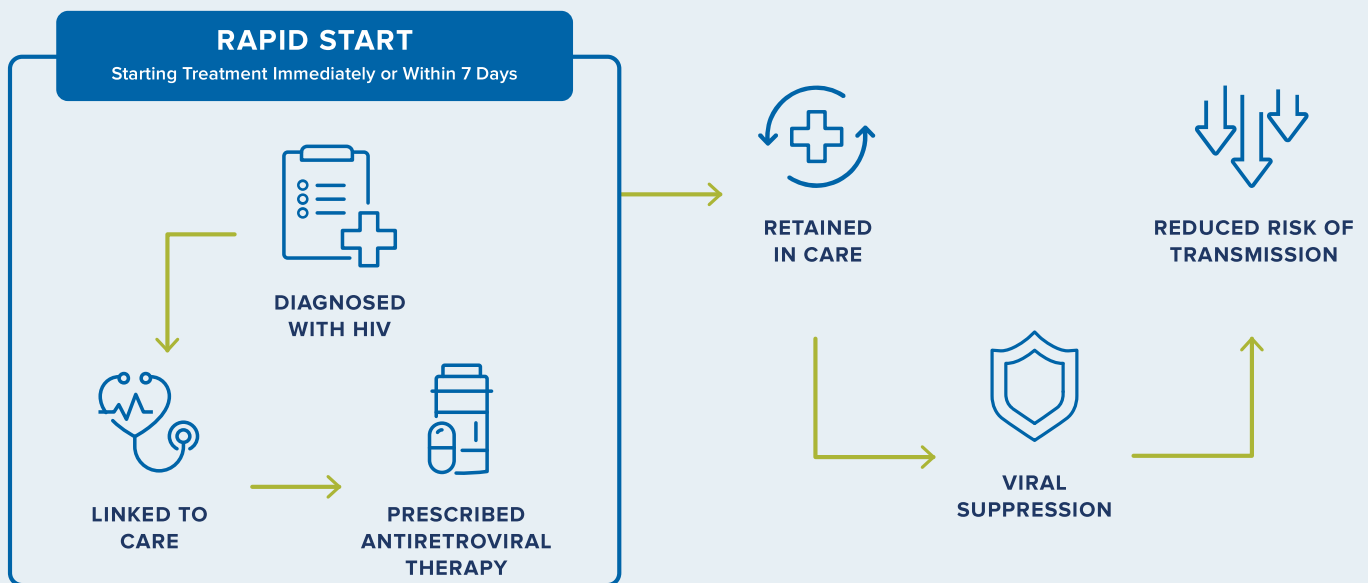


Benefits of Starting HIV Treatment as Soon as Possible (Rapid Start Strategy)

The U.S. Department of Health and Human Services (DHHS) guidelines recommend starting HIV treatment as soon as possible after an HIV diagnosis, an intervention/treatment strategy known as Rapid Start. Rapid Start may offer several benefits along the HIV care continuum: reducing time to treatment, improving linkage to and retention in care, reducing time to achieve viral suppression and thus improving health outcomes, and reducing the risk of HIV transmission.



Rapid Start (initiation of HIV treatment immediately or within 7 days of diagnosis) is endorsed by federal agencies in the United States and initiatives globally.

- Advancements in HIV therapies have resulted in regimens that people can start immediately after their HIV diagnosis (ideally on the same day or within 7 days of diagnosis). This treatment strategy is known as “Rapid Start.”^{1,2} It is also referred to as rapid initiation of antiretroviral therapy (ART), immediate start ART, and same-day ART, among other names.
- The *National HIV/AIDS Strategy (2022–2025)* and the *Ending the HIV Epidemic in the U.S.* initiative endorse programs that focus on Rapid Start strategies to improve health outcomes of people living with HIV (PLWH).^{1,3}
- DHHS, the International Antiviral Society–USA, and the World Health Organization have incorporated Rapid Start recommendations into their guidelines.

Rapid Start strategies improve linkage to, and retention in, HIV care.

