RAPID INITIATION OF ANTIRETROVIRALS AT A SYRINGE SERVICES PROGRAM FOR PEOPLE WITH HIV WHO INJECT DRUGS

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Background:
In 2021, 7% of new HIV infections in the US were attributable to injection drug use. People who inject drugs (PWID) living with HIV are less likely to enter care at early disease stages and have low rates of viral suppression, contributing to unintended transmission and worse prognosis. This study examined the feasibility and acceptability of rapid ART initiation among PWID with HIV accessing services at a syringe services program (SSP) and assessed retention in care after transition to a traditional HIV clinic.

Methods:
A mixed-methods single-arm pilot study was implemented at an SSP in Miami, Florida. Upon enrollment, participants with HIV viral load >200 copies/mL were immediately connected with an HIV care provider (in-person or via telehealth) and prescribed ART, as appropriate. They received HIV care and peer navigation at the SSP for the next 6 months, after which they were transitioned to a traditional HIV clinic. Demographic data were abstracted from the SSP's administrative records. Laboratory assessments (HIV viral load, CD4 count) and qualitative interviews were conducted at 1, 3, 6, 9, and 12 months.

Results:
Percentage of participants (n=27) with HIV viral suppression (<200 copies/mL) at 1, 3, and 6 months was 69%, 70%, and 69%, respectively. Following transition to a traditional HIV clinic, viral suppression remained high at 74% and 79% at 9 and 12 months, respectively. Five themes were identified related to 1) barriers to accessing HIV care in traditional HIV clinics, 2) the SSP as a "safe haven", 3) benefits of the SSP's rapid ART initiation program, 4) the acceptability of telehealth, and 5) persistent barriers to engaging in HIV care.

Conclusion:
Rapid ART initiation for PWID at an SSP was acceptable and feasible, and showed preliminary effectiveness in achieving HIV viral suppression and sustaining it after transition to a traditional HIV clinic.

Disclosure of Interest Statement:
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