EARLY INITIATION OF HIV TREATMENT IN NSW, 2016-2018

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Background: Rapid initiation of antiretroviral therapy (ART) is universally recommended due to the clinical benefits and the public health impact of treatment as prevention. The *NSW HIV Strategy 2016-2020* aims to start at least 90% of people newly-diagnosed with HIV on ART within six weeks of diagnosis.

Methods: NSW HIV surveillance data for diagnoses from Jan 2016-Sept 2018 were analysed to ascertain changes in the time period from diagnosis to ART initiation. Logistic regression was used to find factors influencing the likelihood of commencing ART within two and six weeks of diagnosis.

Results: Between 2016 and 2018, the median time to treatment fell by 12 days and the proportion of patients commencing ART within two and six weeks increased from 18% to 39%, and 59% to 84%, respectively. Patients diagnosed in 2018 vs 2016 (OR=3.25, 95% CI 2.11-5.02), and with higher viral loads, >100,000 copies/mL vs <10,000 copies/mL (OR=2.24, 95% CI 1.34-3.74), were more likely to start ART within two weeks. People whose primary language was not English were less likely to commence ART within two weeks (OR=0.51, 95% CI 0.34-0.78), as were those diagnosed by a non-specialist general practitioner (OR=0.41, 95% CI 0.27-0.63). Commencing ART within six weeks was associated only with year, for 2018 vs 2016 (OR=3.75, 95% CI 2.35-5.97) and higher viral load, >100,000 copies/mL vs <10,000 copies/mL (OR=1.89, 95% CI 1.23-2.91).

Conclusion: Significant reductions in time to ART initiation were achieved in NSW during 2016-2018. There were no factors preventing ART initiation within six weeks, but primary language and diagnostic service influenced initiation by two weeks. Further measures are needed to address the complexities in accessing ART for non-native English speakers, reduce specimen transit time to reference laboratories and expedite patient attendance at a specialist care service.

Disclosure of interest statement: None