

DO HIV POINT OF CARE TESTS (PoCT) FACILITATE MORE RAPID INITIATION OF ANTIRETROVIRAL THERAPY THAN CONVENTIONAL LABORATORY SEROLOGY AMONG PEOPLE DIAGNOSED WITH HIV?

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Background:

Rapid uptake of antiretroviral therapy (ART) is a key strategic policy towards eliminating HIV as a public health threat. It is unclear whether use of HIV point-of-care tests (PoCT) by clinical services reduces time to ART initiation.

Methods:

We conducted a retrospective record review of new HIV diagnoses at Sydney Sexual Health Centre (SSHC) and its outreach site (a[TEST]), operated in inner-Sydney in partnership with ACON. Data on HIV testing (with/without PoCT), date of ART initiation, sexual behaviour and patient demographics were collected. Univariable analyses were conducted to find associations between clinical characteristics, PoCT use and time to ART initiation (Chi-squared and Wilcoxon Rank Sum Tests). Baseline HIV investigations were undertaken following reactive PoCTs, avoiding recalling patients, as done in conventional serology confirmation.

Results:

Between April 2017-April 2022, 165 new cases of HIV were diagnosed. 47.8% of diagnoses were via reactive PoCT prior to conventional testing. 67.9% of diagnoses were at SSHC (doctor/nurse consultations) and 32.1% at a[TEST] (peer consultations). Median age 30 years (IQR 18-59), 62.4% without Medicare and 86.0% overseas-born.

Diagnoses via PoCT were significantly more likely during nurse and peer consultations compared to medical consultations (OR 2.9, $p=0.002$, and 19.6, $p<0.001$, respectively).

Median time between initial laboratory positive HIV test and ART initiation was 12 days (IQR 7-20). Medicare-eligible patients were initiated on ART significantly earlier compared to those ineligible (median 9.0 vs 14.0 days, $p=0.001$). Diagnosis via positive PoCT was not associated with earlier ART initiation (median 13.5 vs 14.4 days, $p=0.825$). This was unchanged even when adjusting for Medicare status.

Conclusion:

HIV diagnosis made via PoCT was not associated with faster ART initiation compared to conventional testing. Medicare eligibility was a significant predictor of expedited ART initiation, suggesting Australian government provision of subsidised ART to all PLHIV in Australia will have a public health benefit.

Disclosure of Interest Statement:

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