Same-Day ART Initiation in the SLATE Trial in South Africa: Preliminary Results

BACKGROUND

The World Health Organization recommends “same-day” initiation of ART for patients who are eligible and ready for initiation within 7 days of diagnosis for all patients. Both the WHO guidelines and the subsequent South African recommendation state that a patient should be started on ART on the same day that they are ready. Little guidance is provided, however, on how to determine if a patient is ready or how to provide the specific services required for ART initiation in a single clinic visit. Identifying efficient operational procedures for determining same-day eligibility and readiness is now a priority. The Simplified Algorithm for Treatment Eligibility (SLATE) trial is testing a clinical algorithm that allows nurses to determine eligibility for immediate ART dispensing at the same clinic visit, the report early results.

METHODS

SLATE is an individually randomized trial at three public outpatient clinics in Johannesburg, South Africa and three in western Kenya. Adult, non-pregnant patients presenting for any HIV care, including an HIV test, but not yet on ART were enrolled, consented, and randomized to the SLATE algorithm or standard care. The SLATE algorithm used a symptom self-report, medical history questionnaire, brief physical exam, and readiness assessment to distinguish between patients eligible for immediate ART dispensing after completing the SLATE algorithm or standard care. The SLATE algorithm used a symptom self-report, medical history questionnaire, brief physical exam, and readiness assessment to distinguish between patients eligible for immediate ART dispensing after completing the SLATE algorithm or standard care. The SLATE algorithm used a symptom self-report, medical history questionnaire, brief physical exam, and readiness assessment to distinguish between patients eligible for immediate ART dispensing after completing the SLATE algorithm or standard care. The SLATE algorithm used a symptom self-report, medical history questionnaire, brief physical exam, and readiness assessment to distinguish between patients eligible for immediate ART dispensing after completing the SLATE algorithm or standard care. The SLATE algorithm used a symptom self-report, medical history questionnaire, brief physical exam, and readiness assessment to distinguish between patients eligible for immediate ART dispensing after completing the SLATE algorithm or standard care.

RESULTS

The SLATE algorithm, comprising simplified steps for ART initiation, increased uptake of ART within 28 days by 16% and 7 days by 68%. Longer follow-up is needed to draw conclusions about overall effectiveness and cost-effectiveness, but early results suggest that simpler treatment initiation procedures are feasible and can increase and accelerate ART uptake and reduce the visit burden on patients and facilities.

CONCLUSIONS AND LIMITATIONS

• The SLATE algorithm, comprising simplified steps for ART initiation, increased uptake of ART within 28 days by 16% and 7 days by 68%.
• Not all the patients administered the algorithm had to be referred for additional services: most of these had 1 or more TB symptoms, but very few had TB. A better approach to screening for active TB is needed.
• Nearly all patients enrolled in the study said that they were ready to start ART on the same day, including those who came to the clinic for initial HIV diagnosis.
• Nurses were able to implement the algorithm in routine care settings without additional equipment or clinical supervision.
• Limitations include small number of sites, in informal urban settings; missing follow-up data for some patients.

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