery and Monitoring¹ and NIH's 2024 Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents With HIV, which emphasize the importance of baseline VL testing for timely clinical decision-making, the Ministry of Health is recommending the immediate implementation of **baseline viral load testing before ART initiation for all newly diagnosed HIV positive pregnant and breastfeeding mothers.**

This proactive approach will enhance the clinical management and achievement of viral suppression among pregnant and breastfeeding women initiating treatment, thereby reducing the risk of vertical transmission of HIV.

You are therefore **directed to operationalize baseline viral load testing for this group with immediate effect** as part of routine clinical management for pregnant and breastfeeding mothers as follows:

1. All women newly diagnosed with HIV during pregnancy, labor/delivery, or postpartum up to 24 months, should receive a viral load test using a blood sample collected at the time of diagnosis.
2. Ensure women who tested HIV negative during pregnancy, labor/delivery, or postpartum receive re-testing during the postpartum period while they are still breastfeeding (per existing guidelines).
3. Document all HIV positive and negative women, seen in antenatal clinics, labor/delivery, and postpartum in EMRs being used at your facility, along with the infant HIV testing and test results.

This change requires that, going forward, the Viral Load Request Form (VLRf) code Prevention of Mother to Child Transmission - New Positive (PMTCT- NP) will be solely used for this pre-treatment Viral load. The Three-month VL request/sample will be coded as Prevention of Mother-to-Child Transmission - Known Positive (PMTCT-KP). This interim measure shall remain in force as we finalize the updated national ART guidelines to institutionalize this practice.

Let us continue working together to eliminate vertical transmission and improve maternal and child health outcomes.

Further guidance on the implementation will be shared by the HIV Program.



Dr. Patrick Amoth, EBS.

DIRECTOR GENERAL FOR HEALTH

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Implementing Partners

ⁱ Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring: recommendations for a public health approach. Geneva: World Health Organization; 2021. Licence: CC BY-NC- SA 3.0 IGO

ⁱⁱ Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV. Department of Health and Human Services. Available at <https://clinicalinfo.hiv.gov/en/guidelines/adult-and-adolescent-arv>.