

EARLY INITIATION OF ANTIRETROVIRAL THERAPY (ART): FROM POINT OF CARE TEST (POCT)- TO- ART AT A COMMUNITY-BASED HIV TESTING SITE IN SYDNEY

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Background: Treatment of HIV infection is now recommended at any CD4 T cell count; rapid initiation of ART at HIV diagnosis is under evaluation. Barriers to early initiation of ART may be associated with clinic systems and availability of results rather than patient choice.

Methods: We conducted a retrospective cross-sectional study of gay and bisexual men (GBM) newly diagnosed with HIV between March 2016 and March 2017. We analysed the impact of performing baseline HIV investigations (BLHI) at reactive point of care test (PoCT) and prior to confirmatory Western blot (WB) serology result – the intervention group (IG) at a community-based HIV testing service in Sydney Australia. We compared them to GBM in historical controls (HC) at the IG service and concurrent controls (CC) of GBM newly diagnosed at an urban sexual health service, (standard of care was to perform BLHI post confirmation WB). We compared median time to initiation of ART across the groups using anova.

Results: A total of 86 GBM were newly diagnosed: 22 in the IG, 33 in the CC and 31 in the HC group. Eighteen GBM were referred for ongoing care (n=13) or lost to follow-up (n=5) (IG=3, HC=12, CC=3); 2 IG had no BLHI and 4 CC had BLHI done at reactive PoCT. All were excluded from the final analysis leaving IG=17, HC=21 and CC=24. In the remaining 62 men the median time (days) to initiation of ART was significantly less in the IG: 26 (IQR:19-43); 29.5 (IQR:22.5-40.5) in the HC; and 39.5 (IQR:21-76.5) in the CC (P=0.04). There were no false positive HIV results in the IG.

Conclusion: Median time to initiation of ART in GMB across all groups was below the six week target set by the NSW HIV strategy and was significantly shorter in the IG who received BLHI at reactive PoCT. Other community testing sites may consider this strategy.

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