Introduction
Approximately 39% of TB patients in Africa are co-infected with HIV, and this has been the strongest risk factor for progression of latent TB to active TB disease.

Methods
In keeping with WHO’s recommendation, CHS-Kenya began implementing IPT within Central for children under 5 with contact to smear positive TB patients in mid 2011. In 2013 CHS began scaling up IPT for PLHIV.

IPT sensitizations were conducted for HCWs in eligible facilities, quantifications made for commodities, while job aids, recording and reporting tools were provided. Upon initiation of IPT, mentorship and periodic progress reviews were conducted. Data was collected from 11 facilities offering IPT from June 2011 to June 2013.

Results
Out of 746 patients, 33% were children under 5, and 67% were PLHIV. 305 (41%) completed IPT, 11 (1%) defaulted, 5 (0.6%) developed TB while on IPT, 3 (0.4%) developed an ADR, 4 (0.4%) died, 6 (0.6%) transferred out while 410 (55%) are ongoing on IPT. Adherence and tolerance were both 99%.

Among adults, mean BMI was 21.8 (95% CI 21.0, 22.7) while mean CD4 count was 450.2 (95% CI 409.6, 490.7). Among children under 5, the mean CD4 was 776.6 (95% CI 541.3, 1012.0).

Conclusions and recommendations.
IPT in Central was taken up well after conducting IPT sensitizations prior to roll-out, and mentoring HCWs on documentation and TB screening. Guidelines on stocking Isoniazid are however required.