



RAPID START ART

Evidence-Informed for the Structural Intervention Chapter

Evidence-Informed for the Linking and Retention in HIV Care Chapter

POPULATION

- Youth with new HIV diagnosis and ART-naïve

KEY INTERVENTION EFFECTS

- Improved time to linkage to HIV care
- Improved time to viral suppression

BRIEF DESCRIPTION

Rapid Start ART is an initiative that helps youth newly diagnosed with HIV who are ART-naïve begin HIV medication as soon as possible after diagnosis.

- ART is offered to youth with HIV at their first clinic visit through the on-site pharmacy without waiting for HIV-related laboratory results.
- At the first visit, youth have a comprehensive history taken, a physical examination, and laboratory testing.
- Clinicians assess the patient for psychosocial issues and communicate urgent issues to the social worker who will follow up with the patient at the second visit and conduct a comprehensive social work assessment.

DURATION: Ongoing

SETTING: Research hospital for children, On-site pharmacy (Memphis, Tennessee)

STUDY YEARS: 2016 – 2020

STUDY DESIGN: 2 group comparison cohort

DELIVERERS: Health care provider, Social worker, Linkage-to-care coordinator

DELIVERY METHODS: Counseling, Discussion, HIV testing

STUDY SAMPLE

The Rapid Start sample of n = 70 participants was characterized by the following:

- 93% Black or African American persons
- 7% persons identifying as another race/ethnicity
- 91% male persons, 9% female persons

The baseline cohort sample of n = 54 participants was characterized by the following:

- 96% Black or African American persons
- 4% persons identifying as another race/ethnicity
- 91% male persons, 9% female persons

STRUCTURAL COMPONENTS

Access – HIV medical care

- Increased access by offering ART at initial clinic visit from on-site pharmacy

Policy/Procedure – Institutional policy/procedure

- Postpone comprehensive social work assessment to second visit
- Institute communication of urgent psychosocial issues between clinician and social worker
- Institution provides financially unconditional ART initiation from on-site pharmacy

KEY INTERVENTION EFFECTS (see **Primary Study** for all outcomes)

- Time from HIV diagnosis to the first clinic visit was significantly shorter in the Rapid Start ART cohort vs. comparison cohort (median days: 17 days vs. 21 days, respectively; $p = 0.045$). *
- Time from first clinic visit to undetectable or virologic suppression was significantly shorter in the Rapid Start ART cohort vs. comparison cohort (median 41 days vs. 54 days, respectively; $p = 0.01$). *

* Retention in care analysis at 6 and 12 months was limited to patients who were at least 6 months from their initial clinic visit ($n = 65$ and 50 , respectively)

CONSIDERATIONS

- The study had at least one follow-up assessment that occurred ≤ 3 months for linkage to HIV care; this is a strength because linking people with HIV to medical care sooner than later is better.
- Ninety percent of the Rapid Start ART participants ($n = 63$) offered ART at their first visit chose to initiate ART; those who declined ART initiation on their first visit wanted to wait for HIV testing results.
- All except one patient in the Rapid Start ART cohort and one patient in the comparison cohort became virally suppressed.
- The study site, a research hospital, was able to provide financially unconditional ART initiation from an on-site pharmacy: other institutions adopting this approach have used free samples provided by drug manufacturers to bridge the gap while waiting for insurance or other ART funding resources.

ADVERSE EVENTS

- The author did not report adverse events.

FUNDING

- None reported

PRIMARY STUDY

Patel, N. D., Dallas, R. H., Knapp, K. M., Flynn, P. M., & Gaur, A. (2021). [Rapid start of antiretroviral therapy in youth diagnosed with HIV infection](#). *Pediatric Infectious Disease Journal*, 40(2), 147-150. doi: 10.1097/INF.0000000000002969

PLEASE CONTACT STUDY AUTHOR FOR TRAINING AND INTERVENTION MATERIALS.

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