

Same-Day ART Initiation Revisited

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Disclosures

No conflicts of interest or relationships to disclose.

Case

30 year old man presents from STD clinic with new diagnosis of HIV. HIV-1 Ab positive, p24 Ag positive, HIV RNA 10,000 copies/mL.

He was told this morning that he has HIV.

He is asymptomatic and was tested because he had condomless sex with multiple male partners in the last year. Denies any acute illness recently.

He is housed. Denies other medical problems.

Would you start ART today?

A. Yes

B. No

If you are not doing same day initiation, what is the main concern/barrier?

- A. Obtaining insurance coverage
- B. Lack of time for counseling/intake and medication discussion
- C. Insufficient staffing
- D. Other

HHS HIV TREATMENT GUIDELINES

- "When initiating ART, it is important to educate patients regarding the benefits and considerations of ART, and to address strategies to optimize adherence. On a case-by-case basis, ART may be deferred because of clinical and/or psychosocial factors, but **therapy should be initiated as soon as possible.**"

DISCUSSION

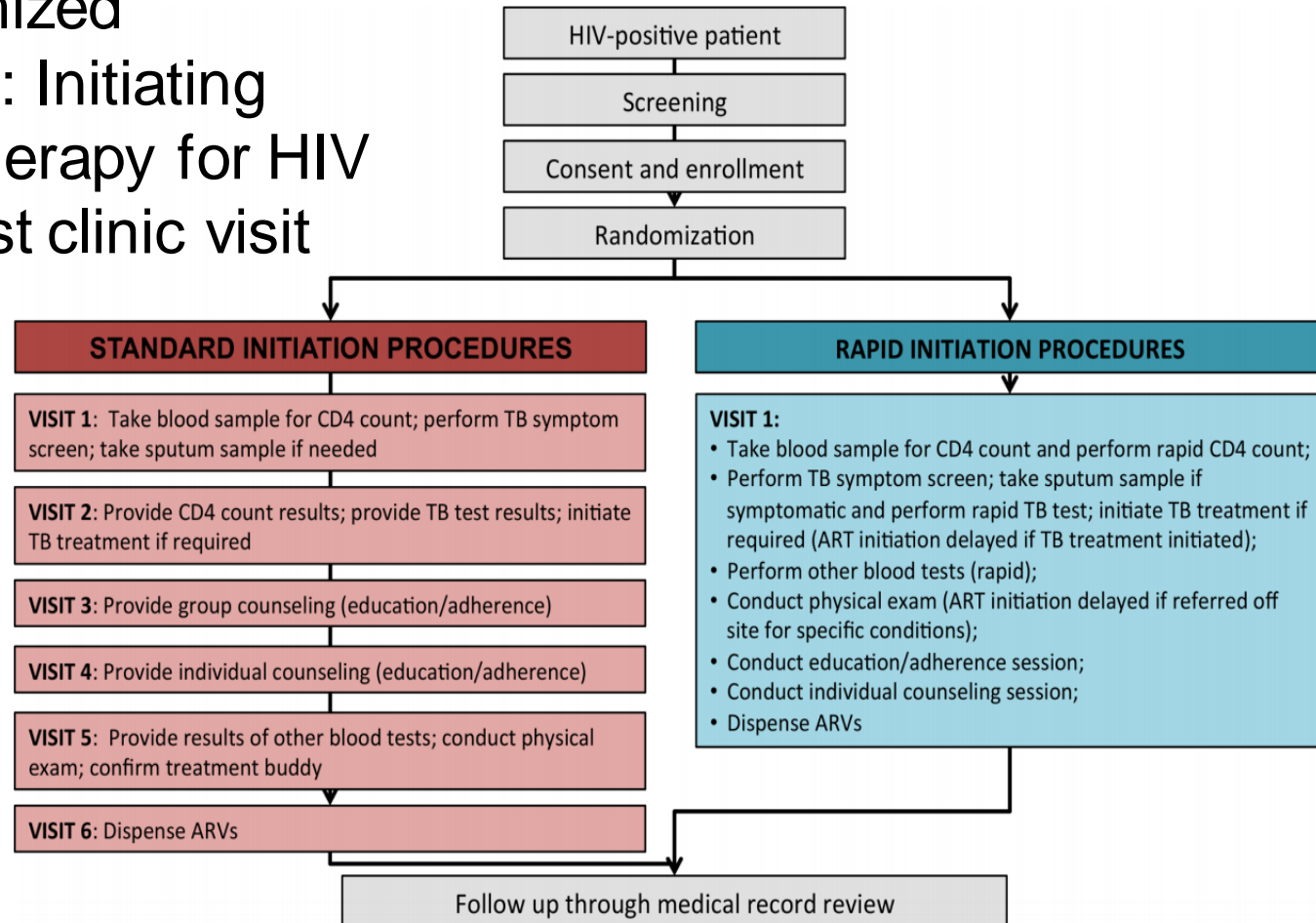
- Pros / Cons to starting the same day?

