Rapid ART Initiation
Continuum of Care

- Unaware of HIV infection
  - Not in care
- Aware of HIV infection
  - Not in care
- Receiving care
  - Fully engaged in HIV care
- Entered HIV care but lost to follow-up
- Cyclical or intermittent user of HIV care

Engaged in HIV Care
Shifting Goals in Care Continuum

NHAS 2010

WHO 2010
CD4 ≤ 350

WHO 2013
CD4 ≤ 500

WHO 2015
Treatment for all

NHAS 2015

Universal
“Test and Treat”
HPTN 052: Treatment as Prevention

- 1,763 HIV sero-discordant couples enrolled (97% heterosexual) in 9 countries randomly assigned to “early” vs “delayed” ART start
- In 2011, an interim review of the study data showed a 96% reduction of HIV transmission within the couples assigned to early ART
- Final results (2015) showed a 93% reduction of HIV transmission within couples when comparing early vs late ART start
- HIV transmission from HIV-infected study participants to their partners was not observed when viral replication in the treated individual was stably suppressed by ART

The risk of transmission by HIV-infected individuals in care, receiving treatment and virally suppressed is virtually ZERO!!
ART is indicated for all HIV-infected individuals and should be initiated as soon as possible. ART is recommended for all HIV-infected individuals, regardless of CD4 count, to reduce the morbidity and mortality associated with HIV infection (AI) and to prevent HIV transmission (AI). Important to educate patients regarding the benefits of and considerations regarding ART and to address strategies to optimize adherence. On a case by case basis ART may be deferred because of clinical and/or psychosocial factors, but therapy should be initiated as soon as possible.
Test-and-Treat Demonstration Projects/RCT

**SFGH RAPID**
- Faster viral suppression (median 56 days)
- Feasible + Acceptable (90%)
- 35/39 (90%) remained in care at 18 months

**SA RapIT**
- Increased ART uptake (97% vs 72%) at 90 days
- Improved viral suppression (64% vs 51%) at 10 months


[http://journals.plos.org/plosmedicine/article?id=info:doi/10.1371/journal.pmed.1002015](http://journals.plos.org/plosmedicine/article?id=info:doi/10.1371/journal.pmed.1002015)
The Holy Grail of Rapid ART

1. HIV Dx
2. Program Enrollment
3. Medical Evaluation
4. ART Initiation

ONE visit