Getting a Jump on HIV: Expedited Antiretroviral Treatment, New York City Sexual Health Clinics, 2017

Blank S[1,2], Borges C[1], Castro M[1], Jamison K[1], Winters J[1], Mikati T[1], Myers J[1,3], Daskalakis D[1]

1. New York City Department of Health and Mental Hygiene (NYC DOHMH), Long Island City, NY, USA 2. Centers for Disease Control and Prevention (CDC), Atlanta, GA, USA 3. Div. Inf. Dis., Columbia Univ. P&S, New York, NY, USA

BACKGROUND

- Earlier HIV treatment → improved patient & public health outcomes.
- NYC Sexual Health Clinics (SHCs) patients are routinely HIV tested via rapid antibody test; those at highest risk (e.g. MSM) also screened for Acute HIV Infection (AHI) via pooled nucleic acid amplification testing.
- In NYC, SHCs diagnose 10% of new HIV cases and 20% of those diagnosed during AHI.
- To expedite treatment initiation, we introduced immediate, on-site antiretroviral (ARV) treatment at the time of diagnosis with navigation & linkage to long-term care (aka 'JumpstART Program", or JS)
- JS was implemented at one clinic at a time over a one-year period.
- Patients diagnosed with HIV at non-JS SHCs referred to SHC offering JS.

OBJECTIVE

- Present preliminary outcomes of JumpstART efforts available at 6 of 8 NYC SHCs, from 11/23/16 to 7/31/17.

METHODS

JS ELIGIBILE SHC Patients:

- ≥ 18 yrs,
- Preliminary positive, rapid HIV test OR positive test for AHI,
- Treatment naïve

INTERVENTION:

- Develop navigation & linkage plan for sustained HIV care
- Guidelines-based initial HIV medical evaluation for JS
- Baseline testing (CD4, VL, genotype; kidney & liver function tests, CBC, hepatitis B/C screen) & other STD testing
- Provide on-site 30-day supply ARVs*

DATA SOURCE: SHC medical records

OUTCOMES OF INTEREST:

- Initiation ARV treatment on-site, among patients newly diagnosed at SHCs (JS clinics & non-JS clinics)
- Linkage to care rates (attendance at first primary HIV care appointment)
- Viral Load Supression (VLS) of those returning to SHC for additional ARV (within 45 days)

NB: Analysis excludes false positives

*First line:Tenofovir emtricitabine + dolutegravir

RESULTS

- **149 total patients initiated JS**
  - 90 New HIV positive patients
    - 78/107 (73%) new HIV diagnoses made at JS clinics accepted JS.
    - 20/58 new HIV positives from non-JS clinics went to a JS clinic to initiate treatment.
  - 51 previous HIV positive cases

Figure 1. JS initiation among patients newly diagnosed with HIV at SHCs

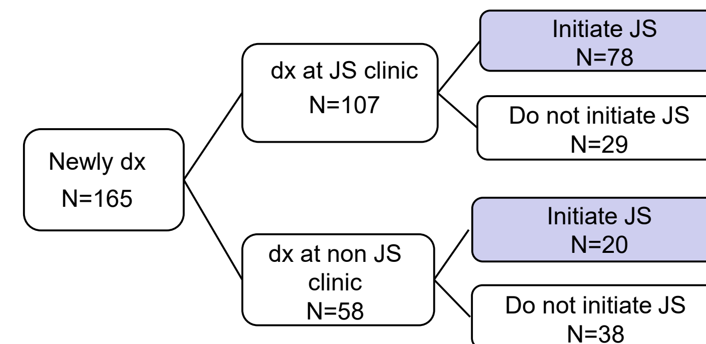

Table 1. Median Days from Positive result to ARV Start

	N	Median (IQR)
Total Jumpstart Patients	149	
Rapid Positive	83	0 (0-2)
AHI	15	13 (7-19)
Previous Positive	51	N/A

- **Linkage to Care Within 30 Days**
  - 81/98 new HIV positive patients (83%)
  - 32/51 of previous HIV positive patients (63%)

Table 3. JS Patient Demographics

	N	%
Total Jumpstart Patients	149	100%
Gender		
Male	138	93
Female	9	6
Transgender	2	1
MSM	126	85
Race/Ethnicity		
Hispanic	52	35
Black, NH	48	32
White, NH	30	20
Other, NH	19	13
Age		
<30	77	52
≥30	72	48
Critical Labs		
Hepatitis B[1]	3	2
Hepatitis C[2]	0	0
Abnormal Kidney[3]	11	7
Abnormal Liver[4]	8	5
CD4 <200 (Stage 3)	25	17
Baseline Quantitative VL	147	
>100,000 (copies/mL)	46	31
<100,000 (copies/mL)	101	69
Bacterial STD[5]		
Gonorrhea	35	24
Chlamydia	36	24
Syphilis	27	18

[1] + surface Ag
[2] + Hep C Ab & + PCR
[3] GFR <70
[4] ALT/AST >100, T. Bili >1.9
[5] Diagnosis ≤ 10 days of JS initiation

Table 2. VLS of Returning JS Patients

	N	%
Returned/Tested Within 45 days	52/149	35
Suppressed (≤200)	45	87
Unsuppressed (>200)	7	14

LIMITATIONS

- Cannot accurately quantify number of previous positives who are treatment naïve, as based on self-report.
- VLS only available for returning patients

CONCLUSIONS

- Initiating ARV at the time patients are informed of their HIV diagnosis (preliminary or confirmed) is feasible, & acceptable for NYC SHC patients with higher initiation rates at JS Clinics vs. non-JS Clinics.
- JS efforts assure early treatment for populations most affected by the HIV epidemic (i.e. MSM of color)
- Almost 20% of JS patients met the criteria for AIDS & were able to access treatment without further delay
- Future evaluation will assess the impact of JS efforts on time to VLS

Acknowledgements:
Dana Peters, NYC Sexual Health Clinic Staff

Disclaimer: The findings and conclusions of this presentation have not been formally disseminated by the Centers for Disease Control and Prevention and should not be construed to represent any agency determination or policy.