Background/Rationale

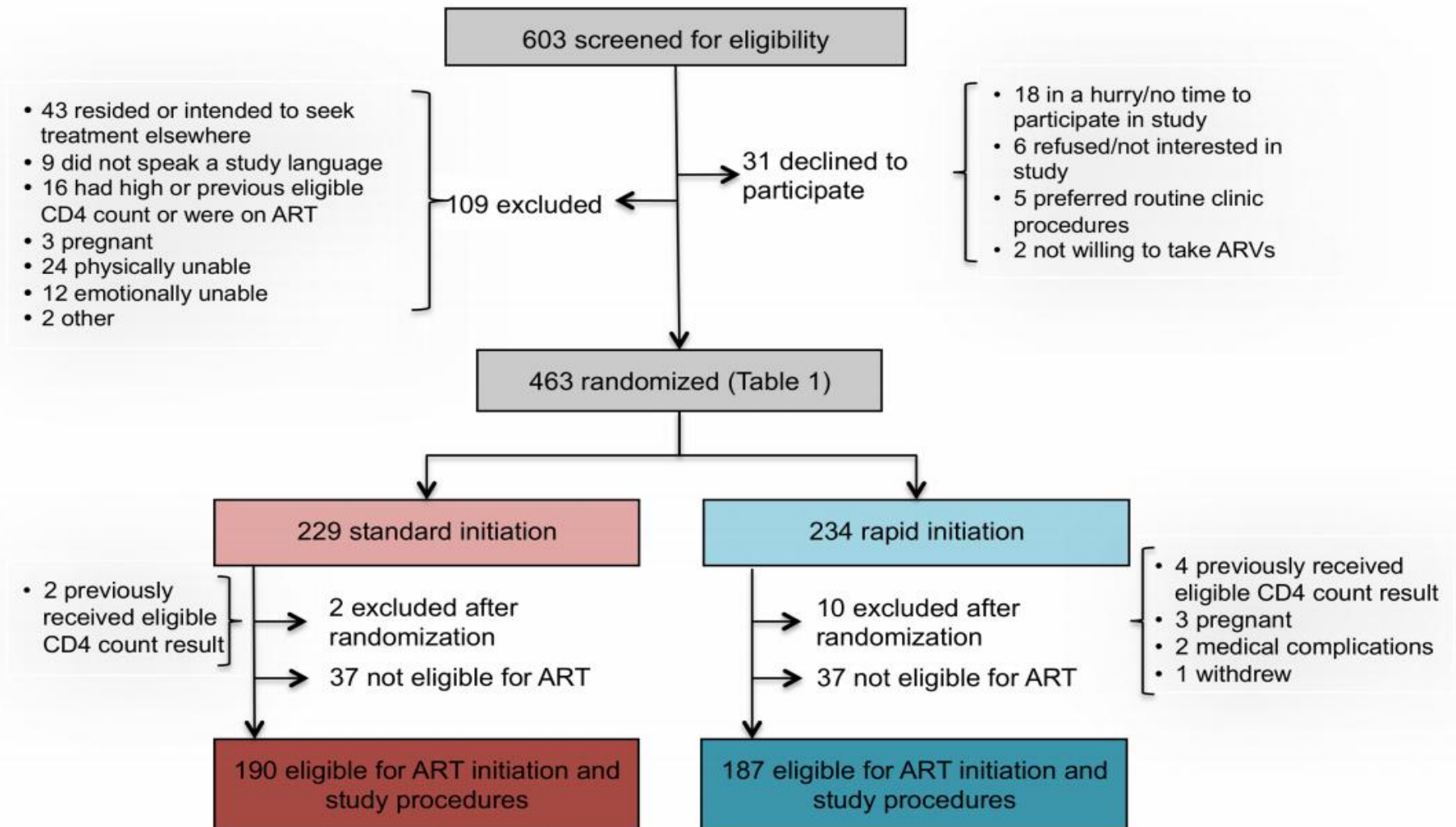
- Lost to f/u high between testing and ART initiation
- Increase risk of transmission to others prior to ART initiation
- Potential for higher mortality with delayed start

