

Early initiation of Antiretroviral therapy (ART):

From point of care test (PoCT) – to – ART at a community based testing site in Sydney

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Aims

- Compare time to initiation of ART between two testing sites – a[test] and SSHC
- Describe the demographics of clients attending the services
- Review an operational intervention of baseline HIV investigations at a[test] and the potential impact on time to ART initiation



Background

- NSW HIV strategy objective of 90% of people on ART within 6 weeks
- Individual and public health benefits to early commencement of ART
- · Strengthen links along the care cascade
- Respond to client preference to commence ART asap



Methodology

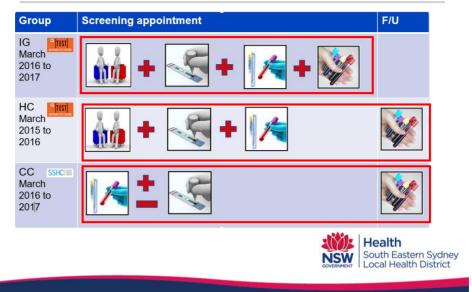
- · Operational research
- Retrospective cross-sectional study of GBM newly diagnosed between March 2016 and March 2017.
- Intervention addition of baseline HIV Investigations at reactive point of care test (PoCT)

				Concurrent Control	
(IG)	Q [TEST] Rapid Hiv & STI TESTING		CITEST RAPID HIV & STI TESTING	(CC)	SSHC SYDNEY SEXUAL HEALTH CENTRE
A[test] Oxford St		A[test] Oxford St		SSHC	
March 2016 - March 2017		March 2015 – March 2016		March 2016 – March 2017	

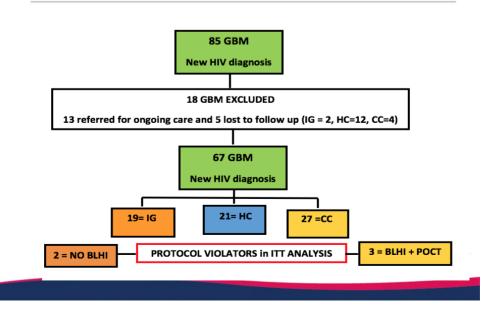
· Analyses in STATA



HIV testing models of care



Study groups



	Overall (n=67)	IG (n=19)	HC (n=21)	CC (n=27)	p-value
	%	A[test] 2016-17	A[test] 2015-16	SSHC 2016-2017	
		Demograp	hics		
Median Age (IQR)*	30 (26-34)	30 (25-32)	29 (26-33)	33 (28-35)	0.15 *
DU	9 (13)	2 (10.5)	2 (9.5)	5 (18.5)	0.66
Medicare ineligibility	31 (46.3)	11 (57.9)	9 (42.9)	11 (40.7)	0.48
Born outside Australia	48 (71.6)	15 (78.9)	13 (61.9)	20 (74.1)	0.46
Language spoken at home – English	39 (56.7)	9 (47.4)	14 (66.7)	15 (55.6)	0.46
Had HIV POCT	43 (64.2)	19 (100)	21 (100)	3 (11.1)	<0.001
Seroconversion	10 (14.9)	1 (5.2)	2 (9.5)	7 (25.9)	0.11
		Time to A	RT		
Median (IQR) *	31 (21-48)	30 (24-43)	29.5 (22.5-40.5)	38 (21-77)	0.29 *
Within 6 weeks	43 (64.1)	13 (68.4)	15 (71.4)	15 (55.6)	0.37 *
		CD4 cell count at	diagnosis		
Median (IQR)	455 (300-555)	490 (300-611)	340 (300-500)	480 (280-560)	0.26 *

Results

Key points

- No significant difference between the sites on time to initiation of ART.
 - ITT
 - Individual prescribing practices
 - · Results availability and lab turn around times
- Local prevalence data and positive predictive value of rapid PoCT in this setting is important
- Time to treatment meets strategic goals despite Medicare ineligibility



Limitations

- Small numbers overall
- · Retrospective design
- Unmeasured confounders
 - Compassionate access pathways
 - Individual prescribing practice
- Cohort specific to central Sydney
- Laboratory for SSHC different to a[test]



Future

• Qualitative analysis of clients and clinicians opinions regarding baseline HIV investigation results at first follow up appointment and confirmed diagnosis.

"Am I going to be ok?" "When can I start treatment?"

 Analysing service delivery steps may help to strengthen links along care cascade and reduce service inefficiencies as we strive towards earlier initiation of ART



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