- Some studies have identified that Rapid Start strategies have shortened the time between HIV diagnosis and first care visit, reduced time to viral suppression, and improved overall retention in HIV care.^{4,15}
- From a synthesis of several Rapid Start studies, PLWH linked to HIV care soon after diagnosis were shown to be 35% more likely to start ART treatment within 90 days of HIV diagnosis, and 11% more likely to be retained in care 12 months after diagnosis.⁹

Rapid Start strategies help PLWH achieve viral suppression more quickly, which improves health outcomes and lowers the risk of transmitting HIV to others.

- With Rapid Start, time to viral suppression is significantly shorter, with some studies indicating time to suppression (undetectable viral load) can be cut in half.^{8,10,12} Research has also found that overarching rates of viral suppression among PLWH are significantly higher for those who participate in Rapid Start treatment strategies.^{9,11,13-15}
- People living with HIV who regularly take ART as prescribed can achieve and maintain an undetectable viral load, which means that the amount of HIV in the blood is so low a test cannot detect it. When the viral load is undetectable, HIV cannot be sexually transmitted to others, a concept referred to as Undetectable=Untransmittable (U=U).^{1,16,17}

Delaying the start of HIV treatment can result in poorer health outcomes and higher costs.

- Rapid Start strategies can decrease delays in treatment for some PLWH.^{7,10,13}
- Delayed initiation of ART after HIV diagnosis has been linked to negative health outcomes among PLWH, including increased clinical events, HIV-associated events, and cardiovascular disease.⁷
- In a study among Medicaid beneficiaries, delayed treatment was associated with increased hospitalizations and opportunistic infections and was ultimately associated with 12.2% higher total healthcare costs.^{18,19}

Rapid Start may help address HIV-related inequities.

- Differences across racial/ethnic groups have been identified within the HIV care continuum, which highlight gaps in care across these groups.
 - For example, 82.6% of White individuals were linked to care in 2019 compared to 78.4% of Black/African American individuals.
 - Additionally, 60.8% of Black/African American individuals were virally suppressed in 2019 compared to 64.6% of Hispanic/Latinx individuals and 71.4% of White individuals.²⁰
- Rapid Start strategies can support equity by ensuring that all PLWH are linked to care and started on ART at the time of diagnosis.
- While Rapid Start strategies may not be appropriate for all individuals, they have been effective and well-accepted in populations with some of the highest rates of new HIV infection, including men who have sex with men (MSM) of color and young men.^{8,11,13,21-23}
 - For example, New York City sexual health clinics introduced JumpstART, a program that offers immediate on-site ART treatment at the time of diagnosis for newly diagnosed patients targeting a population that is largely Black/African American or Hispanic/Latinx and MSM.^{11,12}
- Rapid Start strategies have also been successfully implemented with other people who would benefit most from HIV treatment, including those with mental illness or substance misuse problems, including people who inject drugs, and those who are experiencing homelessness or are unstably housed.^{23,24}
 - One such program is the RAPID program in San Francisco, which achieved positive outcomes among these populations.⁸

Rapid Start is implemented and working in several states.

- Rapid Start strategies have been successfully implemented and are working across the nation, including in California, Florida, Georgia, Louisiana, New York, Maryland, and Rhode Island.^{9-13, 23-29}
- Successful Rapid Start programs have been implemented in a variety of settings (hospital, clinic, citywide), including a citywide consortium in San Francisco known as the Ward 86 Rapid ART Program (Ward 86). This program facilitated same-day ART at the first visit post-HIV diagnosis, where clients received multidisciplinary evaluation, support, and insurance enrollment and optimization.²⁹
- In 2016, the Miami-Dade County health department conducted a study to explore comparative HIV care outcomes of patients enrolled in a test-and-treat (T&T) initiative versus those not in the program. The T&T program offered same-day or next-day Rapid Start and was found to decrease the time from initial diagnosis to ART initiation from 60 days to 6 days.¹³

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