Evidence Supporting Same-Day Start: Sub-Saharan Africa

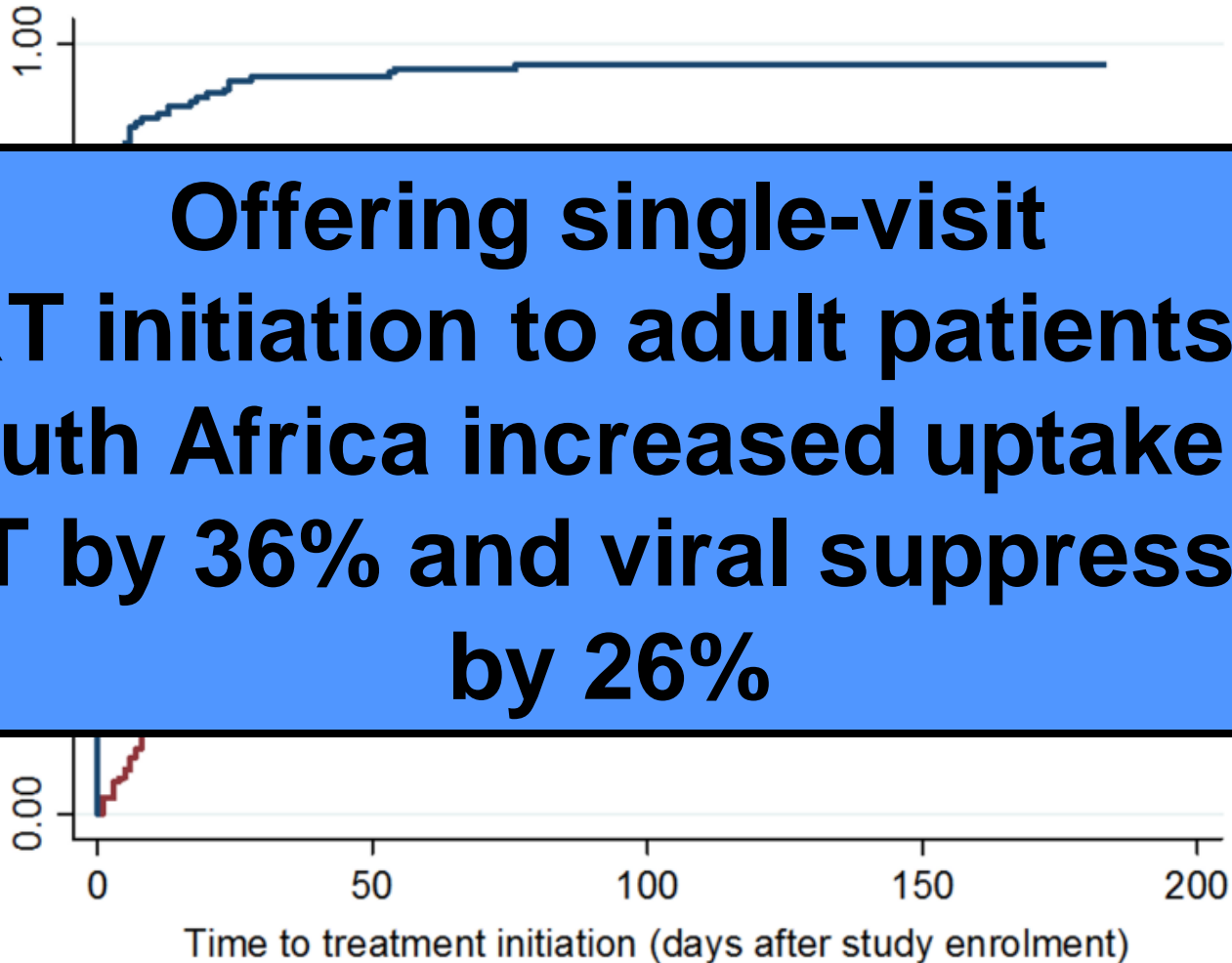
- **RapIT** randomized controlled trial: Initiating antiretroviral therapy for HIV at patient's first clinic visit



