

BACKGROUND

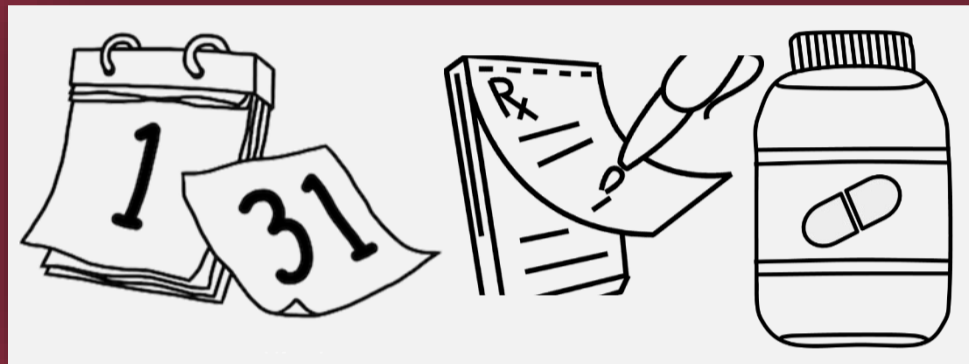
- Achieving the WHO 90-90-90 targets requires additional efforts, particularly in low- and middle-income settings.
- In PLHIV, commencing antiretroviral therapy (ART) on the same day of diagnostic confirmation is recommended when the patient is ready and willing to start.
- Data regarding feasibility and clinical outcomes associated with this strategy in middle-income settings is limited.

OBJECTIVES

To describe clinical characteristics and continuum-of-care-related outcomes at week 24 among patients starting ART on the same day of HIV diagnostic confirmation in a publicly-funded HIV clinic, as compared with later initiators.

METHODS

- Retrospective cohort study.
- Individuals with newly confirmed HIV infection who were linked to care and initiated ART between Jan-2016 and Dec-2018 were included.
- Descriptive and continuum of care-related variables were analyzed.



RESULTS

- Four-hundred and forty-five patients were included (62% same-day initiators, 38% later-initiators), 73.5% male, median age 33-years (IQR 26-43).
- Median baseline CD4 count was lower among same-day initiators, other characteristics of study population are shown in Table 1.

- There were no significant differences in clinical outcomes or viral suppression rates at 24 weeks after ART initiation in same-day versus later initiators. (Graphic 1)

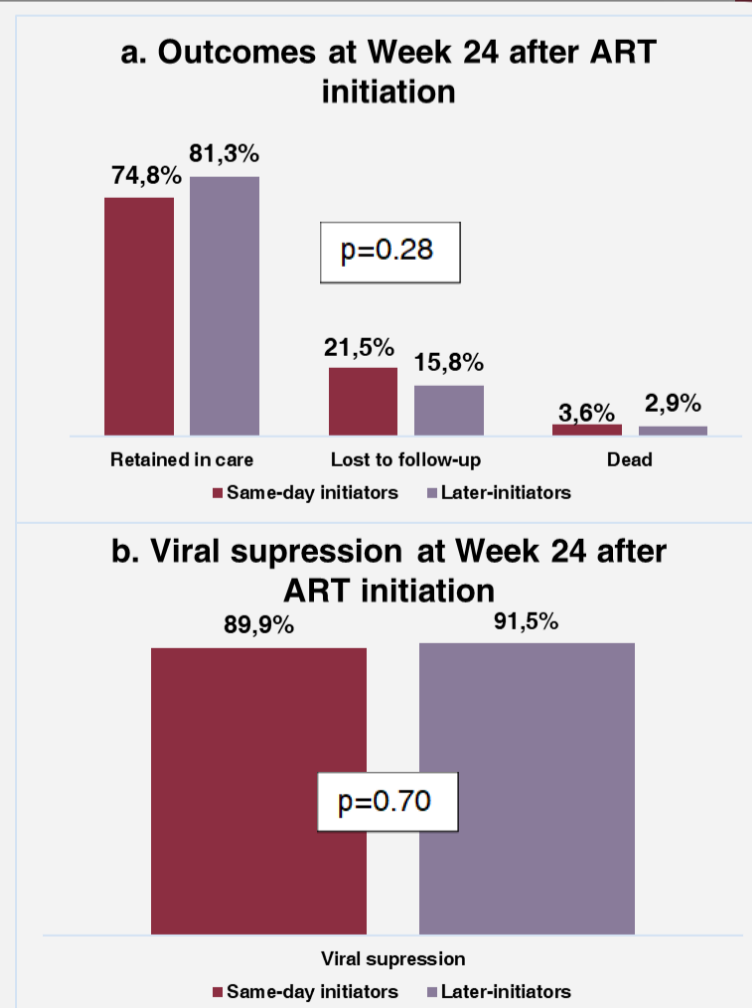
TABLE 1. Characteristics of study population

	Same-day initiators (N=274)		Later initiators (N=171)		p
	n/median	%/Q1-Q3	n/median	%/Q1-Q3	
<i>Demographics</i>					
Gender					
Cis men	198	72.3	129	75.4	0.75
Cis women	66	24.1	36	21.1	
Trans women	10	3.6	6	3.5	
Age (years)	33	26-43	34	26-44	0.89
<i>HIV-related variables</i>					
Baseline HIV pVL (copies/ml)	59,073	12,291-210,407	58,998	14,899-367,311	0.19
<100,000	172	63.2	97	56.7	0.19
≥100,000	100	36.8	74	43.3	
Baseline CD4 count (cells/mm³)	291	106-442	338	113-520	0.06
Stage at diagnosis					
Early-stage	149	54.4	90	52.6	0.77
Late-stage	125	45.6	81	47.4	
Time to ART initiation (days)			31	9-55	
<small>Notes. Baseline pVL information missing for 2 patients in the same-day ART initiation group. Late-stage: baseline CD4 < 200 cells/mm³ and/or symptomatic disease (related and/or AIDS-defining illness). Early-stage: CD4 ≥ 200 cells/mm³ and asymptomatic disease or acute retroviral syndrome.</small>					

CONCLUSIONS

Same-day ART initiation is feasible in a middle-income setting. Further research is warranted in order to evaluate its cost-effectiveness and potential impact on long-term outcomes and HIV transmission.

GRAPHIC 1. Clinical and virological outcomes



Notes. Retention in care: documented ART dispensation and/or clinical visit. Viral suppression: pVL < 200 copies/ml. Viral suppression rates are calculated only for individuals retained in care with available pVL information. W24 pVL data not available for 16 patients retained in care (6 same-day initiators and 10 later initiators).