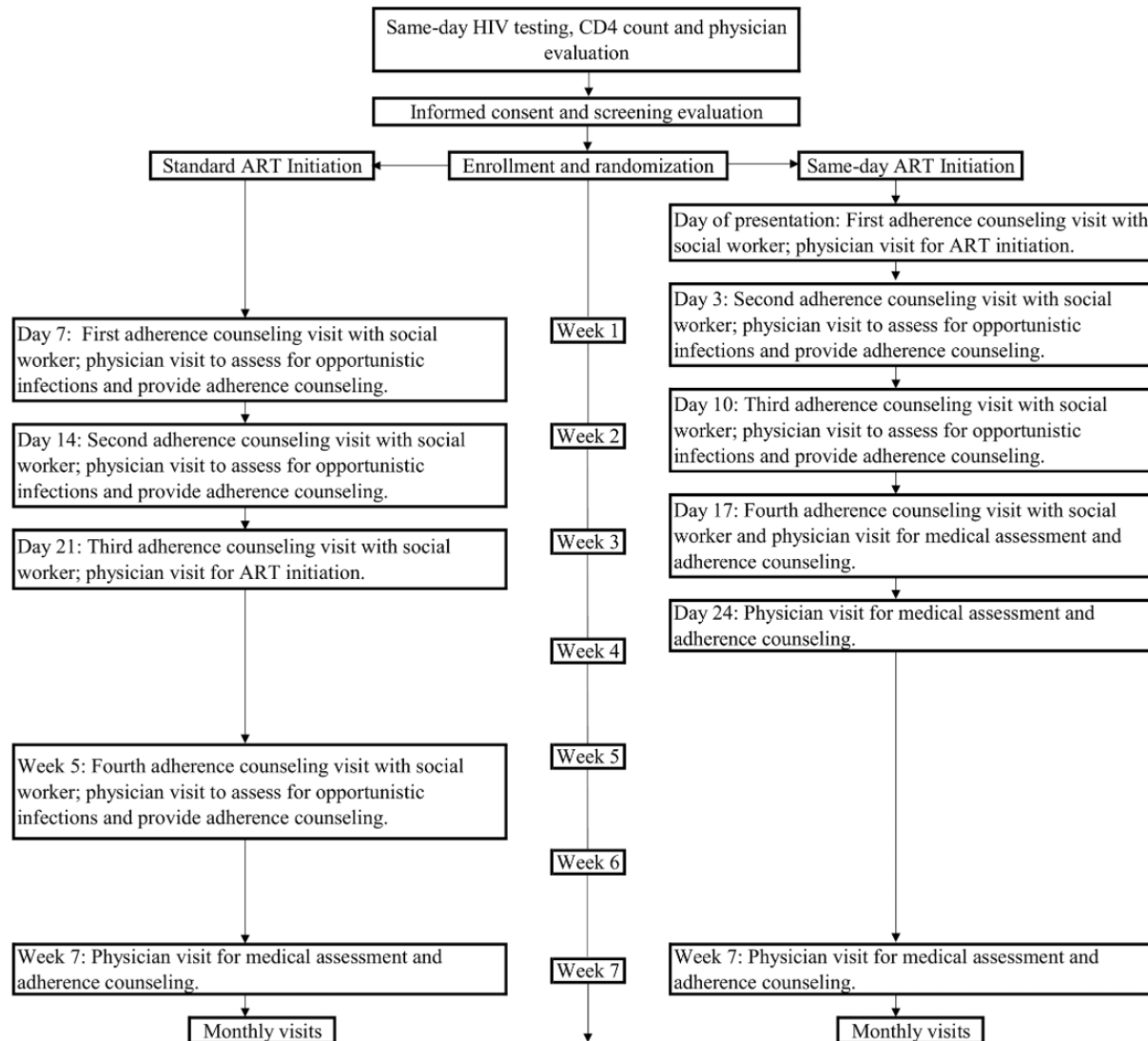
Evidence Supporting Same-Day Start



RapIT Results



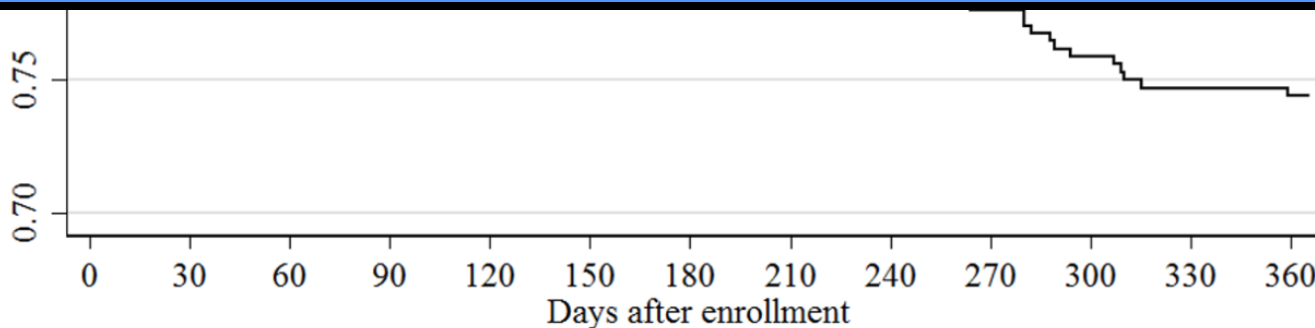
Protocol for Same-Day ART Start: Haiti



Same Day Start in Haiti Results: Retention in Care



Same day HIV testing and ART initiation is feasible and beneficial, improves retention in care and virologic suppression



Qualitative Results from Haiti

- HIV diagnosis is a traumatic experience
- Increased hope and connection to care with same-day ART start
- Barriers
 - Waiting time in clinic
 - Transportation
 - Costs

WHO Recommendations

- Rapid (within 7 days) ART initiation should be offered to everyone with HIV following a clinical assessment
- **ART should be offered on the same day for those ready to start**
- ***Goal: To improve linkage to care and reduce lost to follow-up***

WHO Recommendations

- **Clinical Assessment:**

- History/exam to assess for OI's
- If asymptomatic, then okay to start same day
- May consider CrAg or empiric fluconazole if CD4 count < 100

San Francisco RAPID ART start

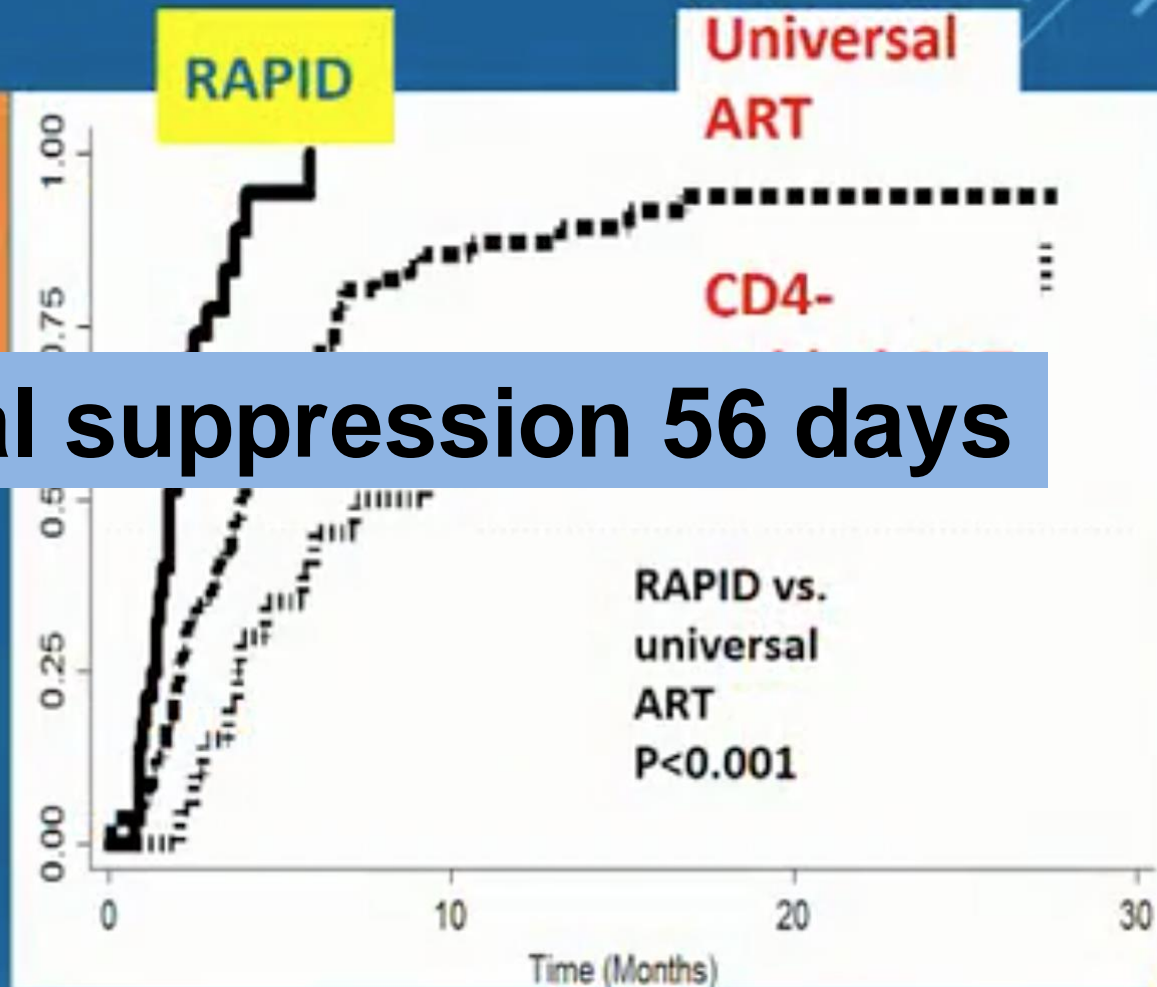
- Same day or next appt for newly diagnosed patients
- Meets with MD, RN, SW/financial
- Labs drawn
- Medication given
- Close f/u within 1 week
- Transition to a PCP

San Francisco RAPID ART start

25% acute HIV
42% major mental health
42% illicit substance
28% homeless

Time to viral suppression 56 days

Proportion
<200 copies



San Francisco RAPID ART start: updated experience

- **Same day start for all newly diagnosed patients became standard of care after pilot**
- 225 patients referred for RAPID ART from 2013-2017
 - 216 (96%) were start on immediate ART
- By 1 year after intake, 95.8% achieved viral suppression to < 200 copies/uL
- 14.7% had viral rebound at median f/u of 1.09 (0-3.92) years but most 78% resuppressed
- **TIME to suppression** – 41 days to < 200 copies/uL; 58 days to < 50 copies/uL

HHS HIV Treatment Guidelines 2019

- Data to support approach in other countries but not yet in US (although pilot study done in San Francisco)
- Acknowledge that approach is resource-intensive
 - Requires: on-call clinicians, RNs, social workers
 - Need clinical evaluation, counseling, insurance coverage to be arranged immediately
- “As these resources not available everywhere and long-term clinical benefits of same-day ART initiation have yet to be proven in the US, this approach remains investigational.”

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